



THE

# BRITISH MEDICAL JOURNAL:

BEING THE

JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

EDITED FOR THE ASSOCIATION BY

JONATHAN HUTCHINSON, F.R.C.S.,

SENIOR SURGEON TO THE LONDON HOSPITAL, AND LECTURER ON SURGERY IN THE SCHOOL; SURGEON TO MOORFIELDS OPHTHALMIC HOSPITAL, AND TO THE HOSPITAL FOR SKIN-DISEASES.

VOLUME I FOR 1870.

JANUARY TO JUNE.



London:

PUBLISHED FOR THE ASSOCIATION BY ROBERT HARDWICKE, 192, PICCADILLY.

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LONDON: SATURDAY, JANUARY 1, 1870.

## CLINICAL LECTURE

ON A CASE OF

## ABDOMINAL ENCHONDROMA.

BY

SIR W. JENNER, BART., M.D. LOND., F.R.S.,

PHYSICIAN TO THE QUEEN; PHYSICIAN AND LECTURER ON CLINICAL MEDICINE IN UNIVERSITY COLLEGE HOSPITAL; ETC.

GENTLEMEN,—In the preceding Lectures, I have described enlargements of the liver, the spleen, and the kidney, as causing abdominal tumours. To-day I shall speak of a tumour in the abdomen, not due to the enlargement of an organ.

This photograph was taken from a woman lately in the Hospital; and the preparation on the table, removed from the woman's abdomen after death, is the tumour which caused the appearance represented in the photograph. I shall first read an abstract of the case, and then tell you what the tumour was supposed to be during life, the grounds for that opinion, and how far the opinion was verified after death.

M. O., aged about 36, widow, was admitted on July 8th. The patient had good health until the commencement of growth of the tumour. She was married at 19, and had seven children. Her husband died three years ago. The catamenia had always been regular. Six and a half years since, a few days after the birth of a still-born child, the patient was seized with violent gnawing pain in the right hip, especially severe when walking or standing. This pain lasted three or four weeks, and then left the hip and settled in the right knee. There was neither redness nor swelling about the joints. The pain in the knee left her two or three months before her last confinement (four years ago); but afterwards it returned worse than ever, and continued to the present time unchanged in character and seat. The child born four years ago is healthy and still living. While recovering from this confinement, she observed a lump in her side. It was situated about midway between the cartilages of the ribs and the crista ili, and in the nipple line, or a little outside it. Its size, when first noticed, was about that of a cricket-ball. It was intensely hard, but not tender. She heard the surgeon who attended her remark that it was probably a bony tumour. It was quite fixed. For about twelve months it did not increase in size; nor had she any pain, except in the knee. After this, the tumour began to increase. Neither at this nor at any subsequent time did she observe anything wrong with her urine; it has never been thick or bloody.

About two years since, the tumour commenced to grow very rapidly, and at the same time it became softer. Twelve months ago, her thigh became drawn up towards the abdomen, and she was not after that time able to straighten it. She continued to feel pain in the knee; but the tumour was never very painful. For some months before admission, she occasionally vomited her food.

When seen after admission, the patient was lying quietly in bed, and complained of no pain. She could lie on her back, or on either side. Her complexion was pallid, but not sallow; the expression cheerful. The face and body were fairly well nourished. The tongue was clean. The bowels required medicine to make them act. A large tumour was seen to occupy the entire right side of the abdomen, extending not more than three or four inches to the left of the median line. It was so firmly fixed that it could not be moved, except with the whole body.

The photograph indicates the shape and size of the tumour. On a level with the nipple, near the upper border, were three small prominences, hard, resistant, and slightly moveable. Immediately under these, the mass was exceedingly hard. The great rounded prominence was elastic, and was semi-fluctuating; as was also the prominence of which the umbilicus was the centre. At the inner border of the latter, to its left, were two or three small hard lumps. The portion of the tumour in the lower part of the abdomen was also evidently

a large cyst. The intestine was over the left side of the tumour. Behind, on the right side of the spine, there was another swelling, as large as the two fists, firm, but elastic, and evidently of the same character as the softer portion of the tumour in front, of which the projection behind was evidently part. It could be traced behind to overlap the transverse processes of the lumbar vertebrae, and the posterior part of the iliac crest near the spine. The tumour descended into the pelvis. By a vaginal examination, a mass was found, occupying chiefly the right side of the pelvis, of the size of the fetal head, smooth and elastic, clearly containing fluid. The uterus was healthy, pushed up and to the right. On the left border, just above Poupart's ligament, was a small tumour, of about the size of a bantam's egg, moveable, and apparently separate, or loosely connected with the rest.

The right thigh was flexed upon the abdomen, and could not be straightened. There was complete paralysis of the branches of the anterior and external cutaneous nerves, motor and sensory.

The urine was acid, of specific gravity 1017, with the faintest trace of albumen. A deposit of pus fell, but not more than might be accounted for by a leucorrhoea from which the patient suffered.

July 29th. A fine exploring trocar was passed into the part of the tumour next the umbilicus. A red tenacious fluid escaped, of about the consistence of the white of an egg. Under the microscope, it was found to contain great quantities of red blood-corpuscles and a few larger cells. Some minute whitish flakes, which floated in it, were found to consist of large granular and fatty cells, about 1-2000th to 1-800th of an inch in size, for the most part rounded, but in some rare instances with outrunners.

The patient continued in much the same condition—becoming thinner, the pain in the leg and edema increasing—till August 25th, when one of the cysts was tapped, under the direction of Dr. Ringer, and about two pints of fluid removed, precisely similar to that just described. Considerable relief followed, and no ill effects resulted from the operation.

On August 27th, another cyst was tapped, to the right of the umbilicus; but only an ounce of very tenacious fluid could be obtained.

On August 29th, she was tapped again, still more to the right; and six ounces of similar fluid were removed.

Next day (August 30th), there was considerable tenderness around the puncture; and on August 31st the pulse was 148, wiry; temperature 105.4 deg. The tongue was furred; the tenderness was increased. During the next four or five days, the signs of peritonitis gradually subsided, and the temperature fell nearly to the normal.

On September 5th, however, the right leg (in which the edema, partially reduced by the tapping, had again returned) became the seat of erysipelas. The skin became red, and blebs formed at different places. The temperature rose to 102 deg., and remained at that height for several days.

During this time the patient had been much troubled with vomiting, more at some times than others. She emaciated rapidly. The character of the tumour remained unaltered, but its size increased; and the pressure of the pelvic portion on the veins caused extreme edema of the external genital organs and occasional retention of urine. To relieve the last named symptoms, it was in contemplation to tap the pelvic part of the tumour through the vagina. The idea, however, was abandoned, in consequence of the prostrate condition of the patient, who steadily sank, and died on September 15th.

POST MORTEM EXAMINATION by Dr. Bastian, forty-eight hours after Death.—The heart and lungs, liver and spleen, were all healthy. The right kidney was displaced upwards, not involved in the new growth, and fatty. The left kidney was healthy. The abdominal cavity was distended with a large, somewhat rounded, growth, partly cystic in character. The cæcum was superficially adherent, but no other part of the intestinal canal was connected with the morbid growth. After careful dissection, it was found that the main portion of the growth was of a soft, enchondromatous character, apparently having its origin at or near the right iliac synchondrosis. The growth was closely adherent to, and indeed continuous with, the lumbar vertebrae, and also the edge and much of the surface of the right iliac bone. The latter



was much thinned at some places, and at one small spot was actually perforated. The uterus and ovaries were perfectly free and healthy; merely displaced to the left side of the pelvis. On section, the tumour was found to have a central portion, somewhat hemispherical in shape, eight and a half inches in diameter. This was for the most part solid, though there were smallish cysts scattered through its substance, mostly containing a thick sanguineous fluid. Many large cysts—some containing half a pint of thick pulaceous fluid—were situated at the periphery of the growth: some of them were opened during its removal. The weight of the solid portion of the tumour was fifteen pounds.

When the woman came under observation, the first question to be answered was this—Is the tumour formed by an enlarged viscus? I have told you that the first points to be investigated, the first questions to be answered, when you meet with an abdominal tumour are, Is it an enlarged viscus, enlarged from disease or otherwise; or is it a misplaced viscus? This could be no misplaced viscus. There could be no question that it was a large body not natural to the abdomen. To answer the question whether it is an enlarged viscus or not, I told you that we note especially the situation of the tumour. This tumour was seated in the right side of the abdomen, extended some inches across the middle line to the left, was in contact with the right lateral abdominal parietes, descended into the pelvis, ascended into the right hypochondriac region, and formed in the right lumbar region a prominence of considerable size, between the last rib and the crest of the

regard of this tumour these two facts—1. The projection backwards, between the crest of the ilium and the last rib; 2. The small extent to which it passed beyond the middle line in front. We thus excluded, without reference to the history, simply from the present condition, all enlargements of the liver, the kidney, the ovary, the mesenteric glands, in fact all possible abdominal viscera, as the cause of the tumour. The intestine was in front of the mass—of the left side of it, at any rate. This fact, conjoined with the history which I have read to you, the account of where it began, together with the above reasons for excluding abdominal organs as its cause, indicated that the tumour was post-peritoneal in origin, that it arose behind the peritoneum. Having come to

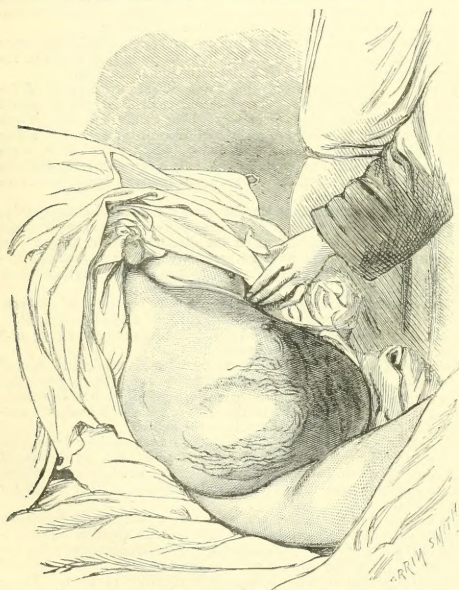


Fig. 1, from a photograph, shows the anterior aspect of the abdomen.

ilium. That was the situation of the tumour, the size of the tumour, the extent of the tumour. (Fig. 1.)

Now these few facts, which I have drawn out from the case, were ample evidence that the tumour was not formed by diseased enlargement of the right lobe of the liver, by disease of the kidney, by the ovary, or by the mesenteric glands. No matter what the disease affecting the parts I have mentioned might have been, neither could it have caused such a marked prominence in the back as is represented in the photograph (Fig. 2), and neither liver, kidney, nor mesenteric glands could have descended, as this tumour did, into the pelvis. On making an examination *per vaginam*, we found that it passed down on the right of the pelvis, and pushed the uterus to the side. Again, a diseased mass originating in the ovary or in the mesenteric glands, would, ere it had attained so large a size as this, have spread more to the left. The tumour in this woman scarcely passed the middle line. Note then in

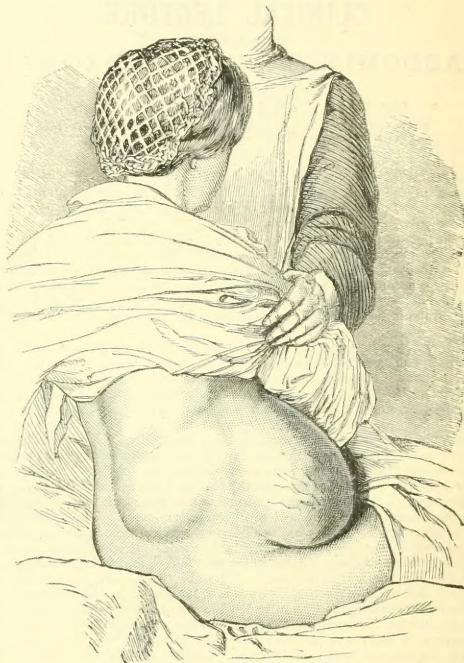


Fig. 2 shows the posterior projection.

the conclusion that it was post-peritoneal and a new growth, we then had to ask ourselves what was its nature? At the time when she came under observation, it was clear that the tumour was partly solid, and partly cystic; solid and cysts made up the mass. We knew it was solid by the touch and feel; we knew it to be cystic by the fluctuation and the elasticity, which were unmistakable evidence of the fluid, even without the exploring trocar. Now, whilst there was evidence enough in the touch to tell us that part was solid, the history of the case rendered it probable, in the very highest degree, that it was completely solid in its origin. The surgeon who first found it said he thought it was a "bony tumour." Nothing in the history could be better proof than was this remark, that the tumour was solid at its outset. It seemed probable, from the situation at the time when it was first discovered, which was very well described by the woman, that it was connected with the transverse processes or with some parts of the lumbar vertebrae, between the crest of the ilium and the last rib. So also it was probable that at that time it was very fixed, in close connection with the lumbar vertebrae. Again, the pain that was felt was not in the growth, but at the knee. It was the pain felt at the extremity of the nerves that were pressed by it. You know how frequently, in damage to the course of those nerves, the pain is felt in the knee. The loss of sensibility, and the contraction of the limb, all pointed to a degree of pressure that was little likely to be exercised by anything but a solid growth. A cystic tumour in its origin



would not have produced any such pressure as that, at any rate not in the abdomen. It might have done so in a limited space, but not in the abdomen. When we first felt the tumour, it was, partly at least, formed of cysts; but these, the history and symptoms indicated, were formed subsequently to a solid growth. At first, the tumour increased slowly in size; then it grew rapidly, and it is probable that during that rapid growth the cysts were developed.

The conclusion to which we came, then, you may remember, soon after the woman's admission, was, that the tumour was solid—probably springing from bone, or at any rate in close connection with bone, growing in all directions, pressing on the nerves of the lower extremity; at first increasing slowly, and then rapidly, with the formation of cysts.

Now, an enchondromatous tumour may have these characters. Enchondromatous tumours spring from bone, from cartilage, from fibrous tissue. These are precisely the parts with which the tumour appeared to be connected. The lumbar vertebrae and the bones of the pelvis are common enough starting points of enchondromatous growths. An enchondromatous tumour is a cartilaginous tumour; it is formed of cartilage, as the name signifies. It is surrounded by a fibrous sheath, sending in processes of fibrous tissue, which run across the tumour. On these fibrous septa, the vessels are especially situated. The cartilage is not always like adult cartilage; it is commonly like fetal cartilage, and even a very rudimentary form of fetal cartilage. The consistence of an enchondromatous tumour varies a good deal. It may be quite solid, if resembling adult cartilage; or soft, if like fetal cartilage; and sometimes it has a jelly-like consistence only. At their origin, cartilaginous tumours are usually solid and fixed, just as this was. When large, they are elastic, and formed in part of cysts—a combination, as some have supposed, of cyst (?) and enchondroma—while others have supposed that the fluid has another origin. These cysts usually contain a fluid, such as we got from tapping one of these cysts; that is to say, a fluid of the consistence of white of egg, tenacious, and containing in it cells such as are represented in these drawings, and such as you find in cartilage. You find these floating in the fluid. Some persons have supposed that this fluid is formed by the softening down of pre-existing cartilage—by a retrograde metamorphosis. But the facts given by Virchow and others to prove this origin of the fluid are by no means conclusive to my mind. As far as I have read, the evidence on this point consists of mere assertions—that is, as to the mode in which the cysts are formed. You find some solid cartilage, some gelatinous cartilage, some that is softer still, and you find fluid; therefore each of these softer conditions, it has been asserted, is a mere stage of the more solid. I am inclined to the opinion that, in some cases at least, the fluid is formed from the first, and is formed at once fluid, and not by solid softening down. The cartilage-cells are in it, but they are quite free; and, instead of the connective matter between the cells being a solid matrix, it is a fluid.

I will tell you two arguments deducible from this case which are against the view that the fluid was formed by a softening down of the matrix. There was no olein, or next to none, in the fluid removed. The second argument is, that this fluid reformed. It was not cartilage that formed in the cyst and softened down, but fluid identical with that removed by tapping reformed. As the internal surface of the cyst was then capable of forming a fluid similar to that which we removed, it is not probable that the primary fluid was formed in the same way? It is very unlikely that the lining membrane of the cyst should form a fluid identical with that which was formed by the mere softening down of a pre-existing solid. These seem to me strong arguments. It is, however, a matter of no moment to us, as clinical physicians, how the fluid is formed. I merely mentioned the point, because the case in some particulars is an uncommon one, and the subject one of considerable pathological interest.

We came to the conclusion during life, then, that it was an enchondromatous tumour, with cysts in it, such as are often found in enchondromata. Several other views as to its nature were, however, possible. We thought of a collection of hydatid cysts; but, on considering the matter, the character of the solid part and the solid origin of the tumour excluded the idea. It was, indeed, a mere thought passing through one's mind. The extreme degree of pressure that led to the paralysis and to the contraction of the limb should have excluded the idea of hydatid cysts.

Again, there was the question, Was it malignant? I showed that photograph yesterday to a gentleman—a good pathologist—and that was the first question he asked me: "Is it malignant disease?" No, it was not. We excluded that idea for these reasons: the history, the duration of the disease, the solid nature of it at its origin, and the little the patient's health suffered for so long a time, were all opposed to the idea. When the patient came under observation, she was in pretty good health, except for the great bulk of the growth. She was fairly

well-nourished, and had none of the complexion of cancer which she would have had if this had been a rapidly growing cancer. Again, the consistence, the elasticity, and the mode of growth, were all opposed to the idea that it was malignant disease; and, on the introduction of the trocar, the character of the fluid removed seemed to render it improbable, almost impossible, that it could be malignant. At the same time, we could not say that a portion of the tumour was not malignant. A combination of enchondroma with malignant disease is not uncommon, so that there might have been, superadded to the original enchondroma, a certain amount of cancer. We could not say positively that there was not, although we had no evidence that there was, and some facts, as the aspect of the patient, against it.

In the treatment of the case, there was nothing more to do than to alleviate the suffering of the patient. The end was certain. How long it might be delayed, no one could say.

She died, you will notice, from an attack of erysipelas of the leg. That is a very common mode of termination in all chronic non-malignant diseases. I do not mean by erysipelas, but an acute attack of some sort. Some have a little pleurisy, some die from pneumonia, some from peritonitis, from a trifling inflammation, a catarrh, a bronchitis. It is rare for patients to die directly from a chronic disease. The rule is, a slight acute illness carries them off.

There are a few special points in the case to which I desire to direct your attention.

Remember the pain felt first in the hip, then in the knee, but most severely in the knee. Let that impress upon you how tumours in this situation are not uncommonly attended by pain in the knee; and, therefore, having a patient complaining to you of this pain, do not be content with a careful examination of the hip, but look to the abdomen to see if you can find anything there to account for it. You see that six years and a half before she came under observation, after the birth of a still-born child, the patient was seized with pain in the right hip and pain in the right knee. Probably, the tumour began about that time, and perhaps made a little advance then, but it was only two years and a half afterwards that she became aware that she had a tumour, and then it was of the size of a cricket-ball. A patient often has a tumour on his abdomen of which he is not cognisant till the growth has attained a considerable size, and then the patient will tell you that the tumour has grown rapidly; that it has only been of so long standing. He will say it has only been there six months, or a year, which means that it is only for that time that he has known of it, though the tumour may have been there for an indefinite time.

She had suffered occasionally from vomiting her food. This is a common symptom of abdominal tumours. It may be produced mechanically by the tumour pressing on the stomach. It was probably produced in that way here. Or, the tumour may cause vomiting by leading to peritonitis. In some cases, the vomiting probably takes place after a sudden increase of size of the tumour in the direction of the stomach. Then, after a little time, the stomach gets accustomed to the increased pressure, and the vomiting stops. Remember, then, these two causes of vomiting in abdominal tumours—leaving out affection interfering with the function of the kidney—pressure and peritonitis. Another point: the woman, it is said, had a faint trace of albumen in her urine, and when it stood, a little pus fell; but the woman was the subject of leucorrhoea, and was very likely to have a little leucorrhoeal fluid mixed with the urine. The leucorrhoeal fluid contains pus and albumen, and thus you will find a trace of albumen in the urine, just as a man with a gleet, with a little cystitis, with a little pyelitis, will have pus in his urine, and with the pus will be a trace of albumen. In these cases, remember, that the quantity of albumen is in proportion to the quantity of pus. It sometimes requires considerable care to prevent the admixture of purulent matters with the urine, especially in women. The oedema of the leg was entirely due to the pressure on the veins in the pelvis—on the iliac vein, not on the vena cava, or, of course, both legs would have suffered, whereas it was only the right that became oedematous. When the tapping took place, the size of the tumour was lessened and the oedema diminished. The tapping was attended with a little peritonitis, a very common consequence of tapping cysts in the abdomen. The woman's kidneys, you see, were healthy. If she had been the subject of albuminuria and had had such a peritonitis, the chances would have been vastly against her recovery from it. The tapping, however, afforded only a temporary relief, for the fluid returned. The size and weight of the tumour is a matter of considerable interest. So far as I know, it is one of the largest enchondromatous abdominal tumours on record, if not the largest. The solid part, after letting out the fluid, weighed fifteen pounds.

And now, gentlemen, we will look at the tumour and also at some of these drawings and preparations of enchondromatous growths.



## THE MORBID ANATOMY OF CROUP.

BY GEORGE JOHNSON, M.D., F.R.C.P.,

Professor of Medicine in King's College; Physician to King's College Hospital.

I HAVE gradually arrived at the conclusion that English writers on croup have confounded two very different diseases. They describe croup as an inflammatory non-contagious disease, resulting usually from exposure to cold, more common in northern latitudes and in cold seasons than in the south and in the summer, and apt to recur year after year in the same subject, although usually in a milder form. The disease is to be treated by warm baths, warm fomentation to the throat, steam inhalation, and nauseating doses of ipecacuanha or antimony. Some authors advise mercury to be given. If the disease prove fatal, false membranes are described as occurring in the larynx, and often extending into the trachea and bronchi. In this account we have the history, the symptoms, and the treatment of acute catarrhal laryngitis; but the morbid anatomy is that of diphtheria, a disease which has an entirely different history. The first English writer who described the false membranes as the distinctive feature of croup was Dr. Home, whose pamphlet "On the Nature, Cause, and Cure of Croup" was published in 1765. He gives a brief history of the first two cases in which he observed this striking anatomical change. The first case was that of a boy, aged 7, who died after a few days' illness with symptoms of croup. Four days after the death of the boy, his sister, aged 5, was seized with similar symptoms, and died suffocated on the third day. In both cases, false membranes were found in the larynx and trachea. The fact of two cases occurring in quick succession in the same family would alone render it probable that the disease was diphtheria, and not inflammatory croup. The probability is still further increased by the fact that in the second case the tonsils were swollen and covered with mucus, and there was some difficulty in swallowing. From that time to this there has been a tradition amongst English writers that an exudation of false membrane is the usual result of inflammatory croup in children. Bretonneau refers to Dr. Home's cases of croup as examples of "malignant angina," which is one of his synonyms for diphtheria. (*Memoirs on Diphtheria*, New Sydenham Society, p. 107.)

Dr. Cheyne's work "On the Pathology of the Membrane of Larynx and Bronchi," published in 1809, has been a great authority on the subject of croup. That he met with cases of diphtheria is evident, from his statement that he had seen several children whom he would have supposed to be suffering from the second stage of croup, but in whom, upon examination, he discovered what he calls "sloughs on the tonsils and uvula." The children died; and, although the bodies were not examined, he expressed his belief that, since the cough, voice, and breathing were those of the second stage of croup, "the larynx would have been found lined as the fauces were."

It is only during the last few years that diphtheria has been recognised amongst English practitioners as a distinct specific, infectious and sometimes epidemic, disease. Meanwhile, the French pathologists Bretonneau, Trousseau, &c., have given a complete history of diphtheria. Croup they describe as a disease characterised by an exudation of false membrane, forming a part of the history of diphtheria, and quite distinct from catarrhal laryngitis, which Bretonneau calls "stridulous laryngitis," or "tracheitis," and Guersant denominates "stridulous stridulus," or spasmodic croup. (See the *Memoirs on Diphtheria*, translated by the New Sydenham Society.) Guersant remarks that the cough is loud and sonorous in cases of stridulous laryngitis; while in membranous laryngitis or diphtheria it is hoarse and stifled by the exudation. The voice, too, in this latter affection is not simply hoarse, but almost suppressed.

My attention was first specially directed to this subject by finding no false membranes in the air-passages after death from acute catarrhal laryngitis in children. Mr. Porter, in his book on the *Larynx*, mentions three cases of fatal croup without false membranes in children, aged respectively 5, 4½, and 2½ years. Sir Thomas Watson says "there are a few cases in which this adventitious membrane is not formed at all; the inner surface of the windpipe is seen to be merely reddened and tumid, and covered with viscid mucus; or, perhaps, with a shred or two of concrete albumen here and there." Then I have occasionally met with cases of supposed inflammatory croup in which I found during life diphtheritic exudation on the tonsils, soft palate, or pharynx. With these appearances were associated other indications of the true nature of the disease: perhaps evidence of infection, discharge from the nostrils, swelling of the glands under the jaw, albumen in the urine. In some cases, the evidence is less complete. Most writers on diphtheria describe cases (and I have seen some) in which there is either no exudation visible on the fauces, or there is a scanty secretion, which soon dis-

appears while the exudation within the air-passages increases and destroys life. And, again, there are other cases in which the diphtheritic exudation begins in the air-passages, and never extends to the fauces. In such cases, the diagnosis may sometimes be difficult. (See Trousseau's *Clinical Medicine*, vol. ii, p. 486-7, New Sydenham Society.)

Our present knowledge of this subject warrants us, I think, in stating positively that two distinct diseases have been confounded under the name of croup by many English writers. 1. Acute catarrhal laryngitis. This, in children, is inflammatory croup; and, whether it occur in children or in adults, the only structural change in the larynx and trachea after death is congestion and swelling; sometimes superficial abrasion of the mucous membrane, with mucous or puriform exudation on the surface, but no tenacious false membrane. 2. Diphtheritic croup, which, whether it occurs in the child or in the adult, is attended with the formation of a more or less abundant and tenacious false membrane in the air-passages. The exudation of false membrane depends, not upon the age of the patient or the intensity of the inflammation, but upon the specific character of the disease; so that the presence of the false membrane after death would suffice, in a doubtful case, to determine the nature of the malady.

One circumstance that has helped to perpetuate error with regard to the morbid anatomy of croup has been the fact that inflammatory croup is a far less fatal disease than diphtheritic croup. Most cases of the former recover when early and judiciously treated, while of the latter by far the greater number die. Therefore, after death with croupy symptoms, false membranes are more frequently present than absent. Both Home and Cheyne report several cases of recovery which were nearly certain cases of simple laryngitis or inflammatory croup.

The practical importance of distinguishing acute catarrhal laryngitis or inflammatory croup from diphtheritic disease of the air-passages is manifest, when we consider that the treatment which usually puts a stop to the former disease is unsuitable, and even injurious in cases of diphtheria, a disease which requires an entirely different method of treatment, and in which local remedies are especially valuable.

## ON THE BODY-WEIGHT AND UREA IN A CASE OF STARVATION.\*

BY DAVID NICHOLSON, M.B. Aberd.,

Assistant Medical Officer, Her Majesty's Prison, Portland.

THE ingestion of food is a necessary and not unpleasant part of our active existence; and we have all realised the special gratification that arises from it after a prolonged abstinence. If we could possibly imagine a chronic state of hunger with a strictly periodical supply of food in such quantity as only just to ward off from the body the injurious results of deficiency or of want, we should have some conception of the delight that food affords to prisoners not only in the act, but in the hope of its participation. We should at the same time arrive at some idea of the value that the prisoner attaches to his food, and of the vigilance and precision which he exercises in watching that he receives his due allowance. Curiously enough, for all this, prisoners are found at times to act on the very opposite principle, and refuse their food. Now, under what circumstances does a prisoner reject this morsel, usually so delicious, he being at the time able, but *unwilling*, for reasons of his own, to partake of it? As far as I have observed, the occasions on which a prisoner resorts to complete or partial abstinence, may be comprised under three heads: 1. In order simply to make himself ill, so as to avoid work or to go into hospital; 2. As a part of the process of feigned insanity, as, for instance, on the grounds that poison has been put into the food; 3. From a feeling of resentment at supposed ill-treatment, in the foolish hope of giving annoyance to the offending individual—a state of mind not so uncommon as we would at first think it. It would be out of place to enter upon its discussion here, although I may state that it was a feeling of this sort that actuated the prisoner to self-starvation in the present case.

The question of what has been called the "balance of the vital economy" is not only interesting in itself, but important and valuable in the ordinary relationship of life in proportion as we are able to unravel its many intricacies, and to open out the benefits to be obtained from an accurate solution of it. To arrive at a true notion of the effect of the ingestion of food upon the body and its egesta, it is necessary, in the first place, to ascertain, as far as possible, the relation that the body has to itself in the absence of food ingested; *i.e.*, during starvation. Investigations in this direction have been made, although not

\* Read in the Physiological Section at the Annual Meeting of the British Medical Association in Leeds, July 1869.

without much trouble, upon the lower animals, giving us comparative results; but, from the inconvenience and torture they necessitate, man cannot for any length of time submit himself as a subject for their furtherance. In ordinary life, when a case of starvation turns up, it is little adapted for close investigation, even if the necessary means were at hand for following it out; seeing that, besides, the cooperation, active or passive, of the individual, is required. For these reasons, I thought it worth while to place before you my notes of this case; for the prisoner, if he did not help me, was so far complacent as not to obstruct me.

On the morning of the 26th December, 1868, prisoner H. W., aged 23, took his ordinary breakfast of 12 ounces of bread and three-fourths of a pint of cocoa during the forenoon, for some misdemeanour, he was awarded a punishment of three days' bread and water. Being in a sullen temper, he refused his mid-day meal, and did not touch the food that was put in his cell for him until some time after 8 in the evening of the 29th, a period of at least one hundred and thirty-four hours, or five and a half days. During the first and second days only did he take any water—perhaps a pint and a half or two pints in all. From the sixth to the ninth day, he partook of very little—about a pint of oatmeal-porridge, containing milk, in the twenty-four hours. After the ninth day, he took all the diet allotted to him. Fortunately, for another purpose, I had his body weighed at the very commencement, and during the experiment he was weighed every day or two. I was careful not to ask too much of him, lest his caprice should put an end to the whole; and I place before you the observations that I made, extending over a period of eighteen days.

His general aspect, beyond a somewhat pinched expression of face, was not much altered, and he preserved a sullen silence throughout. He regularly took his exercise, which consisted of an hour's walking in the open air every day. The heart-sounds became rather faint, and the pulse soft and slow. There was no feverishness nor heat; the skin became very dry. Pressure on the pit of the stomach on the fifth day caused him to wince. I regret that I was unable at the time to make a more comprehensive analysis of the urine, so as to get a comparative statement of the various ingredients. The general characters of that secretion were—intense acidity, rich bright red colour, highly aromatic odour (to me most like sandal-wood), with mucous deposit after standing twenty-four or forty-eight hours; characters which of course diminished in intensity as food and drink were taken. Phosphates were thrown down daily by heat, the cloud being most dense about the fourth and fifth days. No albumen was found. A trifling deposit of urates appeared on one or two occasions, when the urine had stood forty-eight hours; but the urine of the fourth day presented, at the end of twenty-four hours, a large brickdust deposit of them, weighing in all 34 grains (you will see presently that the fourth day was otherwise peculiar). Urea was readily thrown down during the abstinence, in the form of nitrate and oxalate—the former in large, flat, yellow plates, overlying each other, and occupying considerably more than half the bulk when equal parts of urine (unconcentrated) and nitric acid were used. The oxalate was thrown down in thick colourless rhomboids.

The man's net body-weight at the commencement was 107½ lbs. At the end of the first three days, he had lost 5 lbs. He lost other pounds on the fourth day. The lowest ascertained weight was 100 lbs. on the sixth day, after a small portion of food had been taken. On the tenth day, he took all the diet allowed him, and regained his original weight on the thirteenth day. The first time that he took any food was on the sixth day, when he had about a pint of porridge, containing four ounces of oatmeal and half a pint of milk; and he took the same quantity on the seventh, eighth, and ninth days, with a small piece of bread extra on the last of these. On and after the tenth day, he took all the diet (a punishment one) that he was allowed. It consisted daily of 20 ounces of bread, a pound of potatoes, and two pints of oatmeal-porridge, as above. The nutritive value of this dietary in ounces, calculated according to Dr. Parkes's Tables, is as follows: albumates, 3.72; fat, 1.36; carbohydrates, 10.41; salts, .98. On the twelfth day, his bowels were open for the first time. It will be found that the range of body-weight is comprised in three stages, each of which corresponds with a period in the dietary: 1. From the commencement up to the fifth day, with an absolute fast, when there was a loss of seven pounds; 2. From the fifth to the ninth day, with a minimum of food, when the weight remained stationary at its lowest point; 3. From the ninth to the thirteenth day, with a reasonable amount of food (non-animal) when there was gain of seven pounds. It might be expected that a five days' positive starvation would have entailed a greater loss in body-weight than seven pounds; but, if we bear in mind that fat is the tissue most readily and abundantly disposed of during inanition, and that this man, from his stay in prison,

had already parted with all that he could spare, we shall the better understand how the loss was not so great as it might have been under ordinary circumstances; while at the same time we shall be enabled to arrive more closely at the loss sustained by the other tissues in supplying the wants of a body feeding upon itself. At the end of the third day, he had lost 5 lbs., being a loss of 16½ lb. per day. During the fourth day, he lost a pound. During the fifth, although he was not weighed, I presume that he lost about a pound, for two reasons; first, because he lost no more than a pound on the previous day (the daily loss being in inverse ratio to the duration of the fast); and, secondly, because on the sixth day he was at the minimum ascertained weight of 100 lbs. after partaking of an amount of food which only just maintained him at the same weight during four successive days. Reckoning, then, the loss on the fifth day at 1 lb., although it might probably be rather less, we have an average daily loss of 1¼ lbs. during the period of starvation, the proportion being considerably higher during the first three, than during the last two days. The body knows well how to utilise a limited diet, and it was an evidence of the economy practised by the system, to find that a pint of oatmeal-gruel sustained the balance in weight at its minimum for several days. The urea was estimated up to the thirteenth day by Davy's method, with the hypochlorite of soda, and after that by the mercury process of Liebig.\* Taking the third, fourth, and fifth days, when there was an entire abstinence from food and drink, the total excretion of urea was 884 grains, being an average of 294.6 grains per day. This would give an average of 21 grains of urea per ounce of urine, and of 2.9 grains per pound of body-weight. This average per pound of body-weight is nearly a grain in excess of the estimate arrived at by Ranke, in his experiments on himself and on animals, during the fasting state; and it is accounted for by the remarkable excretion of urea on the fourth day, which alone was almost equal to the excretion of the third and fifth days together.

The urine of the fourth day stands out from that of any other day, not only in respect of the great urea excretion, but also on account of an exceptional deposit of 34 grains of urates at the end of the twenty-four hours. How are we to account for this? Was it a sort of wash-out of the system, and somewhat accidental? Or was it of such a nature that calculations made without including it would be altogether erroneous? Comparing the fourth with the third day, we find that the almost double excretion of urea was held in solution in about the same quantity of urine, while a comparison with the fifth day shows us that the fourth day's excess did not consist of a stronger solution of urea, but in a larger quantity of urine, viz., 16 ounces on the fourth, as compared with 9½ on the fifth; with a difference of about one grain of urea per ounce in favour of the latter. I am inclined to look upon the fourth day as exceptional, and as giving rather abnormal data; but I admit that I am unable to explain away the fact of such a relative excess of urea having been excreted. Taking the fifth day by itself, we find that its results approximate more closely those obtained by Ranke and other observers, who show that about two grains of urea per pound of body-weight are excreted daily during inanition. I shall briefly comment upon it. On the fifth day passed without any food, and the third without any drink, the man lost a pound in weight. He passed 9½ ounces of urine, which at a specific gravity of 1.026 would give us a loss by the renal secretion of 9.8 ounces. Now it has been estimated by Ranke that the daily loss by carbon, during inanition, is equal to 17.82 grains per pound of body-weight, and this would give us a loss of 4 ounces by the lungs. We have, therefore, a total loss by kidneys and lungs of 13.8 ounces. Leaving 2.2 ounces to be accounted for mainly by cutaneous exhalation—for the bowels did not act. These results, if they cannot be said to be absolutely correct are sufficiently approximative to deserve notice.

There were 244 grains of urea excreted on the fifth day, being at the rate of 2.4 grains per pound of body-weight. With reference to this, if, as Professor Haughton's calculations go to show, every four grains of urea excreted are equal to a weight of five tons raised one foot, we have an amount of work done in this case equivalent to 305 foot-tons. This work is almost entirely vital, and of the most economical sort; for, in the first place, there was little bodily labour or exercise, and then, there was no mass of food taken by the mouth to call forth the work ordinarily expended in digestion. Again, 244 grains of urea comprise 113 grains of nitrogen, and these would correspond to the metamorphosis of 712 grains of albumen. This would probably include nearly the whole of the nitrogen, as little would be expected to find its way into the bowels under such circumstances.

\* The calculations during starvation are not interfered with by the intestinal regurgitation, as his bowels did not act until the eleventh day.

\* I have found close comparative results between the two methods; using, of course, a fresh solution of hypochlorite. In the estimates made by Liebig's process, the chloride of sodium was not separated, but the average deduction of a c.c. from the number of cubic centimetres of mercury-solution required, was made.



After maintaining for three days his minimum weight, on a small and somewhat uncertain quantity of food, he took, on the tenth day, all the diet given him. I have already shown that, by calculation, it contained in ounces 3.72 of albuminates, 19.41 of carbohydrates, and 1.36 of fat. Taking these together, we have one part of nitrogenous food to six of carboniferous. The total nitrogen is 255 grains, the total carbon 5119 grains, including 875 grains contained in the nitrogenous substances. Absolutely, these are high figures, especially when we have the man at rest, while the relative proportion of carbon to nitrogen is also considerably above the usual dietary estimates.

As far as mere nutritive elements are concerned, we have a supply here not only capable of repairing the ordinary tissue-waste, but sufficient also to provide a surplus, which the system is unable immediately to utilise, beyond storing it up in the form of adipose tissue. This additional fat, arising from excess of hydrocarbons in the blood, adds merely body-weight and bulk. There is no corresponding increase of the more highly organised tissues which give forth strength and stamina, and consequently these fall off, and are besides rather clogged by the fatty accumulation. It almost invariably happens that, if, in the course of several months, a man's health is not affected by the monotony of the diet of which I have been speaking, he gains in weight, but not in strength. He becomes stouter, but not proportionately strong, as he is deprived of that healthy use of his muscles which preserves their power and vigour. The original body-weight (107½ lbs.) having been reached in the case of H. W., the excretion of urea for the last four days averaged 307 grains, being at the rate of 2.8 grains per pound of body-weight in twenty-four hours, and that on a non-animal diet containing 250 grains of nitrogen.

December 23rd, 1869. It is curious to note the obstinacy with which this man refused to take his food. Although it was put into his cell regularly, and remained there all night, he would not, and did not, touch it, and he continued this with very little interference to his bodily functions until the sixth day. It shows how persistently the body clings to its life, eating itself, as it were, by a process of capillary cannibalism, rather than die out at once for want of food supplied by the proper channel to repair the natural waste.

## ON BICHLORIDE OF METHYLENE:

AN ACCOUNT OF ONE HUNDRED CASES OF ITS USE AS AN ANÆSTHETIC.

By PHILIP MIALI, Surgeon to the Bradford Infirmary.

(Editorial Abstract of Original Paper.)

THE author commonly uses the cylinder introduced by Mr. Peter Marshall. Most of the administrations were for operations on the eye; but it was used also for amputation of the thigh and leg, and removal of the breast.

Insensibility in adults was generally produced in from two to five minutes; the average being 3 minutes 20 seconds; the minimum, 1½ minutes; the maximum, 5 minutes.

One dose of a drachm was generally sufficient to produce anæsthesia. In females, less than this will suffice. More than a drachm and a half was never found necessary to produce the first insensibility. The maximum quantity required before the completion of an operation was three drachms and a half.

The author proceeds to compare these results with those from the administration of chloroform. The average time taken to produce full anæsthesia was: in

Men—3 minutes 20 seconds with bichloride of methylene.

6 minutes 20 seconds with chloroform.

Women—2 minutes 22 seconds with bichloride of methylene.

4 minutes 18 seconds with chloroform.

Children—1 minute 16 seconds with bichloride of methylene.

2 minutes 24 seconds with chloroform.

The quantity of chloroform required was about double that of the bichloride of methylene. The duration of insensibility after removal of the inhaler was not found to vary with sex and age, as the time of the invasion was. It was not uncommon to find the patient completely conscious and walking away in less than three minutes after the commencement of inhalation.

Vomiting occurred forty-two times out of ninety-seven; nausea merely, six times. Vomiting did not occur once before anæsthesia was complete. The author thinks that the use of the bichloride is not likely to be much more free from consequent vomiting than chloroform.

The pulse was unaltered in 4 cases, quickened in 9, and lessened in frequency in 23.

The respiration was nearly always quickened. In five cases in which

the respiration gave warning of impending danger, prompt measures were successful in restoring the patient.

The author is satisfied as to the safety of this anæsthetic, and thinks it is easily managed with average precautions. It is important to exclude rather than admit air. The apparatus should be well applied to the face. In small operations, it is decidedly preferable to chloroform, and for larger ones quite as useful.

## TWO CASES OF EMPYEMA SUCCESSFULLY TREATED BY DRAINAGE-TUBE.

By WILLIAM PALEY, M.D., Peterborough.

CASE I.—Miss B., aged 10½, of good constitution, was seen by me on the 3rd of March last, for a most severe attack of double pneumonia, complicated with pleurisy on the right side, coming on after measles. The symptoms were so urgent, and the exhaustion so great, that the child was only kept alive by the free use of stimulant and most careful feeding. I saw her again on the 18th of March, and found her reduced almost to a skeleton, so weak that she was unable to move a limb; the left lung was slowly recovering, but on the right side slight effusion had commenced.

On April 3rd, in consequence of the urgent dyspnoea and increasing debility, the chest was punctured by a trocar in the ordinary method. About four pints of thick pus were removed, and the wound closed. Considerable relief was afforded for the first four days after the operation, but in ten days' time the chest was quite full again, and the child as weak as ever—indeed, the chances of recovery were so small that I had great difficulty in persuading the parents to allow any further operation.

On April 13th, the following operation was performed. On a level with the ensiform cartilage, and a little to the right of the nipple, a direct opening was made into the chest with a medium-sized trocar. After about a pint of pus had been discharged, an India-rubber-tube (such as is used for feeding-bottles), about two feet and a half long, and with a few small openings cut into it, with a pair of scissors, at the end to be left in the chest, was passed through the cannula for about six inches. The cannula was then withdrawn over the tube, and the latter was securely tied to two pieces of plaster above and below the wound with a piece of silk, the patient lying near the edge of the bed, and on the affected side; the lower end of the tube was placed in a basin half full of water, on a chair at the bed-side, and kept under water by a weight tied to it. No operation could have answered better. Not a single bad symptom or difficulty of any kind occurred during the whole subsequent treatment. The tube was kept in for six days; the fluid was slowly evacuated without any air being admitted into the pleura; the lung expanded as the fluid was withdrawn gradually, taking its place, so that no vacuum was ever left in the chest. The tube, being quite soft, caused no pain at the wound, and did not seem to irritate either the lung or pleura by its presence in the chest. When the tube was withdrawn, the opening in the chest was kept covered by a piece of wet lint, with oiled silk over it; and for the next four months small quantities of pus continued to be discharged—at first, daily, and afterwards, from time to time. After a fortnight, the child was allowed to get out of bed; and, as she gained strength, was carried out into the open air as much as possible; and, as soon as she could be moved, was sent to the sea-side, where she remained six weeks.

I saw her about a week ago, and save a very little falling in of the chest under the right clavicle, scarcely any other trace of the serious mischief that had previously existed was left. The chest was fairly resonant all over that side, and a well-marked respiratory murmur existed throughout the lung. The general health and strength of the child was as well as ever. The wound had been quite closed since the end of August last.

For all the details of the operation and its successful performance, I am indebted to my friend and colleague at the Hospital here, Dr. T. J. Walker.

CASE II.—The next case was even more successful than the first. MARY A., aged 19½, of fairly strong constitution, had been ill with pleurisy followed by empyema, since the end of March. The child had been most carefully treated from the first, under the superintendence of one of our best local physicians. The chest had been twice tapped by a trocar, and the wound closed in the ordinary method before I saw him, on the 16th of June last. I found the whole left side of the chest quite full of fluid; the child could only lie on the affected side; was greatly reduced in strength; had very little appetite; and the abdomen was large and distended. The operation was performed by Dr. Sinclair in my presence on June 17th, precisely in the same way



and at the same part of the chest, only on the left side, as I described in the first case, and with the same satisfactory results. As the effusion had existed a much longer period, I resolved to leave the tube longer in the chest, and kept it there for fourteen days. On the 28th, Dr. Sinclair wrote: "Our little patient has progressed most favourably since the operation. He has never had a bad symptom. At least eight pints of pus have been discharged through the tube, and there is still a slight discharge, about a tablespoonful in twenty-four hours. As far as the case has gone, we must look on it as a perfect success." I saw him again on the 2nd of July, removed the tube, and covered the opening with wet lint, as in the first case. Dr. Sinclair had allowed him to sit up for a few hours daily during the last five days, tying the end of the tube first to prevent the admission of air into the chest. The boy had greatly improved in general health, and the chest was partially resonant, but little respiratory murmur could be heard on that side. In a week after the tube was removed, the boy was out in the open air. The wound remained open and kept discharging slightly for a month; it then healed up, and has never broken out since. The boy went to the sea-side for about three weeks; and when I saw him, on October 6th, he looked in perfect health. The chest was very little contracted, clear on percussion, and the respiratory murmur was quite audible all over the left side.

## CLINICAL MEMORANDA.

[Under this head, we shall publish from time to time, as materials accumulate, short records of remarkable cases in practice which are sufficiently rare, interesting, or instructive, to deserve record, but do not call for lengthened statement or comment. Brevity and point should be the valuable characteristics of cases forwarded for this column.]

### ACUTE ALBUMINURIA, ACCOMPANIED WITH VERY SLOW PULSE.

By J. H. BARTLETT, L.R.C.P.Lond.

G. C., an able seaman on board the *Superb*, moderately temperate, after much exposure to wet and cold on July 31st, 1868, felt very unwell, and noticed that his urine was of a very dark red colour. Notwithstanding this, he continued his employment; but the following day he was so unwell that he applied to be admitted into hospital. On admission, August 1st, he was well nourished, but looked heavy. There was puffiness under the eyelids. His face was flushed; headache severe. There was no double vision, nor tinnitus aurium. He felt giddy and weak. He had no nausea. He was very drowsy, but could not sleep. The pupils were equal; the tongue moist and pale, with a thin fur in the centre. The bowels were confined; pulse 48, weak. The heart's apex-beat was normal; no murmur nor friction-sound. The lungs were healthy. The urine was of a deep maroon colour, and contained about one-third of albumen, fibrinous casts, blood-corpuscles, and epithelium. He was ordered to take compound jalap powder, and solution of acetate of ammonia in two-drachm doses every three hours.

On August 2nd, the symptoms were much the same; but pain in the loins was added to them. The urine contained about one-tenth of albumen, and was about one pint in quantity. The bowels were not open. Pulse 48, irregular, and weak. He was ordered to take an ounce of castor-oil immediately, and to have dry cupping to the loins.

On the 3rd, the bowels were copiously opened by the castor-oil. He was less drowsy; but the pain in the back was very severe. He had slight cough and expectoration. The puffiness of the face and eyelids still remained, as did the vertigo. Pulse 46, regular, and weak. The urine still contained albumen, but much less in quantity; the amount passed was two pints.

On the 6th, though he was much improved in every respect, and though there was now no albumen in the urine, the pulse was only 36, regular, and weak. There was no murmur or friction-sound. He was ordered to take tincture of sesquichloride of iron in fifteen-minim doses three times a day.

Aug. 15th. From the last date, the patient improved rapidly. On the 8th, the pulse rose to 78; and he was quite convalescent, and resumed to-day quite well.

The chief point of interest in the above case is the extreme slowness of the pulse, which, from the commencement of the disease, was very infrequent; and this continued so until the seventh day of the disease, when it fell as low as thirty-six pulsations in the minute. And this is the more curious, as the patient was at that time so much better in other respects. The patient's pulse in health was not in any way abnormal.

## REPORTS

### MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

#### THE MIDDLESEX HOSPITAL.

IN Dr. Henry Thompson's male ward there is, at present, a patient, thirty-six years of age, who was admitted in August with ascites and acute renal dropsy, in whom the valuable effects of copiba as a diuretic were, to all appearance, shown. On his admission, and for some weeks afterwards, most of the ordinary remedies, including squills, bitartrate of potash, and jalap, were employed to carry off the fluid, but still the symptoms became more urgent. Acupuncture was then resorted to, and, for the time at least, with partial success; but the dropsy did not sensibly diminish. The copiba draught of the hospital was then given three times daily, in half-ounce doses, representing ten minims of copiba and seven minims of liquor potasse in mucilage and caraway water. Next day, the urine had increased to four pints, which was greater by eight ounces than it had ever been in the twenty-four hours since admission, and the quantity was pretty well kept up for some time afterwards. The man is now quite free from dropsy. This is by no means, we believe, a favourable specimen of the results which have been obtained by Dr. Thompson, Dr. Greenhow, and Dr. Liveing, at the Middlesex Hospital, from the use of copiba as a diuretic. The remedy appears to be deserving of a more general trial.

We saw another case of interest and importance. A man, twenty-six years of age, was admitted on December 12th with colic and severe paralysis of both upper extremities, from lead-poisoning, and was immediately ordered iodide of potassium, in three-grain doses, three times daily. Ten days afterwards, he was attacked with epiphora, coryza, gravedo, sickness, severe colic, and diarrhoea, all signs of iodide of potassium poisoning; the gastro-intestinal symptoms being probably intensified by the presence of lead in the system, which, indeed, showed itself in another way by convulsive movements of the paralysed muscles of the affected limbs. The iodide of potassium was immediately discontinued, and, as the symptoms passed off, the power in the arms markedly increased. It seems that, on two former occasions, while a patient in another hospital, where he was also apparently treated with iodide of potassium for the same affection, he was seized with a similar attack, resulting in increased muscular power in the paralysed limbs. It seems fair to suppose that, during these acute attacks, the lead was carried off from the system, probably by the discharge from the intestines.

In Dr. Goodfellow's wards we recently saw two instructive cases of gastric disease. The first was a typical case of chronic ulcer of the stomach, chiefly interesting on account of the long duration (fifteen years) and the alarming state of exhaustion to which the patient had been reduced before admission. She had been supported at first by brandy and beef-tea enema, but is now again able to eat meat, etc., without inconvenience. The second case presented precisely similar symptoms, but they had only lasted for two years; the patient, however, did not come on till two to four hours after meals; and, lately, the more severe attacks had been followed by slight temporary jaundice; here, chronic ulcer of the duodenum was suspected. Under calomel and opium treatment she was quite convalescent, and had been free from pain for nearly a month.

In Dr. Murchison's female ward is a most instructive case of nitric acid poisoning, in so far as it shows what may be done in desperate cases of irritant poisoning by judicious treatment. The patient is a woman about thirty-five years old, who was admitted in April with very severe symptoms of nitric acid poisoning. Symptoms of acute gastritis continued for several weeks, during which time rapid emaciation ensued, and exfoliation of what appeared to be mucous membrane took place. During all this time she was not permitted to take any nourishment by the mouth, as it would merely have increased and kept up the irritation of the stomach; but she was fed frequently with beef-tea and brandy injections. As soon, however, as the gastro-intestinal irritation had somewhat subsided, small quantities of milk, with ice and lime-water, were cautiously given. These were retained and gradually increased. By degrees, more solid food was tried; and, eventually, she left the hospital in July fairly nourished, if not plump, and able to digest light diet without inconvenience. A further interest is, however, attached to this case; for the patient presented herself again a few weeks since, greatly emaciated, and with symptoms pointing to gastric irritation and stricture of the cesophagus. While she is at times able

to swallow well and digest as much as a pint of milk at a time, she frequently rejects all food immediately after taking it, and states on these occasions that it never reaches the stomach, but stops at a point indicated by her, and corresponding to the oesophageal end of the stomach. This, Dr. Murchison thinks, is due to the spasm which takes place at the point of stricture.

In Dr. Murchison's male ward is a boy, seven years old, who was admitted with hydrothorax of the left side, causing great dyspnoea and distress, and pushing the heart over to the right side. Means were immediately taken by acting on the kidneys, to carry off, if possible, some of the fluid in the pleura, but without success. It was then determined to relieve the urgent symptoms by paracentesis thoracis, which was performed, and about thirty ounces of clear fluid were drawn off by means of a tube under water, to prevent the entrance of air into the chest. The relief afforded was immediate; the respiration and pulse improved, and the temperature diminished. The boy is now almost well.

### LONDON HOSPITAL.

#### CASES OF GREAT DISTENSION OF THE BLADDER.

THE two following cases are of some clinical interest in consequence of the enormous distension which the bladder permitted. In each, the diagnosis of dropsy might easily have been given. In some similar instances, paracentesis has inadvertently been performed; and it is well in any case of sudden "dropsy," especially in a woman, to keep in mind the possibility of its being an over-filled bladder. Such cases are infrequent, but not altogether unknown, in the male sex.

**CASE I.** *Great Distension of Female Bladder (resembling Ovarian Dropsy), with Retroversion and Fibroid Tumour of Uterus.* (Reported by Mr. G. SALT.)—This patient was admitted October 5th. The abdomen was greatly distended, and she complained of great pain in the abdomen and back. Her history was, that she was quite well until twenty-five days before admission, when she went out in the rain and was wet through. Upon her return home, she went to bed, was very cold all night, and shivered; she could not sleep, and passed no urine for nearly two days, and then a little ran from her. She was in great pain in the loins and abdomen, and had had great pain ever since, and had not been able to sleep for more than ten minutes at a time. She was told that she had dropsy, and was advised to come to the hospital. She had only been able to pass urine when lying down or standing; but had a certain control over her bladder, especially lately. The abdomen was greatly distended, dull on percussion, and fluctuated. The tongue was coated and white. Temperature 101.8; pulse 96; respiration 24. Upon passing the finger into the vagina, and making pressure posteriorly with the finger, urine flowed from the urethra. A catheter was introduced into the bladder, and six pints of urine were drawn off. The urine had a specific gravity of 1.005; was slightly alkaline and dark coloured. There was a small quantity of albumen. On again introducing the finger into the vagina, the os uteri could just be felt with the tip of the finger, high up in the anterior part of the pelvis. The fundus was low down in the true pelvis. The uterus was completely retroverted; it felt quite hard, and appeared to contain a large fibroid, and was of the size it would be if it contained a five months' fetus. The patient experienced immediate relief, and the abdomen was again of normal size.

**CASE II.** *Great Distension of Uterus, consequent on Retroversion of the Gravid Uterus.* (Reported by Mr. G. SALT.)—Mrs. C., living at Hackney, was brought to the receiving-room of the London Hospital on the 27th of September. Her history was, that she was three months pregnant. Twenty-three days before admission, when lifting a child, she felt something give way on the right side of her abdomen, with a distinct crack, and was seized with a sudden pain like a knife running into her side. The pain was very severe, and obliged her to keep her bed. For two days she passed no urine; but, fifty-one hours after the accident, a little urine escaped. The following day she passed a little urine once; she "was in dreadful pain—strong forcing pains, like labour-pains". After this, the quantity of urine increased daily, and, during the last week, she passed a great quantity, but could not say how much exactly, as the bed was wetted, and the sheets drenched; and she could only pass urine when standing or lying down, not any in the sitting posture. She had been in great pain, and had been unable to get any sleep since the accident. She stated that she had been treated for flatulence, and had been seen by several doctors, and that the last who saw her said she had dropsy, and advised her to come to the Hospital. She also stated that the swelling began on the right side of the abdomen. The patient was pale and worn; her pulse was small and quick. The abdomen was greatly distended, especially in the median line, not so much laterally; and the condition present certainly some-

what resembled that of ovarian dropsy. Percussion was dull in front; clear behind in both lumbar regions. There was distinct fluctuation. On passing two fingers into the vagina, a swelling was felt in front, and a more solid one behind. The os uteri could not be felt. On making pressure with the fingers, urine flowed from the urethra; and, after some ounces had escaped, the os uteri could just be reached by the tip of the finger high up in the pelvis, and the tumour behind was found to be the retroverted gravid uterus; the swelling in front, the bladder enormously distended. A catheter was passed into the bladder; and altogether one hundred and sixty ounces of clear urine escaped, with immediate relief to the patient.

### ST. BARTHOLOMEW'S HOSPITAL.

#### OPERATION DAY, DEC. 18TH.

*Carcinoma Testis.*—Mr. Paget removed a well-marked example of this disease. The growth formed a tumour in the left scrotum of the size of two adult fists. It was evenly rounded, oval, and had a constriction about its middle, as is so often seen in common hydrocele. The greater portion was firm to the touch, but at the lower part there was, possibly, fluctuation. Mr. Paget remarked that the comparatively short duration (at the most not more than eighteen months), the form, solid feel, and weight of the growth, rendered the diagnosis of malignant disease almost certain; at the same time, a hæmatocele would present very similar symptoms. There were no enlarged glands. A preliminary puncture let out one drop of a thick fluid. The operation was then proceeded with. The cord was held by a clamp, and the vessels afterwards secured singly. On section of the testis, it was seen to be uniformly infiltrated with a firm variety of medullary growth. There was some softening in the centre, and the colour varied in parts, owing to fatty degeneration. The skin was movable over the tumour.

*Congenital Fatty Tumour.*—Mr. Holmes Coote operated on a very rare and interesting case of tumour of the forearm in a baby. A rounded, elastic, movable tumour, apparently freely fluctuating, and about the size of a hen's egg, was seen bulging just below the elbow. It was considered to be some form of cystic tumour. On proceeding to its removal, it was discovered to be a simple fatty growth, without distinct capsule, passing deeply towards the neck of the radius, and some little difficulty was experienced in its removal. We recollect a somewhat similar case operated on by Mr. John Adams at the London Hospital. The patient was a girl. The tumour was of very doubtful character before operation. It proved to be a fatty growth, passing deeply towards the radius. There was no capsule. The patient did well.

### KING'S COLLEGE HOSPITAL.

#### OPERATION DAY, DEC. 18TH.

*Webbed Fingers.*—Mr. Henry Smith operated on a peculiar case of webbed fingers. Those affected were the third and fourth of the right hand. The proximal phalanges were united closely, but the middle phalanges were separated by a distinct web. The most interesting malformation consisted in the fact that there was only one distal phalanx and one nail to the two fingers. The nail was, however, kidney-shaped, presenting indistinct tendency to division. Mr. Smith cut the bony union of the distal portion with forceps, and the remaining union with a scalpel, and then inserted five sutures. The hand was then fastened on a splint with two "fingers", to keep the real fingers well separated; and a piece of lint was interposed. There were no other deformities. In connexion with this case, Mr. Mills (the house-surgeon) afterwards mentioned to us an unusual deformity, the subject of which attends occasionally, under Mr. Smith's care, amongst the out-patients. An adult man has one thumb split, at the distal extremity, so that there is an interval left sufficient to enable him to pick up a pen and hold it with his thumb alone. There are two distinct nails. The two portions at first diverge from one another, and then again converge at their tips, so that a space is enclosed in the middle, and he has sufficient muscular power over each to enable him just to hold a pen.

Sir W. Fergusson operated on a case of cleft palate, one of hare-lip, and on a nevus of the upper lip. On Saturday (Dec. 11), Sir W. Fergusson excised the knee-joint of a lad aged 14, for fibrous anchylitis in a flexed position, rendering the limb useless. There was no recent disease; and, on examination, firm fibrous union was found, the cavity of the joint being obliterated. There are two other cases now in the hospital, both done eight weeks ago: one is under the care of Mr. Henry Smith, the patient being a boy aged 12, who is suffering also from spinal disease. The limb is straight; there is but little shortening, and

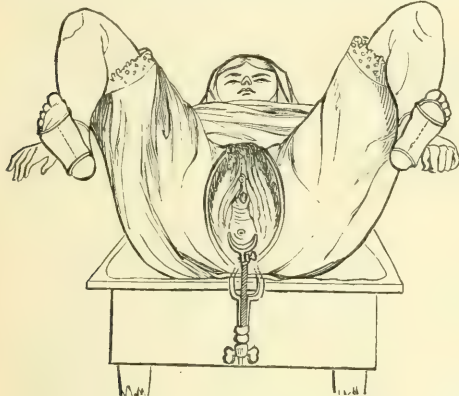


the prospect is hopeful. The other patient is a boy aged 13, under the care of Mr. Wood. The limb is quite straight, and is now enveloped in dextrine bandage, which is considered to act better than starch.

### SAMARITAN HOSPITAL.

#### SELF-RETAINING SPECULUM FOR OPERATIONS ON VAGINAL FISTULÆ.

When operating, a few days ago, on a case of vesico-vaginal fistula, and performing the operation called by Simon *kolpokleisis*, or transverse obliteration of the vagina, Mr. Spencer Wells made a few remarks on the use of the self-retaining speculum, which he described at the Oxford meeting of our Association. He said that his experience since that meeting had quite confirmed all he then said as to the great practical utility of the instrument. As it is not fixed to the table, like the apparatus of Ulrich, but upon the sacrum of the patient, no movements of the patient can be injurious. And, by binding her in the lithotomy position, by means of the wristbands and anklets, introduced by Mr. Pritchard of Bristol, and properly fixing the speculum, as shown in the annexed woodcut, it is by no means difficult to complete an operation



for vesico-vaginal fistula with no other assistance than a nurse to steady the knees, and another to clean sponges. Indeed, Mr. Wells stated that he once found the edges of a fistula, and introduced five stitches, with no other aid than that of Dr. Junker, who gave chloroform, and one nurse.

The speculum itself differs very little from the well-known instrument of Dr. Marion Sims; and the fenestrated blade by which it is fixed is modified from the instrument of Dr. Emmett, which is only adapted for the semiprone position of the patient; while Mr. Wells's instrument is equally adapted to back, side, semiprone, or prone position. The mode of fixing by the screw was suggested by Mr. Foveaux, of the firm of Weiss and Co., who were the first to make the instrument. It has since been made by most of the principal makers in London, and we have seen a very good specimen made by Nyrop of Copenhagen.

### GUY'S HOSPITAL.

#### AUTOPSY AND CASE OF ATTEMPTED SUICIDE DURING DELIRIUM OF ACUTE PERICARDITIS.

ON December 20th, a man was admitted into Guy's Hospital, having cut his throat. It was stated that the reason of the act was some disturbance of his peace of mind with regard to family affairs; and the account given by his friends was not such as to lead to the suspicion of acute disease in his case. Nevertheless, the skilful observation of his state made by Mr. Abbott, the dresser under whose immediate care the man was placed, convinced that gentleman that the man was suffering from acute chest-disease; and a history of acute rheumatism at a former period was then elicited. The patient survived only a few hours, and was too ill to bear a detailed examination.

On post mortem inspection, the body was rather spare; the skin thin, dry, and shining; and the legs somewhat oedematous, so that the ankles pitted on pressure. There was a transverse wound in the throat, just above the thyroid cartilage; it did not divide any great vessels, nor open the larynx. As to the question of self-infliction or otherwise, it

was deeper and extended further on the right side than the left; but the left end of the wound was jagged by two notches, and another small wound existed close to its left extremity. The existence of such notches Dr. Moxon thought to be a better criterion than the comparative depth on the two sides of the neck, in determining which end of the wound was made first, as the weapon is usually entered with hesitancy; but, when once engaged in the tissues, is brought out by a sweeping stroke—a repetition of the same hesitating action with the edge of the weapon at the time of its withdrawal being very improvable. In the suicidal cut throats that he had seen, the left end of the wound only was multiple or jagged.

The state of the thoracic viscera was amply sufficient to explain the attempt the poor fellow had made on his life. The heart was in a state of extreme disease, of a complicated kind. The pericardium was acutely inflamed, coated with lymph, and ecchymosed. There was no liquid effusion; and hence the lymph had its surface roughened into ridges directed across the line of direction of the friction made in the heart's motion—a point in the mechanism of friction-sounds that deserves attention. Indeed, at any time one can tell, by careful examination of the surface of the lymph on an inflamed serous membrane, not only whether the surfaces were separated by liquid, but, if there were no liquid, in what direction the movement in friction was exerted, as the lymph shows always ridges transverse to the line of motion of the organ concerned. These ridges must greatly increase the intensity of the friction and of its sound.

The right side of the heart and the left auricle were enlarged, being both hypertrophied and dilated; but the left ventricle was rather smaller than natural. This proportion of the cavities indicated contraction of the mitral valve; and the valve was found to be closely contracted, so that one finger would not pass its opening. The edges of the orifice were thick, and the substance here was charged with lime-salts; yet the two curtains were freely moveable upon each other in a hinge-like manner, in spite of the close union of them which contracted the orifice. Thus the smooth edges of the opening were able to fit to each other perfectly, thus affording a good example of mitral contraction without regurgitation.

The left auricle was particularly large; and its appendix was full of adherent curdy softening clot of old date, partly like pus in portions, and partly laminated. The man must have been going about his work with the blood clotting in his left auricle for some weeks. Though a surprising thing, this is not unusual. *Ante mortem* coagulation in the heart's cavities will occur when the heart is dilated in persons who are engaged in their ordinary work; and the dislodgment of such clots, with consequent embolism, has caused death in several cases which Dr. Moxon has inspected.

The lower half of the left lung was in a state of acute pneumonia, of about three days' date; red hepatisation being completely established. The liver showed a "nutmeg" change. The spleen was small and hard; in it were two old embolic patches, yellow and shrunken.

The kidneys were much diseased; the kind of change, as usual in heart-disease, being granular. Yet the appearance of the organ was not quite that which we find in gouty cases and other examples of what are called granular kidneys; the difference being this, that many parts of the cortex of the kidneys had shrivelled away to an extreme thinness, while the colour of these patches was darker than that of the parts around. Such excessively atrophied spots were numerous, and greatly disfigured the outline of the organ; yet the arteries of these parts were quite patent. This shrivelling of various sized patches of the kidneys, without embolism, Dr. Moxon held to be characteristic of the effect of heart-disease in cases where it is present. There is, no doubt, a very readily appreciable disadvantage in dividing up the morbid anatomic states of the kidney too minutely; and perhaps the present ternary division of renal disease into epithelial or tubal, granular, and lardaceous, is the best one for our general wants. But to recognise a pathological distinction that corresponds to a clinical distinction is always a gain, as it brings forward the clinical side of our knowledge into union with that anatomic side of it which we are accustomed to deem most capable of precision. To recognise and name such a state of kidney as cardiac kidney is better than to call it granular, if by granular we mean also the gouty kidney, which, in its course and circumstances, differs widely from this form. The anatomic state of the organ presents important differences in the two diseases; and it would be progress in the wrong direction to let a distinctness of cause and nature in the two states of the kidney be lost sight of because of both being in a way granular. If the skin-diseases, instead of being spread to view, were shut up in parenchymatous organs, how many that we now see as different would be thought identical! Are not the changes in the solid viscera as distinct among themselves as the changes in the skin? But we cannot observe them so well.



## DEVON AND EXETER HOSPITAL.

[BY OUR SPECIAL CORRESPONDENT.]

Mr. LEY, the House-Surgeon, was kind enough to show us over this fine old hospital on the 14th December. It contains at present 230 beds, more than half of which are in the new wing, which was built about fifteen years ago.

The new wards are placed back to back, and communicate by means of windows in the partition-wall, and by a door at each end; these wards are lofty, wide, and well ventilated; they contain about fourteen beds each. The old wards are rather low and not so wide as the recent ones; none of them are back to back, but many of them open into long, narrow passages. There are several small wards for operation and fever cases, etc. Fever cases are not admitted *as such*. There are a male and a female venereal ward; the former contains six beds, the latter a larger number. There are no other special wards; even the ordinary medical and surgical cases are mixed up throughout the hospital, and there are no purely medical or surgical wards. The floors are washed, not waxed. Mr. Ley informed us that there had been no case of pyæmia, or of fatal erysipelas, for more than a year, and only one of tetanus during the same period. Carbolic acid is a good deal used in lotion, but not much according to Lister's method.

Operations are performed twice a week. There are a fair number of operation cases, but a still larger proportion of chronic cases, arising chiefly from want of good food, rickets, angular curvature of the spine, hip-joint disease, etc. In the treatment of rickets, elastic bands of different degrees of strength are employed in preference to bandages. There are a fair number of machine accidents and fractures: concerning the latter we learned that fracture of the femur is often successfully treated by short splints, and extension by a weight and pulley; and that Gordon's splints are used in cases of Colles's fracture.

Among the interesting cases which we saw, may be mentioned the following.

An Excision of the Knee, for disease. The operation was performed fourteen months ago. The patient had been discharged, but was re-admitted for discharge from some parts of the wound. The union is good, but there are still some small sinuses.

Fracture of Tibia and Fibula in a woman, aged 75, with excellent union.

Vascular Tumour, in a girl, aged 13: said to be congenital. It is about as large as a walnut, and is close to the external jugular vein on the right side. When first seen it was bluish, and somewhat knotty, like a varix; it could not, however, be emptied by pressure, although it has been observed to almost disappear once or twice when the patient cries. A puncture, with a grooved needle, gave exit to venous blood, and caused the tumour to disappear. It has since partly refilled, but is now neither knotted nor bluish, and seems more like a subcutaneous nevus.

A nurse, aged about 50, with a very remarkable varicose condition of the superficial veins of her neck, especially on the right side. The external jugular, and some of its branches on the right side, are as large as one's middle finger. This condition is not accompanied by any obvious symptoms of obstruction in the neck or chest: it has existed for about four years, and at first was more marked on the left side.

A boy, aged 18, under Mr. Kempe, with Hereditary Syphilis. He has well-notched teeth; extensive ulceration of the tongue, and much puckering and scarring about the mouth; double interstitial keratitis, of long standing; the right eye is blind from cataract (an iridectomy had been done at some other hospital); the left eye just counts fingers at about four feet, an amount of amblyopia not accounted for by the condition of the cornea; the globes oscillate. The tongue had improved much under iodide of potassium, as had some ulcerating patches of skin about the shoulder.

A nurse, aged 48: Xanthelasma palpebrarum (Vitiligoidea), on the left side. There are two small, slightly raised patches of xanthelasma planum on the upper lid, near the inner canthus, and one on the lower lid. They appeared about twelve months ago. She had not been troubled with headaches, sickness, dimness of vision, or indigestion, till two years ago, when she became jaundiced; since that time she has been liable to "bilious" attacks, which consist of dull frontal headache, dim vision, sickness, and slight jaundice. She has dark hair and a sallow complexion.

There is one resident qualified officer, the house-surgeon. His place is taken when necessary by a resident third year's London student (not qualified). The dressing is done by junior students, of whom two reside in the house in rotation for a week at a time; there are at present about sixteen dressers. There is a good library well-stocked with new standard books. The museum is in a light and well-fitted room,

and there is ample space for more specimens; we understand that the curators are engaged in rearranging the specimens, and making a fresh catalogue. Among the recent additions are the carious head of a femur which was excised, and a malignant growth connected with the upper end of the tibia, for which amputation of the thigh was performed a short time ago; the fibula is quite healthy. There is a good specimen (and a drawing from the original) of melanosis of the skin of the toes and dorsum of a foot; the foot was amputated.

## ST. MARY'S HOSPITAL, MANCHESTER.

CASE OF CANCER UTERI, RIGHT URETER OBSTRUCTED, OWING TO PRESSURE OF CARCINOMATOUS DEPOSIT. COMPENSATORY ENLARGEMENT OF LEFT KIDNEY.

(Under the care of Dr. LLOYD ROBERTS and Dr. WM. LEONARD.)

[Reported by Dr. WM. LEONARD.]

M. M., aged 44, of Canal Street, Salford, came under Dr. Leonard's care as a home-patient in January 1869, suffering from cancer uteri, which had affected her apparently for some time. She was married twenty years ago, and had had ten children, out of which number, two had been born dead. She had never, according to her own statement, exhibited any of the signs of syphilis. The catamenia had always been normal, both as to regularity in their occurrence, the period of their duration, and as to their amount. A more or less persistent leucorrhœa had existed since her marriage, which, however, never became violent of the ordinary menstrual flow. After having attended her a few weeks, she was transferred to the care of Dr. Lloyd Roberts, and became an in-patient. She complained of lumbar, sacral, and hypogastric pains. A frequent and profuse discharge of a slimy fluid, of most offensive odour, proceeded from the vagina. Occasionally, severe attacks of flooding occurred. The patient suffered from dyspepsia, and was the subject of a most obstinate constipation. There were pain and difficulty in micturition.

She remained in hospital from February 19th until April 21st, during which period she took sedative, tonic, and aperient medicines; injections of carbolic acid were used night and morning, and a strong solution of the same acid was applied to the affected parts several times weekly, with good effect. A generous diet, with stimulants, was allowed. The bowels failing to act satisfactorily with purgatives, injections were resorted to, which acted with partial effect, and afforded some amount of relief. The nightly use of the half-grain morphia suppositories was productive of great comfort, and was generally followed by sleep. The urine was non-albuminous, but contained mucus and deposited lithates rather abundantly. On April 22nd she made a special and bitter complaint of the burning sensation caused by the vaginal discharge, which she compared to the scalding of molten lead or boiling water. Attacks of vomiting became frequent in their occurrence after this date. Dr. Leonard's attendance upon her continued until she died on June 16th. Belladonna plaisters had been ordered, one over the sacrum, another over the hypogastric region, which had influence in mitigating the constant pain; and two suppositories were used daily towards the close of the patient's life. The constipation persisted in spite of all remedies—the injections proving of small avail, and their use causing great suffering, owing to the existence of stricture of the rectum. Intense cephalalgia, constant vomiting, which nothing allayed, occasional menorrhagia, and an almost continuous offensive discharge, of an acid character, were symptoms which, with the never ceasing pain, contributed to reduce the patient's condition to one of extreme, almost frightful, emaciation. She died on June 16th, thoroughly worn out by her disease, preserving consciousness and her mental faculties to the last.

AUTOPSY twenty-four hours after death.—The body was fearfully emaciated. The intestines were perfectly free from disease above the sigmoid flexure of the colon, but distended with a great quantity of healthy feces and flatus. There was no evidence of peritoneal inflammation. The deposit of carcinoma in the walls of the rectum, which were in consequence very hard and thick, had diminished the calibre of the tube until its diameter was no greater than that of an ordinary sized goose-quill. The right ureter, before it entered into the base of the bladder, was pressed on by a mass of cancerous deposit, in the neighbourhood of the right side of the cervix uteri and upper part of the vagina. Above this point of obstruction the ureter was greatly distended—its diameter being one inch and a half—by a large accumulation of retained urine, and its walls were very thin and diaphanous. The pelvis of the right kidney also was enormously dilated, the renal structure being much atrophied on account of the pressure exercised by the pent up secretion, while the gall-bladder, enlarged by an undue accumulation of bile, lay against the distended sac of the kidney, dis-

colouring its wall at the point of contact, and tinging, by imbibition, the contained urine. The left kidney was hypertrophied, but, with the exception of this compensatory enlargement, exhibited no sign of disease. Its ureter was normal, entering the bladder unobstructed. The right kidney measured  $4\frac{1}{2}$  inches in length,  $2\frac{1}{2}$  inches in breadth, and  $\frac{3}{4}$  of an inch in thickness; its weight was  $4\frac{1}{2}$  ounces. The left was  $5\frac{1}{2}$  inches long,  $4\frac{1}{2}$  inches broad, and  $1\frac{1}{2}$  inch thick, and weighed nearly 8 ounces. The liver was slightly enlarged, but healthy. On examining the heart, lungs, and other organs, no evidence of special diseased action was observed. The os and cervix uteri were entirely destroyed by the ulcerative process; as was also the upper and posterior portion of the vagina with the corresponding part of the recto-uterine fold of peritoneum covering it, enabling several fingers to pass through the rent until they appeared at the vaginal aperture. No communication had been opened between the posterior wall of the vagina and the rectum; but a very extensive vesico-vaginal fistula existed, converting the vaginal canal and the bladder, which was lined by a thick layer of putrilage, into one large cavity. The fundus uteri, particularly on the left side, was ulcerated and hardened by cancerous deposit. The left ovary was slightly larger, and its structure denser than ordinary; the right was apparently normal.

REMARKS by Dr. Leonard.—In some cases of cancer uteri related by Dr. Beatty of Dublin (*Contributions to Medicine and Midwifery*, pp. 263 et seq.), death was shown to be due to suppression and its consequences, owing to plugging by cancerous matter of the mouths of the ureters, as they open into the urinary bladder, the disease having spread by ulceration and deposition from the womb to that viscus. Total suppression in these instances resulted from complete mechanical obstruction. In the above case, although the morbid action had spread in a similar manner, there was obstruction of but *one* ureter, the cause being *not* plugging at its *venial* orifice, but pressure exerted on the tube *from without*, so that the fact of the patient never exhibiting any tendency to a comatose condition is fully explicable.

## SELECTIONS FROM JOURNALS.

BELLADONNA IN HOOPING-COUGH.—Dr. B. S. Woodworth, in the *Western Journal of Medicine*, February 18th, 1869, gives the result of his recent experience, which is to the effect that hooping-cough "can be greatly cut short" by giving the extract of belladonna in constantly increasing doses until the pupils remain widely dilated. Dr. Woodworth has seen the "characteristic scarlet flush", and has found the cough abated when the rash appeared.

POPLITEAL ANEURISM CURED BY COMBINED COMPRESSION AND FLEXION.—Dr. Blackman reports a case of popliteal aneurism cured by digital compression, combined with flexion of the leg on the thigh. Compression of the femoral was kept up for sixty-eight minutes, after which the flexed position was maintained for above twenty-four hours. Immediately after the compression, only a slight thrill was felt in the tumour; the temperature of the limb was lowered, and it became hyperæsthetic. Six weeks afterwards, the patient was seen, and remained cured.

SOME EFFECTS OF BROMIDE OF POTASSIUM IN LARGE DOSES.—A remarkable case is narrated by Dr. W. A. Hammond (*Quarterly Journal of Psychological Medicine*, Jan. 1869), of the influence of large doses of bromide of potassium. The patient was a man suffering from paralysis agitans; and in him thirty grains of the bromide three times a day produced, for some days, profound melancholy, with delusions, contraction of pupils, drowsiness, and failure of memory. The symptoms of the disease were entirely arrested. Strangely, although he continued the medicine, most of its objectionable effects passed off after a few days.

DISLOCATION OF BOTH BONES OF THE FOREARM FORWARD.—At a meeting of the College of Physicians of Philadelphia in May last, Dr. Forbes related the following case. He was called on December 10th to see a boy about 12 years old, who a short time previously, had been exercising himself in a gymnasium, and, while going up a ladder hand over hand, striking (while falling) the back of his elbow against the margin of a table. The fall was about two feet only. On examination, the right forearm was found rigidly fixed at not quite a right angle with the arm. The arm was shortened and the forearm lengthened; the hand was supinated, and the tendon of the biceps somewhat tense. The olecranon was discovered lodged distinctly in front of

the humerus and above the lower margin of the trochlea, and the head of the radius was separated from the capitellum by a depression in which the finger could be placed. The patient being put under the influence of ether, reduction was rapidly effected by bending the forearm on the arm, so as to disengage the posterior and upper margin of the olecranon from its position in front of the humerus, and bringing the radius and ulna downwards and backwards while the arm was strongly flexed and held firmly. There were much swelling and tenderness for three weeks after the accident; and it was not until the end of six weeks that the movements of the joint were fully restored.—*American Journal of Medical Sciences*, October 1869.

TREATMENT OF PROJECTING BONE AFTER AMPUTATION.—A soldier, aged 32, of scrofulous constitution, was admitted into the military hospital at Vincennes with white swelling of the left knee. The local and constitutional symptoms demanded amputation, which Dr. Philippe performed on June 4th, by the circular incision, at the upper third of the thigh. Two days later, inflammation of the stump set in, followed by suppuration; and sloughing was threatened. On the 9th, however, under the influence of the local application of storax ointment and quinine in powder, with nourishing food and tonic medicine, the patient's condition had greatly improved, and healthy granulations were beginning to form. Next day it was found that about three centimetres (about 1.2 inch) of the end of the femur projected at the upper and front part of the outer two-thirds of the stump; in the other parts, cicatrization was in progress. Nitrate of silver was applied to the wound; and, on the 11th, Dr. Philippe, holding with the left hand the portion of the stump corresponding to the projecting bone, dissected away the soft parts from the bone to a depth of about two centimetres (nearly four-fifths of an inch). The skin and muscle were then drawn down over the bone, and retained in position by plasters. Very little blood was lost. Cicatrization was complete on July 9th; the stump was formed of two well made fleshy cushions, with a very limited deep cicatrix at the centre. A year afterwards, the patient was perfectly well. M. Philippe says that this operation—to which he gives the name of *peromoplasty* (Προμοπλαστική, maiming or mutilation)—should be performed at once when the projection of the bone is noticed; and he believes that it will then be always successful. On the other hand, it is contra-indicated where the soft parts are too much retracted, when cicatrization has advanced, or when the muscle projects too much beyond the skin.—*Gazette des Hôpitaux*, 9th October, 1869.

UNREDUCED LATERAL DISLOCATION OF RADIUS AND ULNA.—M. Louis Thomas of Tours related the following case at a meeting of the Surgical Society of Paris. A soldier, aged 21, was thrown from a cart on June 24th, falling on his left side. This was followed by much swelling of the left elbow and complete loss of the movements of the forearm. A surgeon, who was called to him, treated the case as one of fracture; a fortnight afterwards, when the swelling had diminished, he discovered his mistake, but thought that too long a time had elapsed to allow reduction to be effected. On October 20th, the patient was admitted into the hospital at Tours. On examination, M. Thomas found a well-marked deformity. During supination, the forearm formed with the arm a re-entrant angle on the inner side, instead of the projection constituted by the internal supracondylar eminence. On the outer side, there was a projection, formed by the external supracondylar eminence and the capitellum of the humerus; below which was a depression, especially well-marked posteriorly, indicating that the head of the radius was displaced. A slight projection at the inner side of the biceps (which was stretched inwards) was recognised as the internal supracondylar eminence. Behind, the finger penetrated into a depression occupying the site of the olecranon. The tendon of the triceps, distinctly seen beneath the skin, was directed obliquely inwards; the olecranon projected backwards a little, and lay slightly to the inner side of the supracondylar eminence, below which the coronoid process of the ulna was felt. The inner supracondylar eminence was thus, instead of the trochlea, embraced by the sigmoid notch of the ulna. Outside the olecranon was felt the trochlea, especially its inner edge; below it, was the head of the radius, projecting slightly to the back of the trochlea. The movements of pronation, supination, and extension were complete; flexion could only be performed to a little beyond a right angle, but sufficiently to carry the hand to the mouth. M. Thomas decided on making no attempt at reduction. There was still a slight disposition to lateral movement; but M. Thomas thought that in time the sigmoid cavity would become narrowed and thus fit the internal supracondylar eminence more closely.—*Gazette des Hôpitaux*, 27th November, 1869.

HEMATEMIA FOLLOWING THE ADMINISTRATION OF SULPHATE OF QUININE.—The following case, related in the *New Orleans Journal*



of Medicine, is interesting in connection with the instances of toxic action of quinine lately given in this JOURNAL. A boy, aged 13, had chills and fever, for which quinine was, on two occasions, given him by his parents; and both times hemorrhage from the urinary organs immediately occurred. In August 1867, his medical adviser ordered him ten grains of quinine to be taken in three doses during the day. An hour after the third dose had been given, the patient had profuse hemorrhage from the urinary passages. On a subsequent occasion, quinine was given to the boy by another physician, with the same result; and the administration of a dose of infusion of cinchona and Virginia snake-root was also followed by hæmaturia. The narrator of the case states also that, in a little girl aged 7, under his care last year, the administration of quinine was invariably followed by urinary hemorrhage.

PERIODICAL CHANGES IN THE DIAMETER OF THE PUPIL WITHOUT MODIFICATION OF REFRACTION OR ACCOMMODATION.—The following interesting case is related by Professor Donders, J. K., a lad aged 18, had suffered for some weeks from an exanthem on the right half of the face, and a kind of boil beneath the nose. While being treated for this affection, the patient's vision became obscure, and myriasis appeared, first in the left and then in the right eye; and in a few days an extraordinary inconstancy in the diameter of the pupils was observed. At first, the process ran its course regularly every twenty-four hours; at half-past seven in the morning the pupil was dilated nearly to its maximum, in a moderate light, and towards noon was reduced nearly to the size of a pin's head; so that extreme degrees both of myosis and of myriasis were successively developed during the day. This was the account given to Dr. Donders by the patient and by his brother who accompanied him. They added, that for some days the changes had been less regular, and were much less marked. Dr. Donders ascertained that, within sixteen hours, the broad diameter of the pupil became frequently twice as great as the narrow. There was absolutely no disturbance of vision to be observed; the patient was obliged to look into a mirror in order to learn the state of his pupils. The ophthalmoscope showed only strong capillary injection of the optic disk; which, indeed, is not rare as a normal state in the young. The pupils had, both in the contracted and in the dilated state, a relatively similar mobility, acting directly and together under the influence of direct light, and in accommodation to near objects. The left pupil was generally somewhat larger than the right, sometimes *vice versa*; in both cases, the difference was greater in moderate than in strong direct light, and greater also in accommodation to distant than to near objects. While the sphincter of the pupil thus seemed to act in all respects normally, no disturbance of function could be detected in the course of the third nerve; nor could there be said to be any disturbed innervation of the parts supplied by the fifth nerve. By exclusion, then, the source of the condition described had to be sought in the sympathetic; it might be assumed that, in dilatation, the sympathetic branch which acts on the radiating fibres of the iris was stimulated; while, in contraction, its action was diminished. The question now arose, whether the difference in the action of the radiating fibres had an influence either on refraction or on accommodation. A careful examination showed that, whatever the diameter of the pupil was, both refraction and accommodation remained unaltered. The patient could read for a considerable time without fatigue, with glasses of —  $\frac{3}{4}$ . The colour and temperature of the face and ears—which were noticed with reference to the vaso-motor function of the sympathetic—underwent little change; almost none whatever in connection with the changes in the diameter of the pupil. There was no evidence of the presence of intestinal worms. — *Nederlandsch Archief voor Genees- en Natuurkunde*, Deel iv, 5e Afever. 1869.

RELAPSE IN ENTERIC FEVER.—In connexion with the case of enteric fever followed by relapse, which was published in the JOURNAL of December 25th, it is interesting to find that M. Lorain, at a recent meeting of the Hospital Medical Society in Paris, stated that he had met with two cases of relapse (*recidive*) in typhoid fever. One patient was a man aged 35, who had scarcely entered on convalescence when he was seized with all the symptoms of a fresh attack of enteric fever. The other was a young man who had accidentally remained in hospital after convalescence was fully established; he had a second attack of enteric fever, with all the characters well marked, even to the lenticular spots. In the discussion, M. Bourdon said that a young man under his care had had a relapse after enteric fever. M. Labbé had seen two well marked cases, and believed that he had on that day met with a third. Some difference of opinion was expressed as to whether such second attacks were attacks of *novæ*, or a mere return of symptoms of the disease before its entire disappearance. — *Gazette des Hôpitaux*, December 21-1, 1869.

## REVIEWS AND NOTICES.

ELEMENTS OF CHEMISTRY, THEORETICAL AND PRACTICAL. By WILLIAM ALLEN MILLER, M.D., D.C.L., LL.D., etc. Part III: Organic Chemistry. Fourth Edition, with Additions. Pp. 976. London: Longmans and Co. 1869.

The chief alterations in the present edition are the following. The new form of notation has been uniformly adopted, even the barred letters having quite disappeared. Temperatures are given on the centigrade, as well as Fahrenheit's scale, and weights and measures are also given on the metrical system, as well as on our own clumsy but more familiar standard. Almost the whole book has been remodelled. The total number of pages is rather less than in the third edition, which contained 1014 pages, instead of 976; but a large quantity of additional matter has been introduced, by printing many of the paragraphs in smaller type. If we were to find any fault at all, it would be that, in a book which emanates from a Medical College, and is intended for medical readers, the information as to the therapeutical and physiological effects of many of the substances named should be so scanty. Thus, whilst almost a page and a half are given to the manufacture of snuff, iodoform, which has been successfully used as an anodyne, is dismissed in less than two lines, without the faintest hint as to the methods of procuring it. The recent applications of chloral hydrate as an anæsthetic are not so much as alluded to; nor is there any mention of the so-called bichloride of methylene. Under Nicotine (Nicotylin), no notice is taken of its successes in the treatment of tetanus. Some of the formulæ are altered without any explanation, as that of Chitin (p. 82); and under Sulpho-carbolic Acid, nothing is said about its calcium, potassium, sodium, and other compounds which have been introduced into medicine. On the other hand, the following important additions will be found: first, an account of Apomorphia (p. 535); next, of Liebreich's researches on Protagon (formerly called cerebolic acid) and Neurine; also of the Spectrum-Analysis of Blood, and the Guaiacum-Test for Blood-Stains; besides a *résumé* of Pettenkofer and Voit's experiments on Respiration, and many others which our space does not allow us to enumerate.

CHEMISTRY, GENERAL, MEDICAL, AND PHARMACEUTICAL, including the Chemistry of the *British Pharmacopœia*. By JOHN ATTFIELD, Ph.D., F.C.S., etc. Pp. 624. London: John Van Voorst. 1869.

At page 350 of the current volume of this JOURNAL, we remarked that "there is a sad dearth of (medical) students' text-books in chemistry." Dr. ATTFIELD'S volume, just published, is rather a new book than a second edition of his previous work, and more nearly realises our ideal than any book we have before seen on the subject. Certainly the industrious student, who will work through this book conscientiously, would not only be in a position to pass almost any of the existing examinations in the subjects treated of, but would have acquired an exceedingly good general knowledge of chemistry. With a view to meet the requirements of those who either have not time or who want inclination to study the whole, the author has given special directions to medical and pharmaceutical students as to what parts of the volume they should specially read. One or two very minor blemishes we may perhaps mention, merely with the hope that the author may see fit to correct them in future editions. At page 404, essence of mirbane, or artificial oil of bitter almonds, is mentioned; but not a word is said about its poisonous properties. Again, at page 360, under tests for strychnia, after directing the application of sulphuric acid, permanganate of potassium is mentioned as a test. Now, although Dr. Guy and other authorities may perhaps be quoted in support of this statement, yet, as a colour-test, it is utterly unreliable. We regret, too, that, under the heading "Detection of Albumen in Urine" (p. 440), Dr. Attfield should have given the preference to acetic acid as an acidifying agent. The albumen, or rather albumens, found in urine, are often held in solution by acetic acid; and the direction, "a few drops," is somewhat vague. But, in fairness, we must state that Neubauer and Vogel, and most Germans, use acetic acid. The delicate test of floating the urine on nitric acid is not even alluded to; nor is the necessity of eliminating albumen before testing for sugar in urines that contain both. These trifles, however, detract little from the merits of one of the best students' books which we have recently seen. When we state that, in addition to the information required for medical examinations, the book contains carefully executed plates of the common urinary deposits; directions for all ordinary analyses; a complete account of all the official preparations of the *British Pharmacopœia*; full directions for most chemical researches; tables of British and foreign weights and measures—of percentages of acids,



alcohols, and alkalies—of specific gravities; and thermometric scales, with directions for converting any one into the others; and an index of above five thousand references, we think we have said enough to indicate the character of the book.

### NOTES ON BOOKS.

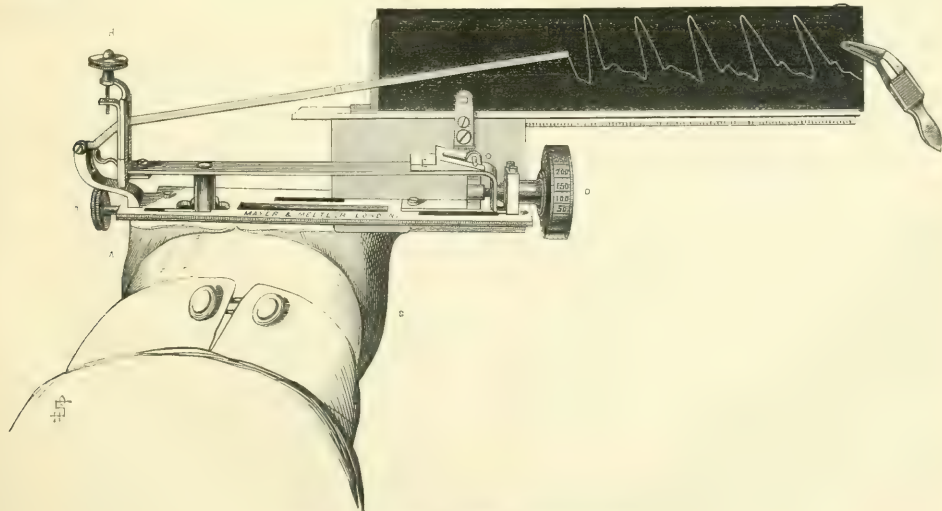
*Results of Sanitation in India.* By W. J. MOORE, L.R.C.P.—The author shows that the number of deaths has diminished of late years only to the extent of 7 per 1,000, notwithstanding the "improved sanitation". Even this small diminution is rendered less from the fact that the number of those invalided has increased. There are, however, other influences, such as, first, the system of short enlistment. It has been shown that soldiers never get used to the climate. They steadily degenerate, the longer they stay; so that, now the term of service is shortened, so ought the amount of sickness. Secondly, a change in medical treatment—the abandonment of heroic treatment. Thirdly, "there is the lessened consumption of spirituous liquors. Formerly, every soldier was allowed half a pint of spirits daily. The same measure was served out to the youngest drummer as to the oldest veteran. The issue of the morning dram was put a stop to in 1849, and now malt liquor is regarded as an essential of diet. The exact amount of diminution of mortality from this cause cannot be estimated, but some allowance must be made." The author strongly advocates occupation of the hill-country. "Since the days of Lind, Jackson, and Hunter, medical officers have not ceased to recommend the extension of hill-sanitaria; but it is only of recent years that the value of hill-climates has been mentioned in its most important bearing—viz., as a *preventive* agency." He thinks that troops sent out direct from England for a campaign in India, "with ordinary care, would suffer far less than a regiment some years in India entering on the same campaign. As a rule, Europeans enjoy the best health during the first period of their sojourn in India; and there is no valid reason why soldiers should prove an exception." "I feel quite convinced we shall never show both a small mortality and moderate invaliding list till we have more Europeans in the hills." "The mistake is in expecting the hills to *cure* what they are only calculated to prevent." In conclusion, he remarks, in proof that increased invaliding is the chief cause of diminished mortality among men, "The death-ratio of the soldiers' wives and children has remained at almost the same figures in barracks as formerly." Improved sanitation has been applied equally to the women and children as to the men, but they have not been invalided. If the sanitation were the minishing agent, the mortality of each class ought to have been

## INVENTIONS, &c.,

### MEDICINE, SURGERY, DIETETICS, AND THE ALLIED SCIENCES.

#### NEW SPHYGMOGRAPH OF MESSRS. MAYER AND MELTZER.

WHEN Marey published the results of his investigations on the action of the heart and on the pulse, obtained by the sphygmograph, great hopes were raised in the medical world as to the anticipated assistance of the new instrument in the physical investigation both of healthy and of diseased conditions. But for several reasons these hopes have not been realised. The application of the instrument to the arm was not easily effected; the pressure exercised on the pulse could not be measured and regulated; in short, a well-trained experimentalist was required in order to obtain results of value. Part of these inconveniences have been remedied by Drs. Burdon Sanderson and Anstie, but enough remained to prevent the sphygmograph from being more generally applied than has been the case hitherto. Great credit is, therefore, due to Messrs. Mayer and Meltzer, of Great Portland Street, for having made such alterations in Marey's original instrument as not only render its application easy, but make at the same time its results accurate. The first improvement is, as may be seen from the woodcut, their having done away with the pad, so that this sphygmograph may be said to be self-adjusting. The two wadded arms (A and B) are moveable, and therefore very easily adjusted to the arm of a child or of an adult. The pressure of the spring is very ingeniously regulated by means of the wheel (D), which bears an index, and, when turned, acts on the wedge (E) in the spring, depressing or raising the latter. By means of the screw (C), the adjustment of the part in immediate contact with the pulse is rendered easy even after the instrument has been fixed. This is again done in an improved way; namely, so as to make the sphygmograph cross the axis of the arm, an arrangement which allows a considerable diminution in the length of the instrument, making the latter much more portable than Marey's was. Now that the difficulties of sphygmographic work, in so far at least as the mechanical part is concerned, have been so greatly diminished, we have little doubt but that many new inquirers will be encouraged to enter on a field which offers so much interesting and valuable information.



New Sphygmograph of Messrs. Mayer and Meltzer.

We shall feel indebted to correspondents who will forward us local papers containing reports of proceedings of Boards of Guardians and Boards of Health, Medical Appointments and Trials, Hospital and Society Meetings, important Inquests, or other matters of medical interest.

## BRITISH MEDICAL JOURNAL.

SATURDAY, JANUARY 1ST, 1870.

### THE NEW YEAR.

It can scarcely be necessary for the JOURNAL of the British Medical Association to make any detailed announcement of expected contributors. Our readers will, we trust, during the ensuing year, have the advantage of the cooperation of a far larger number of workers than it would be convenient for us to catalogue beforehand. Whilst, however, influenced in part for reasons which we shall state below, we purpose to abstain from the custom of previous years in this respect, our readers may be glad to know a little of our prospects.

We recommend to-day the Clinical Lectures by Sir William Jenner, which constituted such a valuable feature in last year's JOURNAL. These will be continued. We have also, amongst many others, received promises of communications from the following: Sir Thomas Watson, Dr. Stokes, Dr. Laycock, Dr. Gairdner, Mr. Paget, Dr. Sibson, Mr. Birkett (Lectures on Surgical Pathology, based on clinical observation); Mr. Erichsen (Records of Cases); Dr. Andrew Clark, Dr. G. Johnson, Dr. Braxton Hicks (Obstetric Subjects); Dr. Clifford Allbutt (Pathology of Epilepsy, etc.); Dr. Hughlings Jackson (Clinical Lectures); Dr. Sutton (Lectures on Pathology); Mr. T. Holmes, Dr. Dickinson, Mr. Nunneley (Leeds), Mr. Prichard (Bristol), Mr. Savory (Clinical Lectures on Cancer); Dr. George Harley (Clinical Annotations); Dr. Wardell (on Pathology and Medicine); Dr. Wilson Fox, Mr. Campbell de Morgan (on Cancer); Dr. Sydney Ringer, Mr. Thomas Smith (on Cleft Palate); Dr. Lockhart Clarke; Mr. Bryant (Clinical Lectures); Dr. David Little, Manchester (Clinical Reports on Eye Diseases); Dr. Murchison (Clinical Lectures); Dr. Leared (Experimental Researches on Digestion); Dr. Clapton (on Diabetes); Dr. Moxon; Dr. W. Roberts, Manchester (Reports on Uterine and Ovarian Disease); Mr. Startin (on some Diseases of the Skin).

It is our intention to devote especial attention to the development of Clinical Medicine and Surgery. We shall from time to time give reports, full or in abstract, of the Clinical Lectures delivered at our Schools. The department of Hospital Reports will be increased; and, in order to secure the requisite condensation, these records will often take the form of "Notes of Ward-visits," "Notes from the Operating Theatre," etc., rather than of any long details respecting single cases. From St. Bartholomew's Hospital we are offered a somewhat new feature in the form of "Reports of Consultations." It has for some time been the custom there to have weekly consultations on interesting cases, and for each consultant to express his opinion openly, for the advantage of the students. We purpose to avail ourselves of the permission which has been given, to report these important conferences occasionally. The aim of that part of our staff which is engaged in this department will be to give to our readers, as nearly as practicable, the same kind of advantages which they would have in visiting the hospital wards. Our provincial hospitals, both general and special, are becoming every year of increasing importance as fields for clinical study. Whilst we shall, as heretofore, be glad to avail ourselves of reports of cases furnished for publication by members of the staff, we have also, in the hope of still further utilising their riches, arranged for periodic visits to them by one of our own reporters, as has long been customary in London.

A few months ago, we commenced a new department under the head of "Museum Notes." A pathological museum, rightly used, is second only in value to a hospital; indeed, in some respects it is superior. We

may appeal to the cases which we publish this week as examples of what we hope to glean from this source. In a majority of cases, a museum preparation has the advantage of representing the end of its case; and, if a good history be forthcoming, we have a complete fact, whilst, unfortunately, clinical records are often unavoidably fragmentary.

The Council of the Association has liberally provided for the illustration of this department by woodcuts.

In the belief that the study of the diseases of the lower animals offers at the present time a rich harvest to the student of human maladies, we have also commenced a department of "Comparative Pathology." Without allowing it unduly to encroach on our space, we purpose to continue it during the ensuing year; and we invite for it, in an especial manner, the assistance of our contributors. Already we have been able to publish some very interesting and valuable facts.

Under the head of "Historical Notes," we have also another new department, which has been begun in the belief that the study of facts in the history of medicine, of disease, of changes in diet and in habits likely to influence health, etc., has of late been too much neglected. We shall devote a column occasionally to these subjects, and hope to show that much of real interest to the present may be obtained from the past.

In the Editorial department, we shall, as heretofore, do our best to keep our readers well informed on the topics of the day, and to supply them with sound and impartial criticism upon them. Reform in our Medical Institutions and in the Poor-law system; improvement in Medical Education and in Hospital Management; proposed legislation for the regulation of Prostitution and the diminution of Intemperance, and other matters, are subjects which will probably engage much of our attention during the ensuing year. Nor shall we wholly in this department avoid practical questions in Medicine and Surgery, since we believe that frequently, without the expression of any individual opinion, much light may be thrown on a subject by a definite statement of its bearings, or it may be by the arrangement of a few concise questions as a framework for clinical investigation.

The only feature which will be omitted from our JOURNAL is that of the weekly Meteorological Record. Valuable as this is, and creditable to the industry of those furnishing it, it is our belief that it is not of sufficient relative importance to be worth continuance. Its omission will allow the insertion of answers to correspondents on a more liberal scale as to space than hitherto.

We have next a few words to say to our contributors. None, excepting the printers—not even the editors themselves—ever literally appreciate the fact that a journal is not distensible, and that you cannot, by any kind of artifice, put more in than its measured quantity. There is always a latent impression that, with a will, space might be found. Many correspondents who address to us urgent remonstrances as to the delayed insertion of their papers, would probably hesitate to adopt the formula, "Will you kindly keep out my friend Dr. —'s paper and put in mine?" but this is, nevertheless, the real tenor of their requests. The position of Editor of this JOURNAL is, in the matter of selection of papers for insertion, no enviable one. Each week brings in about double the quantity of manuscript which it is possible to use. We could continue the BRITISH MEDICAL JOURNAL from the present day for a full year without asking for a single new paper of any kind. Our editorial drawers are full; and that, too, not of rejected communications, but of material of great value, most of which has been, in some sense, accepted, and every word of which we would gladly insert, did the conditions as regards space permit.

Under these circumstances, we are obliged to earnestly beg the attention of our friends to the importance of brevity and conciseness. It is not our wish to discourage the use of the medical pen in the least; we do not wish to receive a single paper the fewer, but we should be delighted to receive them in a shorter and more pithy form. Another request we have to make; and that is, that we may be allowed discretionary power as to abbreviation. This we have been accustomed in some cases to exercise already; but we propose in future to use it more

freely. In many instances, an author is scarcely the best judge as to the relative importance of different parts of his communication; and in many others, corroborative statements at great length, which it was quite right that the author should in the first instance afford, may be omitted without loss if a second party, in some sense, guarantees his facts. Another strong argument in favour of abstracts is, that they are much more widely read and quoted than long papers.

Our conception of the function of a Medical Journal and of its editorial staff is, that they should serve in relation to the ever increasing mass of facts and opinions much as a collecting lens does to rays of light. We are ambitious to receive from all quarters the utmost possible amount of light; and we promise to spare no pains in the endeavour to focus it for our readers' use.

#### MOTIVELESS MALINGERERS.

THE case of the Welsh fasting girl, although one of a well-recognised class, will probably have suggested to many in the profession that the subject which it illustrates has not yet received such definite study as it deserves. The investigation of "feigned diseases" has hitherto been restricted too exclusively to those in which some known object is desired by the malingerer. It is in relation to exemption from military service that the subject most frequently finds its importance. In civil practice, however, the study of malingering becomes of much practical interest. Patients anxious to gain admission into hospitals, or to procure, by medical certificate, exemption from labour; children who dislike school; those who have been shaken in railway collisions; and many others, often present us with problems as to reality or feigning which are most difficult to solve. A good book by a competent hand on this subject—malingering with motive—is a desideratum in our literature. It is not, however, with this class of cases that we are at present concerned.

It is well known that there are malingerers who assume their maladies without any ostensible object in sight, and often to the destruction, apparently, of their social happiness. It is this phase of the subject which we should like especially to see carefully and clinically studied. For distinction sake, we may call it motiveless malingering, without, however, by any means intending to imply that the will really acts without motive, but merely that in these cases the motive cannot be quoted beforehand as explaining the act, but has to be sought after the fact has been established by other means.

A few weeks ago, a buxom girl of fifteen, with rosy cheeks, and apparently in full animal health, was brought by her aunt to Moorfields Hospital, and with her an envelope full of bits of thread, which had been "taken out of her left eye." The aunt asked whether it was possible that the thread could have passed up from her mouth. Here the trick was so clumsy that it needed not a moment's thought. No motive could be assigned. The feigning of one-eyed blindness is not by any means rare. Within the last year, two young ladies have been under the writer's care for this malady; both were in capital health; both about the age of fifteen; and in neither was there any motive to be found. In one case, the damsel was affected subsequently with falling off of the hair in patches, and presented herself with the most unmistakable marks of the use of scissors. Until this occurred, there had been some hesitation as to the nature of her eye-symptoms, but her absurd second trick removed all doubt. She received a good lecture and quite recovered. We may note here that in many cases the clumsiness of the artifice, and the ease with which it is allowed to be detected, are characteristic of the disease.

The cases in which fasting is feigned are probably very common, only it is, fortunately, rare that it is pretended that the abstinence is complete. In future, we may expect a long interval before we hear again of a miracle in this direction. The tragic end of Sarah Jacobs, however much to be regretted, will probably have spoken to the public mind in a tone which no other language could have reached. When we say that pretended fasting is common, we allude to the cases in which young ladies indulge their caprice—not to the extent of a miracle,

but merely so far as to gain repute for being small eaters, of "living on nothing", in the conventional sense of these words. Even in such, however, the pretended abstinence may often proceed to absurd lengths; and most medical men have probably known instances in which the fair culprit would be in the habit, at table, of "picking up her rice grain by grain", like Aamine in the *Arabian Nights*, and then procuring what was necessary afterwards by a clandestine visit to the pantry. In some of the worst the malady takes the form of "night-feeding"; and we have indeed all degrees, from that of an assumed "small appetite" up to nearly absolute abstinence when in the company of others. For the slightest vagaries in the way of restrained appetite, some excuse may be alleged. It is thought a feminine thing to be a light feeder; and some reproach of grossness is, amongst the affected, thought to attach to a good eater. At first, a young lady cultivates self-restraint in this matter, just as she would any other accomplishment; subsequently, finding that it is easier to do it by a little trickery, she allows herself, in proportion to the defectiveness of her moral sense and the intensity of her love of attracting attention, to be led gradually on to the higher attainments.

Feats in the way of pin-swallowing; the introduction of pins under the skin, in order to have them cut out again; assumed retention of urine, and the like, are known to all.

One of the most curious chapters in a book on motiveless malingering would be that which should collate the evidence as to what is called chromidrosis of the face. In this malady, the upper half of the face—the face being generally a pretty one—becomes discoloured by a pigment secreted by the skin, and often so arranged as to give precisely the appearance of a domino-mask. The limits of the patch are abrupt, and the tint is often as dark as burnt cork. The eyelids are usually involved; the skin is hyperæsthetic, and cannot bear the slightest touch, far less anything like washing, excepting by the hand of the patient herself. In some cases the black will, it is acknowledged, wash off, but it is resecreted after a time. Examined with the microscope, the pigment consists of oily matter, containing molecules of carbon, not distinguishable from burnt cork. The subjects of this form of chromidrosis are always ladies, and usually young and unmarried. Such are some of the main facts respecting this curious malady—examples of which may be found recorded in great detail in the *Medico-Chirurgical Transactions*, and in many of our standard works.

Now, keeping in mind the difference of attainments of the two, it might perhaps be held to be as great a departure from common sense on the part of a physiologist to believe in such cases as these as it was in the Welsh peasantry to put faith in the fasting girl. It is the estimate of Gohebydd (and no higher authority could be quoted), that, up to the event of a fortnight ago, three-fourths of the inhabitants of the Principality put implicit faith in Sarah Jacob. Our own profession is not so far gone in credulity; but it is remarkable that almost all who have related cases of chromidrosis, have done so in belief in their genuineness. In some instances, the belief had followed scepticism, and was founded upon, what appeared to the astonished observer, good evidence; in others, doubt seems never to have occurred. In some narratives, it is specially mentioned that other surgeons had accused the unfortunate patient of deception; and the sceptics are roundly reprimanded for their want of manners. In a few instances, doubt even went the length of causing a watch to be kept on the actions of the suspected, but scarcely ever with any result. In one case, two physicians watched a young lady at dinner; and having proved that she began the meal with a clean face, and ended it with a very dirty one, they gave in their adhesion to the theory of abnormal sebaceous function. It is not our intention to examine the subject in detail on the present occasion; and we must be content briefly to again enumerate the general facts which favour incredulity. They are: the sex and age of the patients; the limitation of the patch; the unwillingness to have the patch touched; the fact that the patch is, in all cases, on the same part of the person, and that a very conspicuous one; the proved resemblance, in some cases, of the pigment to burnt cork; and lastly, the fact that when



the secretion is washed off, the skin is left white; whereas, if the glands secrete a black sebum, they must also contain it, and even washing of the surface would not restore the normal tint to the skin.

Perhaps we might fairly add to these reasons for classing this form of chromodisid as purposeless malingering, that we never meet with it in middle-aged or elderly persons, all the cases getting well as the hysterical epoch passes by. The recorded experiments by watching are, to our minds, even less conclusive than the first which was tried on Sarah Jacob. We should like in the next case that occurs, with the permission of the Treasurer of Guy's Hospital, to employ the same four nurses who were so efficient on the second occasion, and we should then see whether artificial aid is required.

The production of a fictitious black fur on the tongue is sometimes observed. It is a deception much more difficult to practise than colouring the face. Assumed paraplegia, artificial skin-eruptions, swollen extremities from the use of ligatures, are all maladies in this class for the detection of which the surgeon must be prepared. The first general fact which strikes us in respect to motiveless malingers is, that they are almost invariably of the class of those known as "hysterical". In other words, they are of the female sex, arrived at the age of puberty and unmarried. Hysterical in any more definite sense they seldom are; on the contrary, those guilty of these tricks have often been previously considered by their friends to be of remarkably calm and well-balanced temperament.

The investigator of this form of malingering should give special attention to the following points.

1. To record carefully recorded instances in children under the age of puberty.
2. To record, also, all cases in males, with especial note as to the temperament and condition of the sexual functions.
3. To ascertain, whenever possible, the hidden motive, and to trace the steps (often, perhaps, in the first an accidental occurrence) by which the practice of deception had been developed.
4. To record all details as to the patient's previous character, especially during childhood.
5. To collect data likely to assist in the diagnosis in each of the several varieties of the malady.
6. The history of the relinquishment or cure of the habit would, whenever obtainable, be very valuable.
7. An inquiry as to relative frequency of such cases in different races, and under different habits of life, would also be of much value.

When the book is written it will be of great value to the psychologist; nor ought its tenour to be wholly concealed from the public. It would be of great advantage if it were generally known that such cases do occur; for, after all, we must regard them, as already hinted, only as exaggerations of failings which are very common. Vanity, the love of attention, the desire to attract sympathy, and, perhaps we must add, the sheer pleasure of deception, lead poor humanity into strange pranks. When they go the length of inducing a young lady to daub her face with oil and charcoal, we recognise easily moral delinquency, a feature which we are apt to overlook when the only result of the self-same motives is the addition of a little fiction to give point to an anecdote, or any one other of the numerous departures from literal truth which are but too common in the desire to attract attention and in the pursuit of effect.

We doubt much whether, in giving the name "hysterical" to the malady in question, we ought to mean that it is associated directly with any disturbance in sexual health. The tendency is probably one which attaches to sex only and not to disease. The female sex is less self-dependent; has under many conditions fewer opportunities for securing attention in legitimate ways; has a far keener longing for sympathy; has possibly a slightly less keen perception of abstract truth; and is more accustomed, in the conduct of life, to minor and venial deceptions than is the stronger one. Hence, probably, its greater proneness to purposeless malingering. When similar tendencies are shown in males, it is almost always in those who, as to the attributes just mentioned, closely approach the feminine character.

## REFORMS IN PROSPECT.

THE first requisite to action is belief. We suspect that a large section of the profession entertains no very strong belief in the necessity for what is called "medical reform". If we had but more power to deal with quacks, and to prevent pretenders from trading with our titles, we should, in the estimation of many—perhaps of most—be doing, on the whole, very well. All our examining boards have improved greatly of late. There is no scandal as to purchase of diplomas, and very little as to over-easy examinations. Preliminary education is everywhere insisted on, and the curriculum of study is long enough. Our finished students return home laden with instruments of research which their fathers and uncles scarcely know how to use—supplied with new coined words and new theories of pathology which are equal to all emergencies of diagnosis. It is not to be wondered at that the passing generation thinks that matters are going on quite fast enough, and that really there is no need for fuss about reform. In truth, this view of things is to a large extent well founded. Our old institutions have not, on the whole, worked badly. We wish sincerely that some more amiable word than "reform" could be devised. We do not need anything of the nature of sweeping change. What is necessary is of the character of development, and not of destruction. But it happens that, at the present juncture, something like a crisis has come upon us. Our growth has gone on so far that our clothes, so to speak, are too small for us—that we really must sacrifice them. They have done us good service in the past; but they were in fact always outside of us, and never really ourselves; and we may part with them with due gratitude, but without any bitter feelings of regret, far less of quarrel. Yet it is precisely this laying aside of old and out-grown habiliments which often goes by the name of reform, and to which very naturally a certain element of what is disagreeable, felt as such in varying degrees by different minds, necessarily attaches. The old shoes have come to fit us so well, they have served us so long, that we are loath to part with them. The new ones are also sure to pinch somewhat and cause discomfort. Then, too, we know that it often happens that those who are loudest in urging us to change are shoemakers by trade, and we have learnt to distrust our critics. Thus we often hesitate as to changes which would be in every way for our good. Something very like the condition hinted at appears to us to be the present position of the British profession. No greater benefit could be done to its future prospects than to convince the more thoughtful and quiet-minded majority that there really are changes which are most desirable, and towards the achievement of which their help is essential.

We wish first to do away with all competition in our examining boards. The principle is bad beyond defence. When competition tends to cheapen and improve the article offered, it is clearly to the advantage of the purchaser, and probably of all. In our examining boards, however, the end induced by competition is the supply, at the dearest practicable price, of the poorest article. We speak, of course, of those bodies which confer a licence to practise, not of those which give degrees chiefly honorary. Of the former, it is clear that the desire to attract students—a motive which must inevitably be felt more or less—will naturally tend to reduce the stringency of the tests used. We say unhesitatingly that an arrangement under which the examiners or their college gain profit by the acceptance of candidates, and lose by their rejection, ought not to be tolerated another year. Our examining boards ought to stand in the most impartial attitude for the protection of the public against ignorance, and for the full development of the medical art; and all possibility of interested motives ought to be rigidly excluded.

Next let us urge that it is really true that the standard of attainments might be much raised. That this might be done without exacting more labour from the diligent part of our students, and without requiring more expenditure of time, we most firmly believe. Improved, more direct, more personal methods of teaching, are what is necessary; and these would soon develop themselves, if the examinations made them necessary. Let us have less of registration, less of schedule-

signing, and far more of examination. Let every student be compelled to present himself for examination once every year during his curriculum, and let the test be a thorough and practical one. It should be adapted, of course, to his stage of attainments; but it should go into detail, and should be such as no one who had not mastered his subject in a practical way could pass. We do not fear that aspirants to our ranks would be unduly repulsed, and that a scanty supply of medical men would be the consequence. It is probable that a few of the idlest would be shaken off early; and it is certain that the rest would gain immensely by the additional energy and system which their teachers would be compelled to adopt.

No one familiar with the working of our schools will profess for a moment that our educational arrangements have reached anything like their maximum of efficiency. They are good; some of them are very good; but there are none which are not open to serious criticism, and capable of great improvement. Our teachers are, in too many instances, men busily engaged in the pursuits of practice, or men who have been appointed to special chairs, not because of any particular aptitude for the subject, but because, being members of the hospital staff, it was considered desirable, or a matter of right, to secure them the emoluments of the appointment. A full half of our teachers have never made the art of teaching a study, and are by no means proficient at it. Perhaps it is not too much to say that nine-tenths of our lecturers could not compete in the least with our popular "grinders" in the faculty of conveying information. A majority of them would be far better employed in the wards, in the *post mortem* theatre, in the laboratory, or in private pursuits, than in the lecture-room. It is a matter of the utmost regret that our students do not hear the very best lectures that could be given, illustrated in the most complete manner, and supplemented by the fullest development of the tutorial system. The subdivision of schools in London is in this respect a great evil, though it has considerable advantages in other respects. The natural remedy for the real evils of which we speak is improved examinations. Let us have those so much improved that our examiners can trust themselves to find out how a student has spent his time, without requiring the assistance of schedules. Let the minimum fixed be high, and let it be determined by methods which will exclude mistake. The rest will soon follow. The schools will adapt themselves to the new requirements; useless lectureships will be given up; and those who can teach will gain the stimulus of large classes.

In our Medical Council, a very simple reform is very urgently wanted. It is, that its members shall be in future really what they now are but nominally—representative of the bodies for which they sit. We must have no more nominations by Committees and by Councils, but *bond fide* elections by each electoral body. Every Fellow and Member of the College of Surgeons, every Fellow or Licentiate of the College of Physicians, should have his vote; and so with the other bodies returning representatives. The use of a little common sense would obviate any pretended difficulty in the collection of such votes. We by no means assert that more suitable men would be returned than those who sit under the present narrow method of oligarchic elections; but it must be evident that, whether better or worse, they would command the confidence of the profession in a far greater degree, and that their freedom from class prejudice and their sense of direct responsibility might be expected to be very different. It would work well in every way, and would develop *esprit de corps*—a general interest in the welfare of the profession—which is not now sufficiently felt. Apart from its desirability, a reform of this kind is a matter of the merest justice. We have said that we had no "scandals" requiring removal, and do not wish to gainsay our words; but really that—to take an example—the Council of the College of Surgeons should claim the right to nominate a member of the General Council without any consultation with its thousands of members, is a fact which comes very near to deserving that name. The reform which we here advocate need not interfere with the direct representation of the profession in the Medical Council, as advised and urged by this Association.

We may extend our remarks on this matter a little further. It is not alone in their method of electing members to the Medical Council that most of our institutions require development in the representative direction. The governing Committees of our Colleges no longer stand in the same relative position to the rank and file of their members which they did when their charters were framed. There is no longer a great gulf fixed between the knowledge of the few and the ignorance of the many, such as should entitle the few to enjoy all the legislative power. The sons of Lincoln's Inn Fields are no longer barber-surgeons, but men of education and judgment, in every way fitted to take a share in the management of their College. It is time that a change were made; and that, in the election of Council, of President and all officials, the members generally should have a voice. What would be good for Lincoln's Inn Fields would be good also for Pall Mall.

Next, we have the condition of our Poor-law service. There seems good reason to hope that, before long, what is called the dispensary system will be made compulsory in England and Wales, as it already is in Ireland. This will be a great reform, and will add enormously to the dignity and repute of Poor-law appointments. Could any arrangement be more foolish than to require salaried officers to provide necessities at their own judgment, out of their own pockets? Could any system more certain to warp the judgment and obtund the moral sense have been devised? No wonder that the poor lost faith in parish physic. The dispensary plan will provide a comfortable and centrally situate office, at which patients able to come out will be seen, and where all prescriptions will, at the public expense, be made up. The labours of the surgeon will be facilitated, and the confidence of his patients will be increased. The dispensary house will be open in all its arrangements to easy inspection, and punctuality and order will be enforced without difficulty. It may be expected that the service will improve both in the eyes of the profession and of the poor; and that, amongst other collateral gains, the overcrowding of the out-patient departments of our hospitals will be remedied to some extent by the increased popularity of these institutions. Several other minor reforms in the Poor-law medical system are also needed; but the principle of supplying all drugs at the public cost is the most important.

We have indicated above some of the directions in which development is at present chiefly required in our profession. We believe we have said nothing respecting them which those who have thought much on the subjects discussed are not likely to be unanimous about; and those who have thought most will, we feel sure, entertain the strongest opinions as to their importance.

M. WURTZ has been elected Vice-President of the Academy of Medicine in Paris for the year 1870.

DR. SHAW of Colney Hatch Asylum has been appointed in charge of the temporary fever hospital at Hampstead.

MISS GARRETT passed, on Christmas-eve, the fourth examination for the degree of M.D. of Paris. The subjects were medical jurisprudence, materia medica, and hygiene. The examiners were MM. Tardieu, Bouchardat, and Isambert. The note was, "Bien satisfait."

THERE were 1,357 deaths registered in London last week, which is 212 less than the estimated number. The number of deaths from scarlet fever was 123. The mean temperature was 38.2 deg., which is 0.3 deg. below the average for the last fifty years.

THE *Gazette Médicale* complains that a number of *officiers de santé*, who have not gone through the stages necessary for passing their examination as doctors of medicine, obtain the honorary title of Doctor from foreign Universities, and assume all the privileges belonging to the French degree.

THE Austrian Government has decided on admitting to equal privileges with the Vienna graduates practitioners who have obtained their diplomas in Graz or Pest. Hitherto, these have been excluded from practice in Vienna. Reciprocity of practice is now established in all parts of the Austro-Hungarian dominions.



CONSTANTINOPLE is about to have a hospital for women. Its institution is due to Husin Pacha, the minister of police.

#### THE PATHOLOGICAL SOCIETY OF LONDON.

The annual general meeting for the election of officers and Council will be held at the Society's rooms on Tuesday.

#### THE MEDICAL CLUB.

The next club-dinner will take place on Wednesday, January 5th, 1870; and it is intended in future to hold the dinner on the first Wednesday in each month.

#### CHARITY AMONG SPORTING MEN.

The alms-box for the Samaritan Fund of St. George's Hospital, at Tattersall's, was opened on Wednesday, after an interim of twelve months, but *not a single farthing* was found in it.

#### DEATH OF AN INFANT FROM PHOSPHORUS.

A GIRL aged eleven years has poisoned a child of eight months by giving the child lucifer-matches to suck. Death occurred after three days' illness. The girl confessed what she had done.

#### THE WESTMINSTER HOSPITAL.

It has been decided to appoint an Assistant Obstetric Physician at the Westminster Hospital. Dr. Potter is, we understand, the only candidate in the field.

#### THE MEDICAL BENEVOLENT FUND.

At another page will be found a letter embodying an appeal on behalf of the Medical Benevolent Fund. We specially commend it to the attention of our readers, hoping that they will not allow the utility of the Fund to be crippled for want of supplies.

#### THE WELSH FASTING GIRL.

We think that it ought, in justice, to be made known that the medical gentlemen in London, who were *en rapport* with the committee in Wales, kept writing daily to the local surgeons to guard against any symptoms of exhaustion in the fasting girl, and to administer nourishment *volens nolens*, should there be any appearance of serious change in her condition.

#### A DIFFICULT QUESTION.

The following was one of eight questions put to candidates for the first M.B. Examination at Oxford last week. "How far may the spread of syphilis be prevented, and by what means? How far is its prevention consistent with the liberty of the subject?" We wish we knew how to answer the question.

#### THE EPIDEMIC FEVER AT COVENTRY.

TYPHOID fever has been for some time, and still is, raging in St. Michael's parish, due as usual to water-pollution from defective drainage. Measures of a trifling and totally unsatisfactory character are being adopted by the local authorities, the chief reliance of the inhabitants, if we may judge from the *Coventry Times* of December 29th, being placed on the praiseworthy exertions of a clergyman and a few helpers.

#### TO METEOROLOGISTS.

MR. G. J. SYMONS, 62, Camden Square, N.W., has sent us a notice on the subject of rain-fall and rain-gauges (which we are unable to reprint in full), in which he requests that "any persons who may be recording the fall of rain, or intending to record it, who are not already in communication with me, but are willing to assist" the British Association "by forwarding copies of their observations, will at once oblige me with their names and addresses." Mr. Symons reminds intending observers that a new decennial period is about to commence, and that new observations should begin with it. It seems that rain-gauges are unequally distributed, and many districts are in want of one or more observers.

#### DEATH FROM CHLOROFORM.

WE regret having to record another death from the administration of chloroform. The unfortunate circumstance occurred on Wednesday, at the Middlesex Hospital. The patient, a man about 30 years old, was about to undergo a slight but painful operation for diseased bone, and was yet only partially under the influence of the anæsthetic when death suddenly took place. Every means were at once taken and persevered in for half-an-hour to revive the patient, but without avail. The chloroform was most carefully administered by Mr. Osman Vincent, Chloroformist to the Hospital, who has had very considerable experience in anæsthetics. We shall give full details of the case next week.

#### EARLY GANGRENE IN HERNIA.

It is well known that, in some cases of small tightly strangulated hernia, the symptoms progress very rapidly, either to gangrene of the intestine or the death of the patient. Death has been known to occur within thirty hours. A case occurred at St. Bartholomew's Hospital under Mr. Paget's care last week illustrating the rapidity with which gangrene sets in, and enforcing the old lesson as to early interference. The strangulation had existed only twenty-four hours; yet the gut was found gangrenous. The intestine was stitched to the edges of the incision. The patient was a woman in the eighth month of pregnancy, and has since been safely delivered.

#### THE KING OF ITALY AND HIS DOCTORS.

*L'Imparsiale* says that rumour assigns the following rewards to the medical men who attended the King of Italy in his late illness. Dr. Adami has been made a Commander of the order of the Crown of Italy, and has been presented by the King with a magnificent chronometer with his initials in brilliants. Professors Cipriano and Bruno have also been promoted to the rank of Commanders of the Crown of Italy, and have been appointed physicians to the King and Royal Family, with corresponding salaries. Professor Bruno was already consulting physician to his Majesty; but the new nomination carries with it both promotion and increased salary. Professor Landi has been made an Officer of the order of St. Maurice and Lazarus, and has been appointed consulting surgeon to the King and the Royal Family. Professor Fedeli has been nominated a Commander of the order of the Crown of Italy, and has been presented with a very costly snuff-box set with brilliants.

#### THE BETHNAL GREEN MEDICAL OFFICERS.

THE Bethnal Green district is under the charge of seven medical officers. Its population is about 120,000, giving an average of 17,000 to each medical officer; the districts, however, are not equally divided. Of the seven medical officers, three are appointed permanently and four annually. The parish is also divided into three districts for general relief; and the dispensary committee have lately proposed to divide the parish into three corresponding medical districts, with a dispensary to each, and to attach to each district one of the medical officers. They offer, in the way of remuneration, the following terms:—1. £200 a year; residence at dispensary; coals, gas; allowance of £20 a year for a servant; no private practice; or, 2. Residence at home; private practice allowed; daily attendance at dispensary; present salary, the extra work to be compensated by provision of drugs, dispenser, and midwife. The present salary of the medical officers is £120, but this sum includes commuted extra fees. The extra work for which the drugs, etc., are to compensate would average 2,000 cases per annum in each district. The population of the proposed districts would average 40,000, or nearly three times the number prescribed in the Consolidated Order of the Poor-law Board. The matter has been brought before the Council of the Poor-law Medical Officers' Association by six of the seven gentlemen interested; and a Committee of the Council have drawn up a minute of opinions on the justice and policy of the proceeding. They object to the proposal on the grounds that, at the least, four out of the seven medical officers would be deprived of their appointments without compensation; that the present number of medical

officers is not more than sufficient to discharge ordinary duties, even with the dispensaries, in the large, densely populated, and pauperised parish; and that, even if it were possible for three medical officers to perform the duties now divided among seven, the terms offered are not such as would command the permanent services of able and experienced men. It is therefore hoped by the Council that Mr. Goschen will veto the proposal of the Committee, should it be endorsed by the Guardians. This narrative, abridged from the *Poor-law Chronicle*, scarcely requires comment. The proposal made to the Bethnal Green medical officers is certainly not one calculated to improve in any way the position of their order; and we are sure that the action taken in the matter by Dr. Joseph Rogers and his colleagues of the Poor-law Medical Officers' Association will be generally approved.

#### THE CLUFF MEMORIAL FUND.

THE sum of £120 has been subscribed by the Professors and Students of University College, London, for the purpose of establishing some memorial of their late universally regretted Demonstrator of Anatomy. Upwards of £300 has been collected by the Trinity College Committee in Dublin from Mr. Cluff's more numerous friends and relations in Ireland. We hope that the details of the scheme for founding a Prize to be awarded alternately in the two Colleges will soon be amicably arranged.

#### WINTER EXCURSIONS.

AT a time when increased attention to physical health is of such great importance to so many we cannot but regret that winter excursions are not more in vogue. It is only a small section of the community who can avail themselves of field sports, and unless the weather chance to be favourable to skating, a large proportion of those who have a short holiday at Christmas spend it rather to the detriment than to the advantage of health. Without wishing to interfere with the cultivation of social pleasures, we would suggest to those who have the opportunity that pedestrian excursions in winter are nearly as enjoyable as in summer, and much more invigorating. The weather favours vigorous exercise, and cold is far more bracing than heat. Company is of course essential in winter excursions; and as the evenings are long, a book or two, a Bezique pack, and a pocket chessboard may not be amiss. The days, though short, are long enough if fairly used, and a comfortable country inn is not the worst place to enjoy a long evening. Winter scenery is often very fine, and those who have seen the sea and the mountains only in summer know only half their attractions. We commend the subject to the attention of all young men engaged through the year in city occupations, to many of whom a week's winter air in a suitable district would prove most beneficial.

#### CARRIAGES FOR INVALIDS.

IT is to be hoped that free trade in cabs will have the effect of stimulating enterprising cab-proprietors in the metropolis to supply a deficiency which has long been sorely felt—we allude to carriages for invalids. It is needless for us to say that the London cab is quite insufficient for the purpose, and but little more can be said in favour of the ordinary hired brougham. What we want is a light, roomy, and comfortable conveyance—an "Amempton barouche" as known to coachbuilders—with moveable top and couch, in which the patient could be placed in any desired posture and removed again with ease. Such a carriage as we have described, if built tastefully and not like a hearse, would, we believe, be in great demand. To Messrs. H. and J. Reading, coachbuilders, of Riding House Street, Langham Place, is due the credit of having attempted to introduce a class of vehicles for invalids. They have constructed two of different patterns; one in the form of an omnibus, which is everything that could be desired for travelling; while the other is a handsome carriage fitted up for the purpose, and if made smaller and otherwise modified, would form an excellent pattern for the invalid carriage which we propose. What medical man is there who would not hail with gratitude the advent of such an aid to his skill? And there are many hundreds of sick persons constantly in London

who would most eagerly avail themselves of the opportunity afforded once more of breathing fresh air with comfort, and not with the dread of being shaken to pieces in one of the precious machines which are seen joggling along our thoroughfares. It is as difficult to overestimate the importance of the subject as it is to imagine how far the movement might extend if once commenced and systematically carried out. We at present merely throw out the suggestion, and shall be pleased to offer our assistance in making known the efforts of any one in carrying it out.

#### A NEW DISTRICT SOCIETY.

AT another page will be found an account of the first meeting of the East Sussex District Society in connection with the South-Eastern Branch. This is the fifth society of the kind which the members of that energetic Branch have organised; and the three counties included in the Branch are now, we believe, fairly parcelled out into convenient portions. We have always regarded with great interest this process of subdivision of one of our largest Branches. The annual meeting of the Branch affords all the members an opportunity of intellectual and social converse, but distances and professional engagements prevent frequent gatherings of equal extent; while the formation of small district societies allows the members residing within reach to attend several meetings in the course of the year, and to relate and discuss their professional experience with mutual benefit. Moreover, these meetings keep up an active interest in the Association in the parts where they are held. It must not be forgotten, that great praise is due to those gentlemen who perform the duties of local secretaries; for to their exertions much of the success of the district meetings must be attributed. We wish all prosperity to the new District Society. It would be very desirable if some other Branches would follow the example. For instance, the Midland Branch, extending over four counties; and the South-Western, comprehending Devon and Cornwall; each of which holds a meeting but once a year, might very profitably organise local meetings of the kind which are held in Kent and the adjoining counties. We offer this suggestion, in the hope that some active members of the Branches will take it up and act on it.

#### THE OBSTETRICAL SOCIETY.

THE annual meeting of the Obstetrical Society will be held next Wednesday, when the President, Dr. Graily Hewitt, will deliver an address. The remarks which we made on this Society last week were intended to be complimentary to the remarkable zeal which has been displayed in its management, and we should be sorry if they were interpreted in any other sense. In speaking of the subject as a restricted one, we believe we expressed the feelings of many of the best friends of the Society. We should be glad to see its basis widened. Papers on diseases of children might be more encouraged with advantage; and, above all, good work on the physiology of the sexual system is wanted. Systematic investigations in teratology would also be valuable, and quite within the Society's scope. The *Transactions* already contain many very valuable facts respecting it. We wish the Society every possible success, and highly appreciate its labours.

#### AN UNLICENSED PRACTITIONER.

AT the Borough Court, Bolton, Mr. Douglas has been charged with practising as a surgeon without being registered. Mr. Douglas is in practice in Bolton as a surgeon, having formerly been assistant to Mr. Hampson, surgeon; and he has over his door a sign on which appears "G. B. Douglas, late Assistant to R. Hampson, Surgeon;" and on the window the words, "Douglas's Surgery." In July 1868, the Secretary of the Bolton Medical Association called Mr. Douglas's attention to the fact that he was not qualified, and asked for an explanation. Mr. Douglas said that he intended to qualify in a few months. In July last, Mr. Douglas sued a Mr. Parkes for £33:8:6, "for work done as a surgeon and apothecary, and for medicine and attendance." Mr. Douglas headed certificates, "Nelson Square Surgery." Mr. Douglas contended that it was not necessary to register, and quoted a case (Ped-



grift *v.* Chevalier) in support. The magistrates imposed a penalty of forty shillings and costs. They desired that a "case" should be taken on it, as they were not unanimous.

#### ST. GEORGE'S HOSPITAL.

MR. CHARLES HAWKINS has resigned the office of Treasurer of St. George's Hospital. Mr. Hawkins has held office for the last five years, during which time he has been the principal means of carrying out several most important improvements in connection with the hospital—for instance, the building of the Atkinson Morley Convalescent Hospital, the new Medical School Buildings, the new wing, out-patient department and baths, besides several important internal reforms, as the improvement in nursing. It will be a difficult task for his successor to render so many and good services to the hospital as Mr. Hawkins has been enabled to do.

#### THE FREE MEDICAL SCHOLARSHIPS OF THE EPSOM COLLEGE.

VERY recently, Sir James Clark suggested, we think very reasonably, that every medical man interested in the Royal Medical Benevolent College, Epsom, should contribute a guinea towards the free medical scholarships which are being established for the exclusive benefit of the orphan founders of the College. We are glad to hear that already there has been a liberal response to this appeal. Still many have not given. We would, therefore, urge the claims of these scholarships, especially on the ground that they are designed to assist those only who are anxious and willing to help themselves. The trustees are, Dr. Carr, of Blackheath; Dr. Sydney Ringer, of 15, Cavendish Place; and Mr. John L. Probert, of 100, Gloucester Place; to whom contributions may be sent.

### SCOTLAND.

DR. FRASER of Edinburgh has been elected an honorary member of the Therapeutical Society of Paris.

#### ROYAL HOSPITAL FOR SICK CHILDREN, EDINBURGH.

THE new fever wards of this hospital, capable of containing thirty-two beds, will be opened for the reception of patients in a few days.

#### EDINBURGH UNIVERSITY: ENDOWMENT OF THE SANSKRIT CHAIR.

DR. JOHN MUIR, the founder of the Sanscrit Chair in the University of Edinburgh, has increased his original endowment of the Chair by an addition of £1000.

#### THE LORD RECTORSHIP OF THE UNIVERSITY OF ABERDEEN.

THE result of the polling on Friday, last week, has been to place Mr. Grant Duff and Sir William Stirling Maxwell on an equality as regards nations; but what, unfortunately, is viewed as of no importance, the majority of votes was in favour of the former. Mr. Duff's committee, however, dispute the claimed majority of votes for Sir William in one of the nations. If the committee be unsuccessful in its appeal, it is feared that the Chancellor, or, failing him, the Vice-Chancellor, will be prevailed upon to give the casting vote in favour of the narrow notions on education, which adhere with such persistency to the north of Scotland, but which have elsewhere been exploded.

### IRELAND.

#### DEATH OF PROFESSOR GEOGHEGAN.

FEW deaths in the ranks of the profession within the last few years have been more generally deplored than that of Dr. T. G. Geoghegan. It took place on Christmas morning, probably from cerebral hæmorrhage. He had occasionally complained of head-symptoms; and his friends observed that his health was breaking for some months past. He was seized with the fatal attack while taking a cold bath. For about twenty-five years he filled the chair of Forensic Medicine in the Royal College of Surgeons; and a more eloquent or efficient lecturer never taught the subject. His writings were not numerous, but they were very able, and gained him much repute both at home and abroad. For many years he was the adviser of the Irish Government in medico-legal cases, and was summoned to many remarkable cases in England likewise. Dr. Geoghegan was also Surgeon to the City of Dublin Hospital and the Hospital for Incurables.

## MUSEUM NOTES.

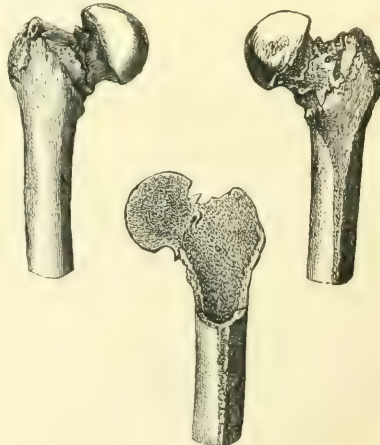
THE two cases which we have to notice this week illustrate well the wealth of material which is, in some sense, hidden in our pathological collections. It is possible that both of them have been recorded already; but, if such is the case, no reference to the place of publication has been preserved, and they have neither of them, as would probably have been the case, found their way into our standard works. The first is an instance of undoubted bony union of an intracapsular fracture of the neck of the femur; and the second, a cure of an innominate aneurism. In each, as will be seen, there is a very important practical lesson.

#### INTRACAPSULAR FRACTURE OF THE NECK OF THE FEMUR, WITH COMPLETE BONY UNION.

(*The Museum of the Leeds Infirmary, Mr. CHORLEY.*)

THE specimen illustrated by the appended woodcuts is in the one Leeds Museum. It has been mounted with great care, and sections have been made through the bone in different directions, so as to allow of the exact state of the interior being easily ascertained. There can be no question whatever as to there being complete bony union of a complete fracture of the neck of the femur, nor any, that the fracture must have been within the capsule. There are no particulars respecting the specimen in the Museum Catalogue. The following details have been very kindly supplied to us by Mr. C. G. Wheelhouse.

"The specimen of which you are anxious to learn the history bears the following label: 'Intracapsular fracture of the cervix femoris: complete and perfect bony union'. It has the following special history. The patient from whom it was taken was a gentleman of the name of Knubley, who resided in Park Place in Leeds, and who was treated, at the time of the accident, by the late Thomas Chorley, Esq., Surgeon to the Infirmary at Leeds. Mr. Knubley was upwards of seventy years of age; he slipped on the causeway and fell, and was unable either to rise or walk. Mr. Chorley saw him immediately, and pronounced the case to be one of fracture of the neck of the thigh-bone. It was treated with great care, the whole hip being put up in immovable apparatus, and the patient confined to bed for a lengthened period. He ultimately recovered the use of the limb to such an extent that he was able to walk with the aid of a stick, and lived for several years. At his death, Mr. Chorley made a *post mortem* examination, and removed the specimen. It proved to have been a fracture of the neck of the thigh-bone, wholly within the capsule, and to have been perfectly united by bone. At the



time when Sir Astley Cooper, in lecturing and writing on the subject of fracture of the cervix femoris, declared that intracapsular fracture was never united by bone, Mr. Chorley sent this specimen up to London, to his son Mr. Ed. Chorley, who was a student at that time attending the Borough Hospital, with the request that he would show it to Sir Astley,

as proof that such union was, at all events, *possible*. Sir Astley examined the specimen, and returned it to Mr. Ed. Chorley, saying: 'It is a very capital specimen of a rheumatic joint; but the man who calls it an intracapsular fracture of the cervix femoris is an ignoramus, and has his profession yet to learn'. Nettled by this opinion, Mr. Chorley took it to the College of Surgeons, where it was examined, and he also submitted it to the staff of St. Bartholomew's Hospital. It was then noticed that the bone must have been broken; because, not only was the line of union plainly to be seen, but the head was not re-united to the shaft in its proper axis, but with a *half twist round*. The question of *fracture* being thus settled, another was raised as to whether the union, though very close, was really *bony*; and it was suggested that if the specimen was *boiled* the parts would fall asunder. It was accordingly submitted to this test; was boiled for twelve hours, and the union remained perfectly firm. It was then sawn across in such directions that every portion of the line of union could be seen *from within* as well as *from without*, and was finally declared to be a true example of 'intracapsular fracture firmly and permanently united by bone'. The specimen was presented to the Leeds School of Medicine by the present Mr. Henry Chorley, who received it, with this history, from his father. To him, and to my late partner, Mr. Garlick, who assisted in the treatment of the case at the time of the accident, I am indebted for these particulars; and it was I who had the specimen so mounted as to show the entire line of union from without and from within."

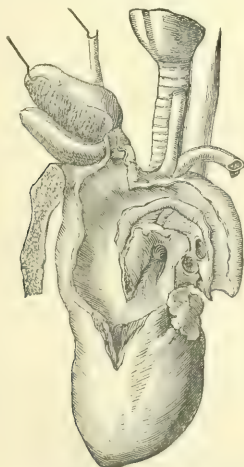
The clinical teaching of this specimen in favour of careful splint-treatment in fractures of the neck of the femur, need not be insisted upon. We believe that good union (if not actually bony) is a much more frequent result than is generally believed.

#### ANEURISM OF THE INNOMINATE, CURED UNDER VALSALVA'S TREATMENT.

(London Hospital Museum, Mr. LUKE.)

WE extract the following description from the museum catalogue.

C. b. 28. "The heart, great vessels, part of sternum, etc., showing aneurism of the innominate artery, bulging forwards over the upper border of the bone. The aneurismal pouch is as large as an egg, and quite filled by old and dense fibrous deposit. It is shaped somewhat like an egg placed with its end on the innominate artery. It communicates with the front of the artery by an orifice of the size of a sixpence. The patient from whom it was taken, was a shoemaker, aged 40, who,



*Explanation of Woodcut.* The parts are seen from the left side, shewing in front a section of the sternum, and behind the trachea and oesophagus. The aneurism has been laid open. The subclavian, now a solid cord, is held up by a hook.

in November 1823, after using some exertion, was seized suddenly with a pain 'in his right collar-bone.' In June 1824, he had an increase of pain, and applied to Mr. Porter. He had experienced the

pain at intervals during the whole of the interval. At this time he complained of violent pain, and beating in his head. For several weeks he was unable to lie down; a swelling had now appeared in his neck, and was increasing. It is stated that for a time he lost his recollection, and, occasionally, 'everything for a time appeared black.' In October 1824, he came under the care of Mr. Luke, and treatment by purgation and bleeding was adopted. Between October 20th, 1824, and June 14th, 1827, he was bled forty-two times, in quantities varying from six to sixteen ounces. The notes state that the tumour, which at first extended some way up the neck, began to diminish immediately on the commencement of the treatment, and continued to do so steadily, until all external evidence of its existence was time after the conclusion of the treatment, from some cerebral disease, attended by violent delirium." We may add to this description that the right subclavian artery is occluded, whilst the carotid is patent. The arch of the aorta is considerably dilated. Our woodcut represents a side view of the parts, with the aneurism lifted upwards, probably much higher than it was placed during life. Whether we credit the energetic depletory treatment with the cure, or whether we consider the latter to have been spontaneous, the case is equally valuable in proof that recovery from this dangerous disease does occasionally take place. It may be doubted whether distal ligation of the vessels, when the man first came under care, would have increased his chance of life. The case may be profitably compared with one recorded by Dr. Herbert Davies, in the first volume of the *London Hospital Reports*.

## ASSOCIATION INTELLIGENCE.

### SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT MEETING.

THE inaugural meeting of this District Society was held at the Star Hotel, Lewes, on November 24th; WILLIAM WALLIS, Esq., of Hartfield, taking the Chair.

*General Business.*—By-laws for the regulation of the meetings having been agreed to, Mr. Frederick C. Mudd of Uckfield was unanimously requested to act as honorary secretary and treasurer for the district; and he, in a short speech, signified his willingness to do so, and to promote, to the utmost of his power, the objects of the meetings.

Mr. Wallis then vacated the Chair in favour of Dr. C. HOLMAN (Reigate), the President of the Branch, who addressed the meeting in terms strongly expressive of his opinion of the value of such meetings in furthering the main objects of the Association, especially as he had observed their good effects in other parts of the Branch where they had been established some years.

Mr. HODGSON, Honorary Secretary of the Branch, stated that he had received numerous letters from members residing in different parts of the district, highly approving of the institution of these meetings, and expressing their regret at not being able to attend this the (opening) one.

It was resolved that the next meeting (in March) be held at Tunbridge Wells, and that Dr. Milner Barry be requested to occupy the Chair on that occasion.

*Communications.*—Mr. GRAVELLY (Newick) narrated a case of Severe Injury to the Foot, in which he considered that the use of Carbolic Acid had saved the limb from amputation. A married woman, aged 50, was received into the Newick Cottage Hospital, July 2nd, with two wounds across the dorsum of one foot, which had been inflicted by a mowing-machine. Each wound was fully an inch and a half in length, one having laid open the metatarsophalangeal joint of the great toe, and sliced off a portion of the metatarsal bone, and the other having divided the extensor tendons and anterior ligament, and laid open the ankle-joint. The wounds were freely swabbed with carbolic acid and linseed-oil (1 to 7), then closed with sutures as far as practicable—the larger one not admitting of this in the front of the ankle-joint on account of the loss of some of the integument. Over that open portion, lint well saturated with the acid and oil, was laid; and the whole foot, being bound with a flannel roller, was finally placed in a flexed position on an angular splint. On the dressings and sutures being removed on the fourth day, the only part not found healed by "the first intention" was the open wound in front of the ankle, and this was granulating healthily without any appearance of pus. The same sort of dressing was renewed for another four days, by which time even the open wound had skinned over. A light dressing was then used, and the limb was retained on the splint for six weeks, when the tendons appeared to have united, and there was fair motion of the joints. She



was discharged in less than eight weeks, having never exhibited the least constitutional disturbance.—Several other members spoke confidently of the great value of the use of carbolic acid in wounds; and all agreed in doubting the necessity of such minute attention to details in its use as has been advanced by some surgeons.

Mr. FENFOLD (Brighton) read a short paper on the Extraction of Cataract. After cursorily alluding to other plans of operating, he dwelt chiefly on that promulgated by Dr. Wolfe of Glasgow (*Lancet*, 1868), which consisted of performing iridectomy a few weeks preliminary to the removal of the cataract. Mr. Fenfold had repeatedly put this plan to the test in practice, and with such success as to induce him to consider it as combining the advantages of all other recent improvements without their risks.

Mr. WILLIAM WALLIS exhibited a new Extract of Meat, in dry tablets, made by Whitehead of Australia, and 8, Lime Street Square, London. He stated that it was used extensively in some of the London hospitals, and by himself, and that it was superior to Liebig's extract in being much cheaper, and in containing so much less moisture as to require no pots for its transport.

*New Members.*—Five new members, resident in Lewes and its neighbourhood, were nominated.

*Dinner.*—The members and visitors afterwards dined together at the Hotel.

## REPORTS OF SOCIETIES.

### MEDICAL SOCIETY OF LONDON.

DECEMBER 13TH, 1869.

PETER MARSHALL, Esq., President, in the Chair.

MR. R. P. DUNN related a case of Poisoning by Aconite. Death appeared imminent; but, by the vigorous administration of sal volatile, brandy, and chloric ether, recovery was effected in nine hours.

Dr. GREENHALGH mentioned the case of a patient who had come under his care for supposed Prolapsus Uteri, which, on examination, proved to be a Thickened Urethra surrounded by a spongy growth, the nature of which growth had not yet been ascertained.

Mr. DE MÉRIC mentioned a case of Retention of Urine in a patient suffering from Stricture, in which puncture of the bladder through the rectum had been resorted to with the best results.—Mr. H. Lee considered perineal section an easier and more natural operation than puncture of the bladder through the rectum. A fistulous opening through the rectum was more serious than through the urethra.—Mr. BRYANT approved of Mr. de Méric's operation, considering the perineal section more difficult. He had never seen fistulous openings follow his operations.

Mr. BRYANT read a paper on the Treatment of Disease of the Knee-joint, more particularly in reference to Operative Interference. He said that, as a rule, no operative interference was necessary in inflammatory disease of knee-joint, without disorganisation. When suppuration had taken place with diseased synovial tissue, a cure by natural processes, assisted by art, was generally to be secured. When the disease began in the bone, operative measures were demanded. Cure by ankylosis was by no means uncommon in the former case. As a rule, amputation or excision for acute suppurative disease was generally fatal. Mr. Bryant preferred making free incisions into the joint, and washing out with warm water. He read that instances of three cases of diseased bone in the knee-joint, resulting from articular osteitis, in which he had removed the sequestra, and the patients recovered, with ankylosed joints; and one similar case, in which amputation had to be performed. In disorganised joint, the question was—amputation or excision? In amputation of the thigh for chronic disease of the knee-joint, taking patients of all ages from his own tables, Mr. Bryant found 188; from Dr. W. MacCormac's, 137; total 325; of these, 66 died, 259 recovered, the mortality being twenty per cent. In Dr. Hodge's work, Mr. Bryant found 178 cases of excision of the knee for chronic diseases; 70 died, and 100 recovered; the mortality was thirty-nine per cent. Mr. Swain had given the following. Up to 1865, 316 cases of excision had been performed; 85 died, or 27.2 per cent., 9 of these having died after amputation, which had been deemed necessary in 39 cases. Since 1865, 74 cases are given, 25 of which died, or 33.7 per cent.; 4 also died out of 11 that underwent amputation—29 out of 74 dying, or 39 per cent. Mr. Swain gives, also, a select list of 82, of which 15 died, and 4 others recovered after amputation. There were thus 472 cases of excision of knee-joint, and 129 deaths, or 27.3 per cent.; 173 of these being after amputation. If, however, the results of both operations, at different

periods of life, were considered, the following results come out. In amputation for chronic disease of the knee-joint in patients under twenty years of age, out of 69 cases, 3 only died, being 4.3 per cent. In excision for similar cases at the same age, out of 97 cases, 27 died, or 27.8 per cent. In amputation between the ages of twenty-one and forty, out of 119 cases, 38 died, or 32 per cent. In excisions, out of 74 cases, 39 died, or 52.7 per cent.; the difference being 20 per cent. against excision. Admitting excision to be a good operation, he thought that the advantages did not justify the extra risk. He considered an early operation the most successful. In conclusion, Mr. Bryant hoped the advocates of excision would recognise the results of experience, and not shut their eyes to the cases that told against the operation. The point to be settled was the period of the disease in which excision should be undertaken. As an operator of experience, Mr. Bryant was inclined to think that excision might not only be a justifiable, but a successful operation.—A discussion then took place, in which Mr. W. Adams, Mr. Henry Lee, and Mr. De Méric took part.

## CORRESPONDENCE.

### THE MEDICAL BENEVOLENT FUND.

SIR,—The Committee of the Medical Benevolent Fund earnestly crave your assistance in bringing before the profession the great need of a number of applicants—medical men, their widows and orphans—whom the Committee are powerless to aid from want of funds.

During the past year, the calls upon the Medical Benevolent Fund have been more numerous than at any time since the commencement of the Fund, in 1836. The number of cases relieved in 1869 (besides the 35 annuitants) is 125, against 106, the highest number in any previous year. In this way upwards of a thousand pounds has been expended in grants varying in amount from £2 to £20.

At our meeting on Tuesday last, there were nineteen applications, but, unfortunately, we had less than £50 at our disposal, and, as a consequence, most of these have been postponed for a month, in the hope that by that time means will be forthcoming to relieve them. Some of these cases are indeed of a most painful character. Five of the applicants are widows, whose husbands have recently died, while still in their prime, each leaving a large family, and in only one of these is there any sort of provision, and this only a policy of insurance for £500 for a widow and ten children. Another is a widow who has for several years striven hard, with varying success, to support herself and children, but who is now obliged to succumb from failing sight, and inability to obtain employment. Two others are ladies—orphans—who have for some years maintained themselves, and aided their respective families, as governesses, but phthisis in one case, and a most painful malady in the other, have obliged them to give up their situations, and to seek assistance from this Society.

Such are but average specimens of the cases brought before our Committee for investigation, month after month; and to assist in relieving these, we appeal with confidence to our brethren. Some of these have indeed given most liberally both in time and money; but still there are doubtless thousands more who have the means and the heart to assist, but who know nothing of this quietly working Benevolent Fund, and it is to these more especially that we look for help on this New Year's Day.

The benevolence of the medical profession is universally admitted and admired. Surely it will not be lacking towards those of its own body in distress, nor will its charity be denied to the widows and orphans of its own members.

Contributions will be thankfully received by either of the undersigned, and acknowledged in this JOURNAL.

CHARLES J. HARE, M.D., Treasurer,  
57, Brook Street, Grosvenor Square, W.

STAMFORD FELCE, L.R.C.P.,

12, Crippenham Road, St. Peter's Park, N. } Hon. Secs.

R. THORNE THORNE, M.B.,

42, Seymour Street, Portman Square, W.

### THE COLLEGE OF PHYSICIANS OF IRELAND.

A CONTROVERSY as to the admission of Fellows has been going on in this body for some weeks. One party alleges that a majority of votes is sufficient under the charter for the election of a Fellow; the other urges that the by-law of 1862 overrules the charter. It is likely that a visitation will be made in a few days to decide the matter. The visitors are the Lord Chancellor, the Chief Justices of the Queen's Bench and of the Common Pleas, and the Chief Baron. There has been no visitation since 1828. The proceedings will be public.

## MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At an extraordinary meeting, on December 22nd, 1869, the following gentlemen, having conformed to the bye-laws and regulations, and passed the required examinations, had Licences granted to them to practise physic, including therein the practice of medicine, surgery, and midwifery.

Abbott, George, Guy's Hospital, S. E.  
Austen, Josiah, Surgeon R.N., Vale House, Ramsgate  
Crock, John Evelyn, M.D., Northfleet, Kent  
Daly, Joseph Harding, Kingston Bagpuize, Abingdon  
Hardey, Edward Pearce, 35, Westbourne Grove, W.  
Harris, Robert, 1, Darnley Road, Hackney, N. E.  
Harrison, Henry Frank Egbert, St. Mary's Hospital, W.  
Imman, Robert Matthews, Redbourn, St. Albans  
Knight, Thomas, M. B., Brill, Bucks  
Litchfield, Henry Robert Campbell, Augusta Villa, Twickenham, S. W.  
Miller, Frederick Montague, Clarendon Villa, Stoke Newington Road, N.  
Robertson, Frederick Marrant, Guy's Hospital, S. E.  
Rudge, Charles King, 2, Redland Vale, near Bristol  
Sainier, James Dow, Staff Assistant-Surgeon, Army, 2, Ladbroke Road, Notting Hill Gate, W.  
Sloman, Samuel George, St. Bartholomew's Hospital, E. C.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, December 23rd, 1869.

Chambers, Edward William, Robert Street, N. W.  
Colman, Thomas Henry, Wymondham  
Connolly, Benjamin Bloomfield, Woolwich  
Darby, John Thomas, Derby  
Davenhill, Robert Septimus, Wolverhampton  
Dutt, Russick Lull, Robert Street, N. W.  
Eager, Wilson, Guildford  
Gamble, Charles Edward, Fulneck, near Leeds  
Gillhooley, Roderick Joseph, Gloucester Road, N. W.  
May, Thomas, Stoke Lyne, Bicester  
Miller, Frederick Montague, Stoke Newington  
Parkinson, Charles Henry Watts, Wimborne Minster  
Parsons, Sidney, Wells, Somerset  
Roberts, Owen, Notting Hill  
Sample, Charles Edward Armand, Torrington Square  
Williamson, John Gower, Holford Square  
Tothill, Thomas Henry Frederick, Parkfield, Topham  
Turner, Henry Guntton, Oxenbourne, Petersfield

The following gentlemen also on the same day passed their first professional examination.

Chinnery, Charles Warner, St. Thomas's Hospital  
Eagle, Henry Frederick Charles, London Hospital

## MEDICAL VACANCIES.

The following vacancies are declared:—  
BIRMINGHAM AND MIDLAND FREE HOSPITAL FOR SICK CHILDREN.—Resident Medical Officer: applications, 3rd election, 12th.  
BRIGHTON AND HOVE DISPENSARY.—Physician-in-Ordinary: applications, 4th election, 20th.  
CAVER'S Roxburghshire.—Parochial Medical Officer.  
CHARING CROSS HOSPITAL.—Registrar: applications, 19th.  
CHESTERFIELD AND NORTH DERBYSHIRE HOSPITAL AND DISPENSARY.—House-Surgeon and Dispenser: applications, 4th Jan.; duties, 1st Feb.  
CITY OF DUBLIN HOSPITAL.—Surgeon.  
DORKING UNION, Surrey.—Medical Officer for the Upper District: applications, Jan. 5th; election, Jan. 6th.  
GERMAN HOSPITAL, Dalton.—Physician; Assistant-Surgeon: applications, 3rd Jan.; election, 24th Jan.  
GLOUCESTERSHIRE LUNATIC ASYLUM.—Junior Medical Assistant: duties, middle of January.  
GODSTONE UNION, Surrey.—Medical Officer for the Southern District.  
HAMBLETON UNION.—Medical Officers for Shalford and Chiddingfold Districts.  
HOSPITAL FOR INCURABLES, Dublin.—Surgeon.  
IPSWICH, Borough of, LUNATIC ASYLUM.—Resident Medical Superintendent: applications, 20th Jan.; duties, April.  
LUTTERWORTH UNION, Leicestershire.—Medical Officer and Public Vaccinator for District No. 1, and the Workhouse: election, 6th Jan.; duties, 10th Jan.  
MIDDLESEX HOSPITAL.—Surgical Registrar, and Superintendent of *post mortem* Examinations: applications, 8th Jan.  
MINTO, Roxburghshire.—Parochial Medical Officer.  
NORTH DUBLIN UNION.—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Howth and Clontarf District: 4th Jan.  
ROYAL COLLEGE OF SCIENCE, Dublin.—Professor of Botany.  
ROYAL COLLEGE OF SURGEONS IN IRELAND.—Professor of Medical Jurisprudence.  
SUNDERLAND INFIRMARY AND DISPENSARY AND EAST DURHAM COUNTY HOSPITAL.—Junior House-Surgeon: applications, 26th Jan.; election, 3rd Feb.  
TUNBRIDGE WELLS INFIRMARY AND DISPENSARY.—Dispenser.  
UNIVERSITY OF LONDON.—Assistant-Registrar: applications, 1st March; duties, 1st April.  
VICTORIA HOSPITAL FOR SICK CHILDREN, Chelsea.—House-Surgeon and Secretary: applications, 10th.  
WESTMINSTER HOSPITAL.—Assistant Obstetric Physician.

## MEDICAL APPOINTMENTS.

Names marked with an asterisk are those of Members of the Association.

\*BAILEY, G. H., Esq., appointed Chloroformist to the Cancer Hospital, Brompton.  
\*FAY, Tullius W. W., Esq., appointed Dental Surgeon to the Liverpool Dental Hospital.  
\*FLOWER, Thomas, Esq., appointed House-Surgeon to the Royal Surrey County Hospital, Guildford.  
SYMONS, H. E., Esq., appointed House-Surgeon to St. Bartholomew's Hospital.

## BIRTHS.

BUCKNILL. On December 13, at Rawtenstall, Lancashire, the wife of \*E. Bucknill, M.D., of a daughter.  
CURRY. On December 15, at Lismore, Ireland, the wife of \*J. E. Curry, M.D., of a son.  
HUNTER. On December 21, at Dartford, the wife of \*R. H. Hunter, Esq., Surgeon, of a daughter.  
LEACHMAN. On December 21, at Petersfield, Hants, the wife of A. W. Leachman, M.D., of a son, who survived only a few hours.  
MAY. On December 17, at Pentonville Road, the wife of Edward H. May, Esq., Surgeon, of a daughter.  
WHITE.—On December 21st, at Woodstock, the wife of \*J. Gregory White, M.D., of a daughter.  
WOODHOUSE. On December 19, at Fulham, the wife of Thomas J. Woodhouse, M.D., of a son.

## MARRIAGES.

\*HARWOOD, Alfred, Esq., Surgeon, Cleator, near Whitehaven, to Elizabeth, eldest daughter of the late Rev. Joseph ASKEW, of Northleach, Gloucestershire, and Whitehaven, Cumberland, at St. John's, Beckenham, Cumberland, on Dec. 21st.  
\*SPENCER, William, Esq., of Park Place, Regent's Park, to Norah Maria, second daughter of the late John CHALLICE, M.D., of Southwark, at Trinity Church, Marylebone, on December 28.

## DEATHS.

\*ATKINS, James R., M.D., at Lordship Road, Stoke Newington, aged 67, on December 24.  
BODINGTON.—On December 23rd, 1869, aged 2 years, Caroline Mary Eaton, youngest child of \*G. Fowler Bodington, M.D., of Sutton Coldfield, Warwickshire.  
BRANDIE. On December 21, at Chiswick, aged 85, Elizabeth, widow of F. A. Brandie, Esq.  
CAMPBELL, John Colin, M.D., Madras Medical Service, at Bournemouth, on December 15.  
CATHEROW, William G., Surgeon, late of Weymouth Street, at Stoke Lodge, Bucks, aged 62, on December 15.  
\*CHAPMAN, George, Esq., Surgeon, at Longfield, Surrey, aged 79, on Dec. 14.  
FORMBY. On December 17, at Sherrock's Hill, Liverpool, aged 82, Charlotte, widow of Richard Formby, M.D.  
HAIR, Archibald, M.D., at Sankharu, on December 14.  
HODSON. On December 10, at Bishop Stortford, Sarah Maria, daughter of \*Charles F. Hodson, Esq., Surgeon.  
MOORE, George, Esq., late Resident Surgeon of the Birmingham General Dispensary, at sea, on his voyage to India, aged 42, on October 3.  
RUSHER. On December 14, at Pershore, Ann Gower, wife of J. G. Rusher, Esq., Surgeon.

## OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.  
TUESDAY.....Guy's, 1.30 P.M.—Westminster, 2 P.M.—National Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.  
WEDNESDAY...St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.15 P.M.—Middlesex, 2 P.M.—University College, 2 P.M.—St. Thomas's, 1.30 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.  
THURSDAY....St. George's, 2 P.M.—Central London Ophthalmic, 11 A.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.  
FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.  
SATURDAY....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 9 A.M.—Royal Free, 2 P.M.—East London Hospital for Children, 2 P.M.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8 P.M. Mr. Coles will exhibit an Instrument for the Treatment of Venous Anæmia; Dr. Anstie on the Pressure of the Arteries; Dr. Dickinson, "On the Treatment and Prevention of Scarlet Fever."  
TUESDAY.—Pathological Society of London, 8 P.M. Annual Meeting for the Election of Officers. Specimens to be shown, Mr. A. B. Squire, "True Leprosy"; Dr. Dickinson, "Typhoid"; etc.  
WEDNESDAY.—Obstetrical Society of London, 7 P.M. Special Council Meeting. 8 P.M. Annual Meeting. Dr. F. Daly, "On the Early Use of the Long Forceps"; Dr. A. E. Sansom, "On the Sulpho-Carbols in the Treatment of Certain Diseases of Children." 9 P.M. President's Address.  
THURSDAY.—Hygienic Society of London, 8 P.M. Anniversary; President's Address; Election of Officers; and C. Conversations.



## EXPECTED OPERATIONS AT THE HOSPITALS.

GREAT NORTHERN HOSPITAL, Jan. 5th, 2 P.M. For Cleft Palate—by Mr. Gay; Excision of Knee-Joint—by Mr. T. Carr Jackson; Removal of Supernumerary Thumb—by Mr. BAXTER SHILLIBE.

## NOTICES TO CORRESPONDENTS.

All Letters and Communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen Street, Lincoln's Inn Fields, W.C.

CORRESPONDENTS not answered, are requested to look to the Notices to Correspondents of the following week.

To PURCHASERS of the JOURNAL, it is requested that all orders sent to the Office for extra copies of the JOURNAL, be accompanied with stamps for the amount.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

A CORNER and jury, at Birkenhead, have rendered the inquest on the body of a boy, who died of tetanus, remarkable by reason of certain comments on the conduct of the junior house-surgeon of the Infirmary. The senior house-surgeon was not consulted as to the necessity of removing the boy's thumb, which was badly crushed, and, therefore, the corner and jury have blamed the "junior," and addressed a remonstrance to the hospital committee. The assistant house-surgeon is, we believe, a qualified man, and, therefore, legally justified in doing any operation whatever. If the hospital authorities like to rule that amputations shall belong to the senior only, they are at liberty to do so; but we do not see what the corner can have to do with it, unless some gross mismanagement were shown.

CATARACT FROM *(sic)* SPINAL CONJUNCTION.

SIR,—In the last number of the BRITISH MEDICAL JOURNAL a paragraph appears, under the above heading, in which reference is made to an article in the preceding number of the JOURNAL on the same subject, in which it is stated that, in a recent trial, an attempt was made to establish the doctrine that cataract could result from the *(sic)* dentition of the spine.

It is due to myself and the other surgeons who were concerned in this case, to state that there is not the slightest foundation for the allegation, that we were of opinion that the cataract was in any way dependent on the concussion of the brain or spine. The development of the cataract was attributed by us to injury of the eyes resulting from a direct blow inflicted upon the head. The cerebro-spinal concussion, which was comparatively slight, was, in our opinion, a mere coincidence, and had no connection whatever with the formation of the cataract.

JOHN ERICHSEN.

6, Cavendish Place, Cavendish Square, Dec. 26, 1869.

\* We are glad to insert the above explanation. Mr. Erichsen is not quite explicit on the point as to whether the eyes themselves were struck. The cataracts were, we believe, symmetrically "incipient" in each eye. The case still remains a very remarkable one, if double cataract were induced by "a direct blow on the head," the eyes themselves not being struck, or if it happened that each eye separately was struck just sufficiently to induce a cataract, but not to cause any changes. The coincidence could be a very remarkable one, for single cataracts from blows are not very common.

## ADMINISTRATION OF CHLOROFORM.

SIR,—As I perceive you are about to publish some hints on the administration of chloroform, may I submit to you the great advantages derivable from the adoption of my system of "mixed anæsthetic vapours," as described in my work published by Hardwicke of Piccadilly. The system has been largely adopted in public and private practice; and not a single instance of accident, still less of fatal issue, has occurred—nor, in my opinion, can occur in its employment. The security is twofold, first, the administration of the vapour of ether and alcohol, which counterpoise the known depressing influence of the chloroform; and, the peculiar principle of the delivery of the latter *guttatim*, and by capillary attraction in measured quantities. If you would take the trouble to refer to my little work, which was long ago put into your hands, and to administer the vapours to chloroform-free persons out of the circle of my private practice; this, in order to show that no personal bias influences my views on this subject. I am, etc.,

63, Sloane Street, S.W., December 17th, 1869.

ROBERT ELLIS.

SIR,—I must, in common with other members of the British Medical Association, express the obligation which I feel to you for the precise and plain directions you have given us as to the treatment of cases of impending death from chloroform inhalation. The most serious cases, as you justly observe, are those marked by sudden pallor, and failure of the heart's action.

In addition to the remedies recommended in your paper, will you kindly allow me to remark, that simply turning the patient on the left side and *lowering the head*, are often of signal efficacy. Also, that no remedy has such a speedy effect in rousing the action of the heart, as the subcutaneous injection of atropine. A piece of ice passed into the rectum will often induce a deep inspiration or one, and very hot water dashed on the surface is quite as efficacious as cold, and less depressing.

I am always very glad of performing artificial respiration until it is absolutely necessary, since a feebly acting heart may be under any ally applied by interference. With regard to artificial respiration, I believe the best, or rather the readiest plan, if Dr. Richardson's bellows be not at hand, is to press the larynx back upon the spine, so as to prevent air from passing into the stomach, and then to inflate the lungs carefully from mouth to mouth. Most of my cases of chloroform are of the character yours as if by magic on pulling forward the tongue; and apparently hopeless cases may (according to very recent Teutonic authority) be restored by galvanising the phrenic nerve and diaphragm; and the same stimulant may be safely applied to the lungs through the medium of a fine needle.

I am, etc., CHARLES BELL TAYLOR, M.D., F.R.C.S.E.

Nottingham, December 1869. Surgeon to the Eye Infirmary.

MR. STUART's valuable communication shall appear next week.

Student.—You will find, in Dr. Fenwick's *Manual of Medical Diagnosis*, the information you want, given in the clearest possible manner.

A NEW "Prescription Copyist," introduced this year by Messrs. Letts, will be of great use to prescribers who wish to keep an authentic memorandum of their prescriptions. It is adapted for the pocket.

ETHICS.—Professor Laycock's essay on Medical Ethics, referred to by Dr. Stokes in such high terms, was printed originally for private circulation only. We are informed, however, that a few copies are in the hands of MacLachlan and Stewart of Edinburgh, from whom it may be obtained.

THE WELSH FASTING GIRL.—We have received from Dr. Lewis of Carmarthen a full account of the symptoms presented during the watching and of the *post mortem* examination. No authentic medical report has, as yet, been published. Dr. Lewis, however, unfortunately arrived too late for this JOURNAL, and we are compelled to postpone it to our next.

MEDICAL ETHICS.—It is with great regret that we record an instance of very uncourteous behaviour on the part of one medical man to another. An inquest has been held in Liverpool in consequence of doubts which Dr. Falloon had most needlessly expressed as regards the cause of death of a patient under the care of Dr. Irvine. Dr. Irvine was treating a married woman for disease of the liver; she vomited frequently, and hydrocyanic acid was ordered. She was taken worse suddenly, and Dr. Irvine was sent for. As he did not arrive immediately, Dr. Falloon was called in, but the patient was dead when he saw her. He asked questions, looked at the prescriptions, showed that the prussic acid had something to do with the death, and wrote to the coroner, stating "there was no doubt the woman was poisoned." The coroner ordered an investigation, notwithstanding that Dr. Irvine had sent a certificate of death, and directed that Dr. Taylor should examine for traces of "poison." At the *post mortem* examination, such undoubted morbid changes were found in the liver as to account thoroughly for the death of the patient. A verdict was given accordingly. Such interference on the part of one medical man with another cannot be too strongly reprobated. We congratulate Dr. Irvine on his triumphant vindication.

DR. TUCKER (Sligo).—Your note and enclosure shall receive early attention.

We are indebted to correspondents for the following periodicals, containing new reports and other matters of medical interest:—The Wiltshire County Mirror, Dec. 22nd; The New York Medical Gazette, Dec. 11th; The Parochial Church, Dec. 22nd; The New York Medical Record, Dec. 13th; The Boston Medical and Surgical Journal, Dec. 9th; The Madras Mail, Oct. 20th; The Indian Medical Gazette, Nov. 15th; The Jersey British Press, Dec. 23rd; The Wetherby News, Dec. 23rd; The North British Daily Mail, Dec. 20th.

## COMMUNICATIONS, LETTERS, &amp;c., have been received from:—

Dr. Muirhead, Edinburgh; Mr. H. E. Symons, St. Bartholomew's Hospital; Mr. Mr. G. Crewcock, Nottingham; Messrs. Mayer and Meltzer, London; Messrs. H. and J. Reading, London; Mr. G. H. Bailey, London; A Student; Mr. F. W. Russell, London; Mr. G. Seymour, London; Mr. F. Austin, Liverpool; Dr. H. B. Dow, London; Mr. J. Manley, West Bromwich; Mr. W. S. Watson, London; Mr. T. Watkin Williams, Birmingham; Mr. Goldsmith, Bedford; Mr. W. B. Swan, Devonport; Mr. Thomas Flower, Guildford; Mr. H. E. Sewell, London; Dr. Jones, London; Dr. Poore, London; Dr. Steele, London; Mr. Julian Willis, London; Dr. Slamer, Ireland; etc.

## LETTERS, &amp;c. (with enclosures) from:—

Sir William Jenner, Bart., London; Dr. George Johnson, London; Dr. Joseph Rogers, London; Mr. G. Newstead, Eccleshill; Dr. Moxon, London; Dr. Lewis, Carmarthen; Mr. J. B. Gass, Oldham; Dr. J. Thompson, Bideford; Dr. E. Morris, Spalding; Deputy Inspector-General T. Longmore, Netley; Dr. Tucker, Sligo; Mrs. W. Anderson, London; Dr. Gervis, London; Dr. R. Elliot, Carlisle; Mr. S. Jones, London; Mr. T. Flower, Guildford; Mr. Skinner, Wansford; Dr. C. Holman, Reigate; Mr. A. Fleischmann, Cheltenham; Dr. Guy, London; Mr. Erichsen, London; Dr. Sloane, Leicester; Dr. Atkinson, London; Dr. Foster, Birmingham; Mr. Walford, Reading; Mr. Johnson, Lancaster; Dr. Steele, London; Mr. Hutchins, London; Dr. T. Fox, London; Dr. T. Laycock, Edinburgh; Dr. Brown-Squard, Paris; Dr. Smyth, Yarmouth; Dr. Cameron, Dublin; Dr. Bodington, Sutton Coldfield; Dr. M. Kent Jones, Beaumaris; Mr. J. Simon, London; Dr. Mapother, Dublin; Dr. M. May, London; Dr. Fothergill, Forland; Mr. C. Stone, Clifton; Dr. A. T. H. Water, Liverpool; Dr. Carr, Leeds. The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; The Registrar-General of England; Mr. T. M. Stone, London; Dr. Treutler, Kent; The Registrar of the Medical Society of London; Dr. Pearce, Botisdale, Suffolk; Dr. E. Williams, Wrexham; Mr. S. Wood, Shrewsbury; Mr. Jukes Styrap, Shrewsbury; The Secretary of the Medical Club; etc.

## BOOKS, &amp;c., RECEIVED.

Results of Sanitation in India. By W. J. Moore, L.R.C.P. The Pathology of Bright's Disease. By W. B. Lewis, M.D. With Illustrations. New York: 1869.

A Dissertation delivered in the Theatre of the Meath Hospital, on Nov. 21, 1869. By W. Stokes, M.D., D.C.L. Oxon. Dublin: 1869.

A Treatise on Asiatic Cholera. By C. Macnamara. London, Calcutta, and Bombay: 1869.

On the Infant, &c. By Dr. M. Roth. With 45 Engravings. London: 1869.

The Essentials of Bandaging, &c. By Berkeley Hill, M.B. Lond., F.R.C.S. Second Edition, Revised and Enlarged, and Illustrated by 122 Engravings on Wood. London: 1869.

The Cause and Treatment of Imperfect Digestion. By A. Leared, M.D. Dub. and Oxon., M.R.I.A. Third Edition, Revised and Enlarged. London: 1864.

The Eleventh Annual Report of the Chicago Eye and Ear Infirmary.

## REMARKS ON FEIGNED OR HYSTERICAL DISEASES OF THE SKIN.

By JAMES STARTIN, ESQ., F.R.C.S.,  
Senior Surgeon to the Hospital for Diseases of the Skin, etc.

THIS subject has lately been most forcibly brought to my recollection, not only by an instance, now under my care, of simulated lupoid ulceration of the face in an hysterical young woman to be afterwards mentioned, but by a case nearly identical, save as regards a more fortunate result, with that of the "Welsh fasting girl", which occurred some years ago, when I was the resident medical officer of the Birmingham General Hospital. This patient, A. V., who was a remarkably good-looking delicate girl, between nineteen and twenty years of age, for six months and upwards practised the most artful dissimulations upon the entire hospital staff, as to the means adopted for maintaining her *embonpoint*, and apparently taking no food, though abundance of provisions, secretly weighed, were placed before her; at the same time the patient resisted feeding with the stomach-tube, and all other remedies prescribed for her fits and sickness, though there was little doubt that she surreptitiously used a tartar-emetic ointment recommended to produce an artificial eruption upon the epigastric region, for relieving the sickness, to other parts of her person, and swallowed a portion of the same ointment to create the sickness complained of. After perseveringly watching, at irregular intervals, mostly during the night, I had the good fortune to discover this patient's deceit, and found that the main supply of food was derived from the broken victuals collected from the cupboards of the other patients in the ward, though there was a suspected collusion with one of them, who was the chief recipient of the rejected hospital delicacies, of which there was a good store ordered by the late Dr. Booth, who had the care of A. V.

The ten cases which I will now briefly recite are, for the most part, selected from notes taken several years ago. In my public and private practice during the last thirty years, wherein perhaps one hundred and fifty thousand instances of skin-disease have been recorded, I have met with numerous examples of so-called "hysterical diseases of the skin." I therefore shall make no apology for referring to the notes of a few of these cases, written when more leisure and aptitude—the latter never very great—fell to my share than has since obtained. I trust that the curiosity, if not the interest, attached to these instances, especially at this present moment of the Welsh exemplification, may find a brief favour, and palliate any shortcomings in their recital.

Hysteria has been termed an "essentially imitative disease"; and, although the morbid condition of the system from which it originates is chiefly confined to the softer sex—the result, probably, of reflex action connected with the organs of reproduction—yet there are rare instances of similar feignings in the male, though these, for the most part, are examples of malingering.

The maladies of the skin which, in my experience, are most frequently simulated, are erythema, eczema, pemphigus, ulcerations, morbid growths or discolorations, the "Dyschromatoderma" of an eminent dermatologist, alopecia, and changes in the cutaneous secretions.

The first instance which I shall cite is an example of simulated eczema of the eyelids in a married woman between thirty and forty years of age, the wife of a merchant's clerk in Austin Friars, who had been accustomed to move and find employment in stations superior to that now occupied. This patient, who was childless, but had adopted a little girl whom she passed as her own, was troubled with various hysterical ailments, amongst which was the not uncommon one of retention of urine, attended with attacks of cough and sickness—such attacks not being amenable to any treatment by myself and others, beyond the apparent relief following the passing of the catheter. On one occasion, in an interval of my attending her, the patient, after a violent fit of hysterical cough, had ecchymosis of both conjunctive and of one eyelid; this she chose to treat by washing with lime-water, of course producing much irritation; and, to relieve the latter, she obtained a lotion from a druggist, which she persisted in using, owing to its asserted cooling qualities (?). The effect of this lotion was to cause an eczematous affection of both eyelids, for which she again sought my advice. The usual appliances were recommended, and internal means, but without avail.

The patient stated that the lotion from the druggist was "all in all". I therefore called upon the latter, and found that my patient, at her express desire, had been supplied with a hair-wash which contained ammonia and tincture of cantharides; hence the *eczema palpebrarum*. I gave a little credit from my patient or her friends, by exposing her proceeding; but the hair-wash was discontinued, and a cure accomplished by a lead-lotion. I was less successful with the retention of urine, for which she became treated by the late Dr. Conquest. This patient, whilst apparently blinded by the eczema, performed numerous hysterical acts, such as cutting out figures, likenesses, etc., on black paper, in a remarkably clever manner, which, as she pretended she could not see, constituted a true "exaltation nerveuse".

The second case was simulated erythema marginatum in a young woman aged twenty-one, employed in a draper's shop, in which were several good-looking young men. I found that the erythema, situated in different regions, was occasioned by the skillful use of flour of mustard, applied in the wet state by means of a large camel-hair brush, so as to produce the map-like forms indicative of this form of erythema. I was indebted for the accidental discovery of this agent to a sister of the patient, who told me, with seeming concern, that nothing appeared to do her sister so much good as a mustard emetic, and that she was obliged to take one twice or thrice a week; but that the eruption was always worse the next day.

The third case which I will cite is a very curious one, of discoloration of the skin—"dyschromatoderma"—inasmuch as it was well known to most of the eminent physicians in Brighton and London; the young lady residing in Sussex, and being of a family of some social importance. She was under the care of my friend Mr. W. Morris of Petworth, who has authorised me to mention his name. This case was considered an example of melanosis of the skin, a case of pityriasis nigricans, an instance of congenital syphilis, etc. When the young lady was brought to me by Mr. Morris, I found the skin on the face, the temples, and sundry parts of the front of the body, covered with patches of a dark brown or black secretion, which could not be removed with water or spirit, or such an amount of friction as could be applied to it, owing to the tenderness of the surface, according to the patient's account. In short, a marked state of hyperæmia cutis existed; so that, when I took a piece of flannel to rub the part with a mild preparation of soap-suds, the procedure could not be endured. However, the young lady said she could bear the use of a camel-hair brush, which she thought I had dipped in water, though in this instance I was the deceiver, as pure ether was substituted; when I found, not to my surprise, but to that of my patient, that the ether washed off the black pigment, leaving the skin *fair as a lily*—the compound staining the skin being candle-black and grease. My attention was now drawn to the thighs, on which were sundry ecchymosed patches; these, I perceived, were produced by so many dexterous pinches with the young lady's thumb and index finger. The patient did not resent, as is usually the case, my exposure of the simulation, which was done in as delicate a manner as I could contrive—viz., by saying nothing, but holding a hand-glass before her face, as soon as the parts affected had been cleaned by the ether, which, after a moment of astonishment, caused, on her part, a fit of hysterical laughter, as she professed to think herself cured. My friend Mr. Morris wrote to me some time afterwards to tell me that the "black girl" had also been cured of her hysteria, and that she continued "fair as a lily"; at the same time permitting me to use his name in reciting the case, and enclosing (but not, of course, for publication) a bundle of prescriptions, letters, etc., of the various eminent authorities whom she had consulted.

The fourth case which I will mention is more striking in its peculiarities than the preceding; it was that of a young lady, of good position, living in the centre of the coal and iron-stone district of the midland counties. She brought to me a letter from her medical attendant, who mentioned that the disease was of a most anomalous nature, and that it had baffled all the treatment that had been brought against it, both by himself and numerous others, specialists as well as general practitioners, stating, besides, "that since I have known Miss —, she has been the subject of hysteria in a variety of ways; at one time, assuming the form of a loud barking cough, existing for months; at another, diarrhoea, which nothing could relieve; then, again, hysterical aphonia, which lasted, I think, about six months, etc." When the young lady presented herself, with her nurse, to my observation, I found an anæmic young woman, about 22 years of age, whose face and front of her neck were nearly covered with a thick black incrustation, which was firm, but, by the patient and nurse, to be coagulated blood, that had coagled from numerous minute points beneath the incrustation, and had congealed into the form and substance which her present appearance presented. Her medical man had also written to me, "I have carefully removed a portion of this incrustation from the face, it then not being so thick as the



last two months, and, with a sponge and warm water, got down to the surface, and distinctly saw, *myself*, an oozing of blood take place from several small points, and this continued for some hours, in spite of applications which were then made to prevent the incrustation forming again; this washing was also practised by Mr. —, who had been previously consulted.<sup>13</sup> Such being the statement of the young lady's case, I found that the appearances verified, as far as the eye was concerned, all that had been said about it; yet, to the practised observation of any one familiar with cutaneous diseases, the sham was at once evident; but how to convince the patient and her attendant, by the removal of the incrustation, that her sham was discovered? This, I confess, appeared to me, at first sight, no easy matter, as the same tenderness of surface manifested in the former case, was also a conspicuous symptom in this; to gain time, therefore, as the patient was prepared to stay a while under my observation, I prescribed an acid chalybeate aperient, and a lotion composed of equal parts of glycerine and rose-water, to be kept constantly applied warm, by means of wetted linen, to all affected parts. On my patient's visit the next day, I found that the glycerine lotion had softened, and partially brought off, the incrustations in many places, but that a portion of the crust had evidently been replaced; she moreover said, that the lotion did not agree, etc., and that it had been discontinued through the night. I therefore had recourse to another application, which, like glycerine, I have had the pleasure of first introducing to my medical *conféres*, and which, like the former agent, has been admitted into the *British Pharmacopœia*; I allude to flexile or elastic collodion.\* With this, by means of a large camel-hair brush, I painted over the whole of the patient's incrustations, so as to exclude the air and prevent evaporation, which the elastic collodion effectually accomplishes, as it dries rapidly upon a moist surface; lest, however, any portion should require a second application, Miss — was furnished with a second supply of collodion: this precaution proved needless, for, the next day, I found that, although there had been an addition to the incrustation over some parts of the elastic varnish, the mass beneath had become completely softened, owing to the prevention of evaporation from the substance itself, as also to that of the natural perspiration of the cutaneous surface. With very little effort, I therefore removed from the face and neck the entire mass, which, together, weighed upwards of three quarters of a pound. This mass is still in my possession, and consists not of coagulated blood, as was supposed, but of softened extract of liquorice, minute hairs and cutaneous scales, as I informed myself of by the smell and general appearance, and Mr. T. Taylor, the chemist, by special analysis. Thus ended the case, which, however, was most strenuously denied and resented by the patient and her nurse, whom I afterwards believed to have been her accomplice, and also by her friends, and, I regret to add, by her medical attendant, who, in a letter subsequently written, professed to believe "that, if the liquorice had been put on (?), it had been done, not to simulate or deceive, but to 'staunch the bleeding'."

The fifth case to be mentioned is that of a servant girl, who suffered from an obstinate ulcer on her left arm, in the situation in which such an issue was generally placed, when these emunctories formed therapeutic agents more frequently used than is at present the case. As the ulcer would not heal, I fixed the arm to the side, by means of a cushion in the arm-pit, and the ordinary bandage for fractured clavicle. In the short space of less than three weeks, the wound healed by simple dressings, and I lost sight of the case.

In the same establishment, Messrs. Maudsley's, the engineers, where this patient was employed, another instance of simulated disease originated, illustrating what has often been observed, the seeming contagiousness of imitative diseases. This young lady's maid, otherwise in good health, was troubled with a most obstinate inflammation of the eyes, with great intolerance of light, that resisted all means employed for its cure. She was sent to me on the credit of her companion's cure. I found some degree of inflammation of the conjunctiva lining the eyelids, produced probably by some agent of the patient's contriving. After a short ineffectual trial of the ordinary remedies, I advised her to seek the services of the Eye Infirmary, where she attended some time, until the sham was worn out.

The sixth case occurred to me a few years ago, and was that of a young hysterical female in the middle ranks of life, who spoiled a large amount of linen in consequence of profuse perspiration, of a dark or black colour; this I found to be a fiction, and in the end, by and by, this opinion was confirmed by my esteemed friend, Mr. Jonathan Hutchinson, whom I asked to put a portion of the linen under the microscope, who thus wrote in reply.

"My dear Sir,—I have examined carefully the portion of stained calico sent me, and can make nothing of it more definite than that the black material is probably some form of charcoal, as soot, coal, or lamp-

black; it is non-crystalline, amorphous, quite insoluble in æther, liquor potasse, or strong hydrochloric acid. If the question as to its nature is an important one, I would not like to give a positive opinion, as my examination has been unavoidably hurried, and has omitted several tests which I should have liked to have tried, had I had time.

"Believe me, my dear Sir, yours very truly,

"JONATHAN HUTCHINSON."

The seventh case to be mentioned is that of a chlorotic attenuated young girl of seventeen, who, for some chest-affection, real or imaginary, had been an out-patient of the Consumption Hospital, where she had been supplied with a blistering liquid, to produce small flying vesications on the chest. Whilst under this treatment, a series of what were termed whitlows appeared in succession on the fingers of both hands, and as soon as one was well another finger became affected, thus producing a case of artificial pompholyx benignus, on which account she was brought to the Blackfriars Skin Hospital. When she presented herself, there were four fingers affected, three on the left hand and one on the middle finger of the right. I punctured these bullæ, as is my usual practice, and applied a piece of litmus paper, when the re-action, contrary to what is almost constantly the case, was vividly acid; hence I suspected simulation was employed, which the history of the blistering application, probably acetum lyttæ, before-mentioned, verified. It is probable that, in the first instance, the blistering was accidental; and, for a hysterical *person*, for a young girl, and interest in the girl's surroundings, it was continued until exposed.

The eighth case was a form of alopecia in a little girl between eleven and twelve years of age, the daughter of highly respectable parents of the Hebrew persuasion. In this young lady, the hair in the front of the head would not grow: after using various pomatums, washes, etc., it would sometimes attain half-an-inch to an inch in length, when it would, as stated, suddenly fall or drop off, leaving little more than an irregular crop of stumps. At one time told the medical man who kindly called me to see the case, that as I knew of no disease having these characteristics, the scalp being quite sound and healthy, I suspected some trick or morbid infatuation, but that I would not give a decided opinion until I had put some of the hairs, or rather the stumps of the hairs which had fallen, or had been cut the night before my visit, under the microscope. The half-inch lens of this instrument revealed the mystery: that the hair had been cut, probably with a penknife or razor, the incisions being too smooth for scissors, was as plainly evident as the marks of a knife on a divided piece of wood. This fact I wrote, at the request of my medical friend, that he might show the parents of the child, who, as usual, were in no wise content, as will be seen from the letter which I subjoin, shortly afterwards received by the medical man.

"My dear Sir,—You will probably remember visiting with me in — Square a Miss —, and kindly writing your opinion of the cause of loss of hair. The parents of the child have since that time taken the opinion of Mr. —, who says that he frequently meets with similar cases; that the loss of hair is caused by the child having grown too fast. He says most decidedly that the child did not herself cut it. I thought it well to let you know Mr. —'s opinion, which has reflected some discredit both upon yourself and also upon —

Yours, faithfully, "A. W."

A ninth case is that of a girl employed in a laquering establishment, who presented herself with an anomalous ulcerative eruption on one fore-arm: the ulcers appeared in a clustered circular form, chiefly as large or a little larger than a sixpence, and they were deeply concave, though granulating freely from their base. Some of these ulcers had healed, and presented raised cicatrices like those following burns, or resembling "keloid." No previous history could be obtained of the case, which had been about a year in duration, beyond the fact that the ailment had been slow in its progress; and, as one part healed, others appeared, so as to necessitate the girl's discontinuance of her employment, and oblige her to live upon the earnings of a lone widowed mother. On witnessing this eruption, and observing the discontented hysterical aspect of the girl, I felt convinced some caustic agent had been used; and when I remembered that nitric acid was copiously employed by laquerers, I was convinced that this liquid had served the patient's purpose. After confining the arm with strapping until the sores healed, I extorted a reluctant confession that my surmise was correct.

I believe there is, or was, a model of a similar case to the foregoing amongst the preparations of cutaneous disease at Guy's Hospital Museum. I may here mention, also, that I learned from this case, and another where Mr. Syme used nitric acid to remove moles from the shoulders of a lady of rank, that this caustic might occasionally be employed with advantage to improve the appearance of cicatrices on the neck and elsewhere, when attended with depressions or concavities, as it has the property of giving rise to granulations that partially obliterate such scars.

\* See, for particulars of its use, *the Medical Times*, of 1845, 1846, and 1850; and on Collodion and its Improvement, "Elastic Collodion," *Medical Times*, 1848, vol. xix.

The tenth and last case which I shall bring forward is that alluded to at the commencement of this paper; viz., simulated lupoid ulceration of the face. This young lady, a Miss —, about 27 or 28 years of age, residing in the suburbs, has been my patient, on and off, for two years, and has baffled all my efforts to obtain a cure. Sometimes, after the simplest dressings, the sores will heal and remain sound for a week or two; at other times the more powerful caustics—the acid nitrate of mercury, for example—have been required to induce the healing process. The patient confesses that, in most instances, she gives rise to those sores by picking the affected parts. She states “that a small lump is felt beneath the skin, which she must have out, as the itching is quite intolerable.” A sore forms in these places, and leaves a more or less unsightly scar, which it takes some weeks to heal, only to be followed by other picking, ulcers, and unsightly scars, which I have no doubt have been continued and maintained by some expeditious the fertile imagination of Miss — has suggested. This young lady has for years been suffering from hemorrhoids in an aggravated form; she also is afflicted with profuse leucorrhœa. I have attended to these symptoms as the probable cause of the facial complaint. The acid nitrate of mercury has been freely applied to the piles, and potent chloride of zinc injections for the leucorrhœa; but, although both these ailments have been mitigated, if not cured, by these means, yet no change in the facial ulceration can be traced to their disappearance. One extraordinary fact, however, has lately come to my knowledge; viz., that during my prolonged and painful sufferings from stone and its consequences, including lithotripsy and lithotomy, Miss —’s face has continued healed; but, since my return to my avocations, the old malady has again manifested itself in as obstinate a form as ever—hence I have included the case amongst those cited of feigned or hysterical diseases of the skin.

I am aware that in systems of medicine and in books on female diseases, hysterical imitative disorders find a conspicuous place. A collection of such instances was introduced by my friend Dr. W. O. Priestley, in some introductory lectures on the diseases of women and children, delivered at the Middlesex Hospital, which he kindly forwarded to me; but, with the exception of one case communicated to Dr. Priestley by Mr. Page of Carlisle, of an unhealthy ulcer on the upper part of the arm closely resembling number five of this series, I am not aware that amongst the various feignings of hysteria, “hysterical diseases of the skin” have hitherto found a place. The ample experience of the Blackfriars Skin Hospital, extending to nearly thirty years, has however convinced me that such cases do and will exist, and ought not, therefore, to be ignored.

### ALBUMINURIA WITH CONVULSIONS.

By WM. DOBIE, L.R.C.P., and J. RAMSAY, M.D., M.C.

WE were called late on the night of the 7th inst., to see Mrs. B., aged 39, between six and seven months advanced in her eleventh pregnancy. Her feet and legs were swollen, and she complained of severe headache, especially on the right side. She felt sure that it was an attack of neuralgia, from which she had frequently suffered. An anodyne lotion was sent, and a diaphoretic mixture, containing scruple doses of bromide of potassium. The headache was not, however, relieved; and, the following morning, convulsions set in, and continued to occur with more or less frequency and severity during the whole of the day. The urine was scanty and densely albuminous. As there was great likelihood of the patient passing into a state of coma and a fatal result following, and as there was no evidence of uterine action having begun, we determined to induce premature labour by puncturing the membranes, as the surest, and therefore the safest, plan. This was accomplished without difficulty about one on the morning of the 9th inst. The patient was meanwhile put under the influence of chloroform, which notably kept the convulsions in check. A great quantity of liquor amnii escaped, after which the chloroform was withdrawn. The fits then diminished in force and frequency—only three occurred subsequently—and ultimately ceased five hours after the escape of “the waters”. Labour set in twenty-two hours after the operation, and was completed in nine hours and a half. The child was dead. No further convulsions took place, and no interference was necessary. The patient was conscious during the greater part of her labour. She made an excellent recovery. Only a trace of albumen remained three days after her confinement.

REMARKS.—The notable diminution and ultimate cessation of the convulsions, so soon after the evacuation of the waters, is worthy of notice, as seeming to afford evidence in favour of the mechanical explanation of such cases. By reducing the bulk of the uterus, the pressure upon the venous trunks would be diminished or removed. This would relieve the congestion of the kidneys, and thereby allow them to resume their excretory functions.

### A CONTINUANCE OF THE CASE OF THE WELSH FASTING GIRL:

WITH AN ACCOUNT OF THE POST MORTEM APPEARANCES.

By THOMAS LEWIS, M.D., Carmarthen.

IN the number of the BRITISH MEDICAL JOURNAL for the 24th of last April, the history of Sarah Jacob was commenced and brought down to the 7th of that month. Various accounts of her state between that time and December 9th have appeared in print; but the principal one has been by Dr. Fowler, and is well known. I here propose to continue her history as it came under my own observation from the 9th December to its close. I intentionally abstain from making any commendatory remarks.

On December 9th I visited Sarah Jacob a second time, in company with the members of the watching committee, and found that she had been kept in the same room and same bed as she occupied at my former visit. No change in the room was observed, except that a piece of flax-matting had been laid on the floor near her bed. The little girl to-day looked very cheerful and pleased. She had grown in her face. Her complexion was clear; her cheeks ruddy. Her countenance was very sweet. Her head was encircled with a garland of many colours, and a narrow streamer of yellow ribbon flowed down each side of her face. She was lying high up in the bed, well covered with a woollen counterpane and one blanket—which was all the bed-clothes she required—with a jar of hot water to her feet.

Since last report (April 9th), her parents stated that Sarah had not taken any food: only two or three drops of water had been applied to her lips when she had asked for it, at long intervals. They also said that she had not passed any urine since last March; neither had there been any motion from the bowels. She had remained in the same state as previously described, except that she did not pass so readily into the unconscious state as she used to do.

On December 9th, a second attempt at watching Sarah Jacob, by request of herself and parents, commenced. An intelligent sister and three nurses sent from Guy's Hospital, London, this day, at 3 p.m., took charge of the girl, for the purpose of inquiring whether she took any food or drink. The nurses, before entering on the task of watching, examined the room, the floor, the walls, and all the furniture. Some things were removed out of the room; all the drawers and cupboards were emptied, and the keys given to the sister. The adjoining bed was entirely removed, all but the wood-work. The child's bed and bedding were examined; also her night-dress and coverings, and her long hair. She was lifted out of her own bed by two of the nurses and removed to the adjoining one for this purpose. After this thorough searching and the remaking of her own bed, she was carried by one of the nurses on her arms as an infant and replaced in her bed. The two coverings mentioned having been thrown over her, the watching commenced. While the room was searched and the girl examined, a large number of the committee was present, five being medical gentlemen.

Some time before, the house became filled with visitors. At 1 p.m., Mr. Davies, surgeon, of Llandyssil, took the girl's pulse, which was 80 per minute on an average. The temperature in the mouth, between the gums and cheek, after two minutes' rest, was 98 deg. The cheeks were flushed. While being removed from her bed to the adjoining one, she fell into what the parents called a fit, but which, apparently, was a temporary closing of the eyelids; there was no change of colour nor any muscular contractions. It was arranged that one of the nurses should sit on the right and one on the left side of the bed, a short distance from it, during the watching. The medical members of the committee were to visit the girl in turns. The daily report of the nurses has been already given in the JOURNAL for December 25th (page 687). I will not repeat it; but will transcribe from my case-book the account of my visit to the girl. On Wednesday, December 15th—the sixth day of the watching—I found her, at 3 p.m., much the same in appearance; the voice a little more feeble; pulse 120, variable, sometimes more frequent. The right hand at first felt cold; but, after being covered with a shawl, it became quite warm. The face was not so flushed as on the 9th instant; still there was a dusky redness of the cheeks and nose. She stated that she felt pretty well; she had no pain. She had never asked for any description of food or drink, but she had asked to scent a little eau de Cologne, which the sister had brought with her, on her handkerchief. She conversed pleasantly with me, and asked when I was coming up again to visit her. With the exception of the quick pulse, there was no alarming symptom about the girl at 3 p.m. on this the sixth day of the watching. The sister in charge showed no anxiety about her. She told me that Sarah had passed urine every day since Saturday—not in great quantity—until Monday, the fourth day, when



she passed about one pint. This the sister and nurse both affirmed, judging from the wet condition of the body-clothes and feather-bed. I was further informed that the girl had a slight faint yesterday, in consequence of the fall of the hot-water jar from the bed. She was soon brought to by the sister applying eau de Cologne to her forehead and temples. On this day I did not observe any alarm on the part of the parents; nor, from what I had myself observed, or learned from the sister, did I anticipate immediate danger to life. It was on the evening of this day that the serious symptoms showed themselves.

On Thursday, the 16th December, and the seventh day of the watching, Mr. Davies of Llandyssil telegraphed to me, at 2.5 P.M., to come with one or more of the medical members to Liethernonadd, as Sarah showed symptoms of sinking, and a consultation was necessary at once. On receipt of this telegram, Mr. Hughes and myself immediately set off for the place. We arrived there about 4.10 P.M. We learnt from the nurses in attendance that Sarah had passed a very restless night; that she moved her arms a good deal—even her left arm, which for so long a time had been kept unmoved under the bed-clothes; that this morning she had looked pale, and the pulse had become exceedingly frequent. In the course of the day the morning (3 A.M.), Sarah wished to have her bed made. She was accordingly removed to the iron-bedstead. After a thorough shaking of her bed, she was restored to it; she, however, slept only a few minutes at a time. She had passed no urine since the previous day. Mr. Hughes and myself having felt the pulse, I found it above 120, and so variable in strength that I could not count it accurately. Mr. Hughes said it was 160; and, having heard the statement of the nurses, we determined to speak to the father. We went with him outside the house and informed him that the nurses thought Sarah was threatening to sink, and that, from the quickness of the pulse, there was danger. We asked him if he wished the watching to be given over, and if some food should be offered to her. He said, in reply, that he wished the nurses to continue the watching, and he would on no account offer her anything, as he had made a vow about two years ago that he would not offer Sarah any food until she asked for it, as on a particular occasion, at that time, she fainted when he asked her; and he had seen his daughter as weak many times before. After this conversation, Mr. Hughes left the house to return to Carmarthen, where he had duties to perform as coroner that evening. I, however, remained for a couple of hours, wishing to meet Mr. Davies, who had summoned the medical consultation. I returned to the bedside of the girl and sat there some time. At this period, excepting the very quick pulse, there was nothing alarming in the appearance which she presented. Her face looked more natural than on the previous day; the livid redness of her nose and the excessive flush of her cheeks had disappeared. The general colour of her face was clear and natural, with only slight colour in her cheeks. The eyes were natural; the pupils of medium size; the colour of the lips was quite natural. The right hand was outside the bed-clothes, and was rather cool. The excessive rate of the pulse did not awaken in my mind so much alarm as in that of Mr. Hughes, in consequence of the absence of the other usual symptoms of sinking (I am speaking of 5 P.M. on Thursday). There was no clamminess of the skin, no delirium, no disturbance of the intellect. She conversed with me, with an occasional smile, about her photograph and one of her ornaments. On being asked how she was, she said she was as usual, and did not want anything. A hot-water stone-jar was constantly kept at her feet. In consequence of the clearly expressed wish of the father, the watching was continued; and the nurses were directed to give food if the girl desired it, this being an understood condition throughout the whole time. It may be here said, as illustrating the anxious feeling of an uncle of the girl, that, in the course of the Thursday afternoon, he, during the absence of the parents, asked her if she would have any food. On his so doing, she threw her head back and closed her eyes: from this he believed she did not wish for any. The parents, on afterwards hearing of this offer, were very enraged. I left the house about 6 P.M. on Thursday, and did not see her again alive. Soon after my departure with Mr. Davies, she became restless.

The subsequent account of her case I have compiled from the evidence of the sister and nurse Jones. They went on duty at 10 P.M. (Thursday). She was throwing her arms and legs about very much; she was not two minutes still during the night. She frequently called out for her father, and he came backwards and forwards. As soon as he came into the room, she said, "Run out and shut the door." She was delirious then. "I thought at that time she was dying then," said nurse Jones. She called for her mother once. This last night of her life, both parents were often in the room. A younger sister of Sarah's was placed in bed with her for warmth; and warm flannels were applied to her limbs. She continued in the same state of distress until about 10 A.M. on Friday, the 17th; she then became unconscious,

and died about 3.5 P.M. There was no disposition on the part of the parents to offer any sustenance to their daughter to the last. Seeing that Sarah's lips were parched this last morning, a female relative wetted the end of a pocket-handkerchief and applied it to her lips: this was the only attempt of the kind made during the whole of the watching. During the whole time the girl never asked for food or drink.

Having thus endeavoured to give an impartial account of the eight days' watching of our heroic, if erring, countrywoman, I must refer those who desire further details, to the reports of the two sittings of the coroner, published in the *Cambrian Daily Leader* for Friday, December 24th.

By the courtesy of the two surgeons appointed by the coroner to make the *post mortem* examination of Sarah Jacob's body, I was enabled to be present.

Monday December 30th, 3 P.M.: *Post mortem* examination, seventy-two hours after death.—*Exterior*.—The length of the corpse was four feet five inches and a half; the face was tolerably plump; the eyeballs very sunken; the eyelids closed; there was some little colour in the cheeks; a small portion of yellowish fluid had escaped from the nostrils on the upper lip. The chest was broad but flat; the abdomen was a little distended about the umbilicus and the hypogastric region; the pubes showed incipient puberty by capillary growth; the nates were large, and tapered into the upper half of the thighs in the usual feminine proportions; the knees and legs were slender; the upper extremities were of moderate size and proportion; the hands were long and delicately formed; the nails were short, of livid colour; some capillary growth in the axilla; the posterior aspect of the body was slightly livid from venous gravitation, but there was no emaciation, no appearance of bedsores ever having existed. On making the incision through the integuments from the larynx to the pubes, a considerable layer of subcutaneous fat was cut through; below the umbilicus it was an inch in thickness, and above it, half an inch; there was some greenish discolouration about the lower third of the abdominal region; all the surface elsewhere in front was as usual.—*Head*. The scalp was covered with abundant, long, very dark hair. The calvarium having been removed, venous congestion was seen through the dura mater. On removing this covering, the superficial vessels, lying on the convolutions and dipping down into the longitudinal fissure between the hemispheres, were seen to be distended with blood. No lymph was seen. The arachnoid parted freely from the cortical surface. On slicing off the upper half of the cerebral hemispheres, the cortical and medullary substances were seen to present very numerous points of oozing blood; the entire condition was the reverse of anæmic. The corpora striata and optic thalami were firm and normal. The choroid plexus was of a good red colour. No fluid was found in the ventricles. The whole cerebrum and cerebellum were of normal consistence. On turning out the base of the brain and cerebellum, the same vascular congestion was seen as that observed on the upper part. The substance of the cerebellum showed the same vascular fulness. No other morbid condition of the encephalon was found.—*Thorax*. The ribs were very flexible and slender. On cutting through the cartilages and lifting the sternum, the subjacent parts looked natural. Both Lungs were perfectly healthy, without a trace of tubercular deposit, nor of pleural adhesions; the lungs were collapsed and dry, of rather bright red outward appearance. They were in all parts free from serous infiltration or condensation.—*The Heart* was of moderate size. A quantity of adipose tissue surrounded the base of the ventricles. The auricles contained about a tablespoonful of dark clotted venous blood. The ventricles were empty, and their walls flaccid. The valves were all healthy.—*Abdomen*. After laying open this cavity, the omentum was seen, transparent with lines of adipose tissue running through it, covering the small intestines. The entire length of the colon was distended, and encircled the cavity just brought into view. The Liver was of natural size, in colour a chocolate brown, not pale. The gall-bladder was distended with dark green bile, about six drachms in quantity. There were no adhesions around the liver; nor fluid in any part of the peritoneal cavity. The stomach and whole tract of the intestines were removed together from the body. The Stomach was not contracted, but flaccid. As the stomach was not seen until it was removed from the body, we must infer that gas escaped from it during removal; if it had been distended it would have been from ten to twelve ounces of fluid. It was cut open from the pyloric to the pyloric end, along the lesser curvature. It contained only an olive-green mucous fluid, about a tablespoonful in quantity, spread over the lining membrane; this fluid was slightly acid, as it turned litmus paper faintly pink. The coats of the stomach were very thin, but not destroyed by the gastric juice. The cardiac orifice was free, as also the pyloric. No stricture existed anywhere. The Duodenum was of full size, and distended with gas; it contained a similar fluid to that found in the stomach, in small quantity. The Jejunum was distended with gas, and it was of the usual calibre. While opening this



part of the intestine, five lumbrici were turned out. They were not of full length nor size. Nothing else was found here. The mucous lining of the *Ileum*, near the commencement, was covered with a chocolate coloured gummy fluid, to the extent of about sixteen inches; this was supposed to be an exhalation of blood. The remaining portion presented nothing unusual, excepting that a full sized lumbricus was found about twenty inches from the termination in the cæcum. The *Cæcum* was large, and inflated with gas. Nothing unusual was observed; it was empty. The entire length of the *Colon* was largely distended with air. At different parts of the transverse and descending colon, a large quantity of hardened feces was found, enough to fill a breakfast cup. We thought it would weigh about eight ounces. Nothing further was found in the *Colon* or rectum. The passage of the anus was perfectly free, as tested by the finger. During the dissection, the *Æsophagus* was lost sight of, but a portion attached to the lower part of the trachea was examined, *i.e.*, about two inches. It was quite natural; on being cut open, it looked healthy and was of normal calibre, readily distensible. The finger was passed through from the mouth, and felt under the chin after the removal of the trachea. The *Tongue* looked pale, covered with a slight slimy secretion. The *Teeth* were white and perfect, rather small. There was no contraction found anywhere, from the mouth to the anus. The *Spleen* was firm, of usual size, and of deep bluish-black colour. The *Kidneys* were of natural size, of a bright reddish-brown colour; they were healthy. The *Bladder* was perfectly empty, and closely contracted behind the pubic arch. The uterus was not removed from the pelvis, but was seen to be of normal size; its fundus was of a bluish colour along its margin, from congestion of the subjacent small vessels.

This completes the account I had written of the case immediately after the *post mortem* examination; and, for the present, I abstain from making any comments on it.

### CASES OF SYPHILITIC AFFECTION OF THE THIRD NERVE PRODUCING MYDRIASIS, WITH AND WITHOUT PTOSIS.\*

By VICTOR DE MÉRIC, F.R.C.S. (Exam.),  
Surgeon to the Royal Free and German Hospitals, London.

I CONSIDER that surgeons engaged in special practice do good service in placing upon record cases of this kind, especially when the latter present peculiar features; but even in the absence of such, it is our duty to swell the number of well-ascertained facts. These, of course, are the sure basis upon which our knowledge of syphilitic affections of the nervous system should mainly rest.

**CASE I.**—*Syphilitic Mydriasis on the Left Side; no Ptoxis or other Ocular Paralysis.*—A gentleman from abroad, engaged in mercantile pursuits, and about 30 years of age, first consulted me, Jan. 19th, 1868. He had very slight blennorrhœa. On the nape of the neck and forehead were small copper-coloured papules. He was of ordinary size, well built, but rather pale. His functions were in a tolerably healthy condition.

Five years before the present visit, he had had a chancre on the glans, followed, in a few weeks, by a general eruption. Mercurial treatment, though not well borne, was kept up in London, after having been begun abroad. The patient was subsequently put upon iodide of potassium and sarsaparilla, with which he persevered for some months, and had not perceived, since that period, any syphilitic symptoms.

For the urethral discharge, a tannin injection was used; and iodide of potassium was given in small doses, in view of the syphilitic taint which might keep up the discharge. The patient then went on a journey to the south of Europe, and returned to London in May, after having consulted abroad several medical men both as to the blennorrhœa and the former syphilis. The symptoms of the latter consisted merely in a few scattered papules on the face and nape of the neck. The blennorrhœa was persistent. We now tried bismuth injection, and continued the iodide of potassium. A few days after this, the patient mentioned a confused state of vision, and I perceived a marked dilatation of the pupil on the left side; he had the usual amblyopia when attempting to read with both eyes, but no diplopia. There was perfect vision with the right eye alone. He had no ptosis, nor paralysis of any of the recti or oblique muscles. There was no pain in the head, nor derangement of general health. Five grains of iodide of potassium were ordered to be taken three times a day, a blister to be applied behind the ear, and a compress with lead-lotion

over the eye. As no improvement was obtained, and the pupil, against a strong light, was, in the left eye, almost three times the size of the pupil of the right or sound eye, I introduced a little disk, prepared with extract of the Calabar bean, under the lower lid of the left eye, increased the dose of the iodide, and desired a fresh disk to be used every morning. The pupil contracted energetically with the Calabar bean, but the paralysis of the circular fibres usually returned in the evening, with all the amblyopic symptoms. I was now anxious to examine the fundus of the eye, and obtained the able assistance of my friend Mr. Wordsworth. The retina was sound; there was slight congestion of the choroid. He had no amblyopia through a small perforation. There was imperfect vision of the left eye, depending on paralysis of accommodation. He was ordered to continue the Calabar bean and the iodide of potassium, and to avoid straining the eyes.

This treatment was steadily continued up to August; viz., for three months; the iris then began to act a little better, when, for a trial, the Calabar bean disk was not used. The dose of the iodide had been carried to sixty grains daily. At last, in November, six months after the mydriatic attack, the pupils acted equally on both sides, and the iodide was replaced by steel and quinine. At this period, a large tubercle appeared on the nose; and I judged that a permanent blister on the left arm would be of use. This was kept up for some time, and finally allowed to heal up.

It may then be said that the treatment lasted six months. I saw the patient about a year after the first onset of the mydriasis; he remained well, but stated that, after reading for some time at night, the letters became indistinct. There was no reappearance of any syphilitic symptom.

**CASE II.**—*Syphilitic Mydriasis of the Left Eye; Ptoxis on the other Ocular Paralysis.*—A French gentleman, about 32 years of age, engaged in the City, brought a young lady to my consulting-room in October 1867. He wished me to give her some advice touching an eruption in her face. This consisted in several rings of psoriasis of a copper colour. I immediately had my suspicions, and found, when alone with the patient, that the vulva and thighs were thickly set with mucous tubercles. I was, of course, obliged to give an account of this state of things; and the consequence was that I sent the patient to the Royal Free Hospital, where all the symptoms took more and more development. The treatment lasted over four months, during which time she had a miscarriage. The mucous tubercles, which had grown into large vegetations, had to be removed with the knife, and the patient left in good condition.

Before concluding this rapid account of her case, I should add that I saw the patient about a year after she had left the hospital, as she sought my advice for epileptic symptoms, which I could not help connecting with her former syphilis.

I return to the gentleman, whose case offers interesting features, and on whom our attention is to be principally fixed. Up to the time when he brought the lady to me, he had not perceived any morbid symptoms upon himself; but he came the next day to show me a very slight psoriasis palmaris on both hands. None but a practised eye could have detected it. On the mucous reflexion of the prepuce was a still slighter, scarcely perceptible, scaly redness. A few inguinal glands were somewhat enlarged; but they were always so, according to the patient's statement. The occipital glands were very distinct; and one gland, of the size of a pea, could be felt near the left elbow. The patient was extremely careful of himself, scrupulously clean, and maintained that he had never perceived the slightest primary symptom about the parts of generation or elsewhere. He was ordered to take one grain of iodide of mercury every night, and to apply mercurial ointment to the hands. The treatment was carried out for three months, during which time the hands quite recovered; but papules appeared on the hairy scalp, and the tonsils enlarged considerably. A few very slight relapses had to be combated for a few months afterwards; but the patient soon recovered his usual health.

In January 1869, seventeen months after he had first been attacked with syphilis, the patient came to complain about the sight of the left eye. I perceived some epiphora and a slight dilatation of the pupil. He stated that vision was perfect on the right side, but indistinct on the left. There was much confusion when both eyes were used, but no actual diplopia nor ptosis. A blister was applied behind the left ear, and spirit-lotion to the eyes. As the ptosis some days afterwards had increased, I judged, considering the history, that a course of mercury was advisable: this was at once begun, and the blister repeated. In a few days the ptosis was more decided, but the movements of the globe were free; there was no strabismus. I now commenced the use of the Calabar bean disks; and, with the kind assistance of Mr. Wordsworth, we ascertained the state of the deeper portions of the eye on February 3rd, about three weeks after the eye was first affected. The deep struc-

\* Read in the Society before the Annual Meeting of the British Medical Association in Leeds, July 1870.

tures of the eyes were quite sound; there was no paralysis of the recti or oblique muscles. The levator palpebre was feeble. There was confused vision for want of power of accommodation. The left eye could distinguish objects well through a perforation on a card. The use of the Calabar bean produced some myopia. A favourable prognosis was given; and it was decided to persevere in the use of the Calabar bean, increase the doses of the iodide of potassium, and keep open the blister; to try spectacles with ground glass on the affected side; and eventually to use the electric current on the face and brow. This treatment, save the use of the spectacles, was regularly carried out, the patient introducing the disks himself with great ease, thereby obtaining a pupillary contraction which allowed him for several hours to attend to his mercantile books. I applied the current myself two and three times a week, with the simple rotatory machine, the patient holding one pole, and the operator touching various portions of the orbit with the other. No current was applied to the globe itself. As the improvement was very slow, and as the psoriasis palmaris re-appeared, I substituted iodide of mercury for the iodide of potassium. The effect was very satisfactory; the metal was well borne, and the psoriasis became less and less marked. The disks were not intermitted; and on the days when they were not used, the circular fibres of the iris were seen to regain some energy. The treatment was thus continued to the end of May, the electricity being applied by the patient himself; and, about five months after the first onset of the eye-affection, the two pupils were of the same size, or thereabouts, and they acted with equal energy. Still the patient, at that period, experienced some fatigue after reading for a couple of hours. All evident symptoms of syphilis had disappeared.

**CASE II.** *Immobility of the Eye-ball; no Psoriasis.*—This patient was a German baker, about 34 years of age, who had passed through very distressing symptoms of syphilis, and suffered, in the last place, from the consequences of paralysis of almost all the branches of the third nerve on the right side. The man was admitted into the ward set apart for venereal complaints in the German Hospital, in July 1868. The evident ravages of syphilis (which began five years before admission) then were: a deep depression on the forehead from loss of bone; falling in of the nose from necrosis of the vomer; a large perforation over the hard palate towards its posterior part, and almost complete loss of the velum palati. The disease had begun by an indurated chancre on the glans, and the patient had several times been under treatment at the German and Royal Free Hospitals. At one time, his condition was very precarious; but his general health was restored by means of good diet, tonics, and iodide of potassium.

On admission, there was considerable swelling of the soft parts around the right eye, with a fluctuating tumour towards the inner canthus. He had severe pain; vision was confused; the pupil and the movements of the globe were normal. On the bursting of the abscess, extensive caries was detected within a radius of an inch of the inner canthus, and several pieces of bone were gradually cast off, coming from the ascending process of the superior maxilla and the os unguis. As this elimination was going on, the movements of the globe became imperfect, the pupil gradually dilated and became insensible, and finally the eye was perfectly fixed, though the upper lid did not fall. Movements of the globe upwards were impossible, but the levator palpebre retained its free action, as the lid could be raised when, by the orbicular muscle, both lids had been brought together. The treatment consisted principally, ever since the patient had been admitted, in large doses of iodide of potassium with bark, generous diet, and detergent lotions to the mouth and eye. When the affection of the pupil had become evident, the Calabar bean extract, in solution, was freely used, and always had the effect of contracting the pupil for several hours. But the paralysis of the recti and obliqui was not in any degree influenced by the treatment, the eye remaining fixed, and vision extremely imperfect. The appearance of such an immovable mydriatic eye is extremely unpleasant. The ophthalmoscope was, on several occasions, used with the assistance of Dr. Burger, then house-physician, and well practised in the use of the instrument. No very marked pathological change was observed in the deeper structures of the affected eye. The patient was kept in hospital between three and four months, and derived much benefit as to his general health; but (as might be expected in a veteran case) the different losses of substance remained unaltered, and the eye fixed and mydriatic. He was recommended to apply to Mr. Ramsay, of Queen Anne Street, who kindly furnished him, gratuitously, with a plate to cover the gap in the hard and soft palate. On leaving the Hospital, the following memorandum of the state of the patient was drawn up by Dr. Burger.

"The right orbit is larger than the left, the enlargement referring to the inner half, and being caused by the loss of the lacrymal bone and

portion of the ascending process of the superior maxilla. The globe on the right side sinks, in the vertical direction, two lines behind the left, and is fixed in the orbit; the only slight movement possible is upwards, and also very feebly downwards. The pupil is dilated to the maximum, is not influenced by light, but contracts energetically by the use of the extract of Calabar bean, the action of the extract stretching over about forty-eight hours, and then ceasing. The transparent media of the eye are clear; the point of emergence of the optic nerve is of a whitish grey, and the sides less marked. The central vein and its retinal branches are, in the right eye, thicker than in the left, and assume a serpentine course. The field of vision is not much impeded, and the patient sees fingers at fifteen and twenty feet distance. With the affected eye, when the pupil has been made to contract by Calabar bean, he can read Jäger No. 20."

[To be concluded.]

## CLINICAL MEMORANDA.

[Under this head, we shall publish from time to time, as materials accumulate, short records of remarkable cases in practice which are sufficiently rare, interesting, or instructive, to deserve record, but do not call for lengthened statement or comment. Brevity and point should be the valuable characteristics of cases forwarded for this column.]

### TYPICAL FORMS OF DISEASE.

It is of great use to get clear ideas of typical forms of disease—to know, for instance, what is meant by "common psoriasis," "glaucoma," "interstitial keratitis," and the like. The next necessity is, however, to recognise the fact that many examples of disease will be met with in which the type is modified and the characters only half marked. To unravel a complicated web of causation, and recognise the different elements which combine to produce the mixed result, is the problem before us in a full half of the cases which come under our care. The physician's classification of "regular gout" and "irregular gout" might be conveniently employed in respect to almost all other diseases which, like gout, present well marked types.

### TOXIC ACTION OF QUININE.

By ROBERT LIGHTFOOT, M.D. Edin.

IN my professional note-book, under the date January 20th, 1868, I find the following brief history entered, which is corroborative of the experience of Messrs. Garraway and Hemming. I looked up various text-books, and wrote to different medical friends at the time, but, like Mr. Hemming, could obtain no information on the point. Mrs. W., aged 46, of a nervous, irritable temperament, had for some time been taking five grains of ammonio-citrate of iron thrice daily. On the morning of the above date, by mistake a mixture was sent her, containing citrate of quinine and iron, instead of her usual medicine. Within half-an-hour after she had taken the first dose, containing but half a grain of citrate of quinine, and two grains of the combined salts (Howard and Son's preparation, one part quinine to three of iron), I was sent for, and, on arriving, found the patient covered from head to foot with a bright papular rash, accompanied by intolerable itching. In a few minutes the rash became diffused and erythematous. The itching preceded the eruption; and it was so violent that my patient had torn her night-dress in numerous places so as to get more freely at her skin, which she scratched so vigorously as to make it bleed profusely. She was in a state of great anxiety, and complained of sinking about the heart, headache, burring in the ears, and great thirst. Her face was very puff, more especially about the eye-lids and the upper lip. Her pulse was 105, and wiry. She said at once that "she knew she had taken quinine," mentioning having suffered in a similar way when it was given on a former occasion. As she was very excited, I gave her a draught containing twenty-five minims of tincture of henbane, also directing her to take an occasional sip of soda-water, and to sponge the body with a weak alkaline lotion. The eruption soon began to disappear, and in three hours was gone; it was followed by slight desquamation on the succeeding two or three days. The other symptoms lasted with gradually diminishing intensity until the ensuing morning, patient then feeling quite free from all annoyance.

The symptoms in this instance both came on more quickly, and after a much smaller dose of quinine, than they did in either of the two cases which have recently appeared in the JOURNAL. It is to be noticed, too, that they disappeared more speedily.

## REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN  
THE HOSPITALS OF GREAT BRITAIN.

## ST. BARTHOLOMEW'S HOSPITAL.

A CASE OF IDIOPATHIC GLOSSITIS.

(Under the care of Dr. HARRIS.)

[Reported by Mr. JUKES, House-Physician.]

THE following case is interesting from its rarity, its idiopathic nature, and chronic course. The tongue in glossitis sometimes reaches an enormous size in a few hours. In the following case, the maximum swelling was not reached till the sixth day; no suppuration was observed till the ninth day; and fluctuation could not be felt at any time. The patient had been, apparently, in perfect health till the sore-throat commenced. He had received no injury, and had been taking no medicine, to account for the enlargement.

J. B., aged 15, was admitted into St. Bartholomew's Hospital on October 15th. The patient was taken ill on October 10th with sore-throat, and on the following day he found his tongue slightly swollen, but the movements not much impaired. The tongue continued to enlarge till the 15th. When admitted, his expression was anxious, and he was unable to close his mouth, his tongue being hard and protruded. A few aphthous spots were seen on the tonsils, and the uvula was enlarged. Twelve leeches were ordered to be applied to the angles of the jaw; five grains of calomel were also ordered, and a black draught to be taken four hours afterwards. A mixture containing ten grains of chlorate of potash and half-an-ounce each of liquor ammoniac acetatis and water was given every four hours. The leeches and purge relieved him much, but the tongue did not diminish in size.

October 18th. He had some difficulty in breathing, and there was a considerable and indurated swelling below the jaw; he complained of much pain in that situation; this was relieved by a poultice. On the following day, the tongue was much smaller; the edges were much indented; the dorsum, covered with thick, white fur, readily coming off on spatula. He could now swallow much better, and, for the first time since admission, talk well enough to be understood.

October 20th. The tongue was still further diminished in size, and cleaner; pain under the tongue still continued; the swelling under the jaw was smaller and less painful. On raising the edge of the tongue, pus was seen to well up. There were no aphthous spots on the tonsils. He felt much more comfortable, and was able to swallow solid food. Next day, the tongue was almost of the natural size, but the patient was unable to move it freely. No more pus appeared under the tongue; the induration below the jaw had not yet disappeared; he could now swallow without much difficulty.

October 23rd. He felt quite well and strong, and could move his tongue freely. There was no pain or induration anywhere.

## OPERATION DAY, DEC. 22.

**Fibro-cellular Tumour of Loins.**—Mr. Paget operated on a patient whose case had excited considerable interest on account of the difficulty in forming any diagnosis. A remarkably healthy-looking, vigorous man, aged 49, was admitted a few days ago with a large tumour, of the size of his own head, in the right loin, between the lower ribs and the crest of the ilium. It was quite firm, freely movable both beneath the skin and on the deep structures, and there was an indistinct division into large lobules. The man was not aware there was any swelling to be felt further back than ten months ago. There were no enlarged glands anywhere. If the man's statement of its rapid growth were correct, Mr. Paget thought the most probable diagnosis was that the tumour was malignant. There was no difficulty experienced in removing the growth beyond that caused by its size. Mr. Paget passed his hand between the skin and the tumour much after the fashion one witnesses in the removal of an ovarian tumour. There were no adhesions to the muscle beneath. On making a section, the tumour was found to be quite uniformly solid throughout. Mr. Paget remarked that it very much resembled a fibroid of the uterus. The cut surface looked like that of a raw turnip, but somewhat streaked with yellow. It was one of the very finest varieties of fibro-cellular tumour.

**Caries of the Head of the Humerus.** The patient was a girl, aged 18, and the interest of the case consisted in the question as to whether the shoulder-joint was affected. Mr. Savory remarked that he had first seen her three years ago. There were then the usual signs of com-

mencing disease of the shoulder-joint. Rest was recommended, and the patient sent into the country. Some months ago, she came under care again. At this time there were several sinuses in the arm, leading upwards towards the shoulder-joint, but not actually into the joint. There was no ankylosis, and no grating could be felt. In fact, the calcareous deposit of disease near the joint rather than in it. No bare bone could be felt. The girl began to fail very much in health; and Mr. Savory determined to examine, and, if necessary, to excise the joint. A horse-shoe shaped incision was made, and a flap of the deltoid was lifted up. By this means the capsule of the joint was fully exposed, and was found to be quite healthy. An abscess cavity was found to pass backwards to the scapula, and a little bare bone was detected. On careful search, a sinus was discovered leading up to the head of the humerus. This was enlarged with the gouge. The cancellous texture was very much softened, and the finger could be passed close to, but not into, the shoulder-joint; a thin layer of compact bone always intervened. Under these circumstances, Mr. Savory, with the approval of his colleagues, declined to open the joint at all; and, after leaving a piece of oiled lint projecting from the cavity in the head of the bone, brought the edges of his incision together. He afterwards remarked fully on the case, and expressed his opinion that, from his experience of similar disease in the neighbourhood of other joints, he was much afraid this joint would become affected, and excision would have ultimately to be performed. We shall watch the progress of the case with much interest.

We may mention that there is now, in the London Hospital, under the care of Mr. Maunder, in Sophia Ward, a young girl whose case probably represents an early stage of the above. She came in for pain in the bone, and Mr. Maunder has trephined with considerable benefit. The bone was found much softened close up to the shoulder-joint.

## HOSPITAL FOR SICK CHILDREN.

(Cases under the care of Mr. THOMAS SMITH and Mr. MARSH.)

**Congenital Fatty Tumour of Buttock.**—There is a little boy now in the Hospital, from the upper and back part of whose thigh Mr. Thos. Smith removed a fatty tumour of moderate size. It had existed from the time of birth, or had appeared shortly afterwards. Congenital fatty tumours are not by any means common.

**Removal of nearly the whole of the Femur.**—A child was admitted, some time ago, with advanced necrosis of the left femur. Mr. Marsh, on proceeding to operate, found the necrosed portion so extensive and so well encased, that he had to use a chain-saw to divide the shaft of the femur in two, and, by this means, he removed two fragments corresponding to nearly the whole length of the femur, from the upper to the lower epiphysis. The limb is now quite firm, but the child is markedly strumous, and there appears to be some thickening about the knee-joint. The case, however, has been most successful.

**Extroversion of the Bladder.**—About a month ago, Mr. Marsh operated on a boy with the usual symptoms of this malformation. He adopted Mr. Wood's plan. The child was not by any means vigorous; but there was plenty of skin for flaps, and, when adjusted, there was no tension. Sloughing followed, to some extent, and the child's health failed. He is now improving again; there is plenty of tissue for further operation, and Mr. Marsh will proceed when the health is more established.

**Lithotomy.**—In the same ward is a boy on whom Mr. Smith operated for stone in the bladder, four months after an attack of scarlet fever, followed by dropsy. The child had fairly recovered at the time of the operation, and did well for a time. The stone was small, and no difficulty was experienced in the operation. Secondary hemorrhage occurred, and albumen again appeared in the urine. He gives promise now, however, of recovery.

**Malformation of Ear.**—Mr. Smith pointed out a very unusual case, now under his care, of very extensive malformation of both auricles. There is only the merest remnant of the external ear to be seen on either side. The child, an intelligent girl, could evidently hear very fairly. She answered, when spoken to, rather loudly; and, as Mr. Smith remarked, if she had not been able to hear, it was very unlikely she would know how to speak at all. He believed it was very rarely indeed that such external deficiency occurred without accompanying defect of the auditory nerves. Mr. Smith intends to perform plastic operations for the formation of new auricles.

## OPERATIONS, SATURDAY, DEC. 18TH.

**Removal of Testis.**—Mr. Smith removed a child's testis affected with strumous disease. It was enlarged to about the size of a bantam's egg. The body of the testis communicated a slight elastic feel to the finger, but the epididymis was decidedly solid. A puncture was first made, and



a little glairy fluid oozed out. After removal, the testis was laid open, and there proved to be a good example of strumous disease (as diagnosed). Near the middle of the epididymis was decided cretaceous deposit, while at the upper part there was the semifluid kind of degeneration often met with in struma. The lower part exhibited the most interesting change, however, in the form of a most distinct piece of cartilage. The specimen is preserved, and will be examined microscopically. There were no other marked signs of struma.

*Contraction of Fingers after a Burn.*—Mr. Marsh divided the cicatrices in a case of extreme contraction of the fingers following on a severe burn. Both hands were affected, but the right so much less than the left that it was considered unnecessary to do more than use a splint. The case had already been much improved by constant pressure, but the left appeared not likely to yield further. The tissues were notched with a scalpel transversely and extension used, and the hand then fastened to a splint. Mr. Marsh mentioned a case which he had reported in the St. Bartholomew's Hospital Reports, in which both elbows were acutely flexed, and in which the greatest possible benefit resulted from the division of the cicatrices, and then extension by means of weights over the end of the bed. Weights, fastened to the different limbs by means of stirrups of plaster, etc., are much used here in all cases requiring extension.

*Some Remarks on the Use of Chloroform in the Bones under Chloroform.*—In a case of forward bend of the tibiae, Mr. Marsh employed forward extension under chloroform. He had done this before, leaving the bones very nearly straight; but as they had again become curved, he again straightened. In addition, this time, he divided one tendo Achillis, hoping thus to prevent the tendency to bend. He acted on the idea that, if the bones were soft enough to bend under the weight of the body, so they would under the surgeon's hand. The leg appeared quite straight after his manipulation. As the child had been kept in bed, he thought the only explanation of the rebending was the action of the muscles of the calf.

*Ganglion of Wrist.*—Mr. Marsh had under care a case of some interest, as regards the diagnosis of small tense cysts. There was a small tumour, about the size of two peas, between the base of the thumb and the styloid process of the radius. It felt as hard as a piece of cartilage or bone. It could not be "dispersed" at first, but, under chloroform, a little more force being used, it vanished. Mr. Smith mentioned that he had seen a similar tumour in the palm of the hand, which was so hard as to be diagnosed as a fibrous growth.

*Out-patients.*—During a slack attendance, owing to the unpopularity of the last day in the week, to the wet, and to the season of the year, there were several cases of congenital syphilis, two cases of cleft palate, cases of talipes, rickets, etc.

The cases of congenital syphilis seem to form a considerable percentage. Mr. Smith treats them with grey powder.

Mr. Smith does not like operating on hare-lip cases till the children are about six months old.

Cases of diseases of the hip are chiefly treated at home. The mothers are instructed to keep the children in bed, and to use a weight hanging over the end of the bed.

There was a case of contracted knee, quite free from active disease, but with displacement of the tibia and fibula backwards and outwards, on which Mr. Smith is likely to perform excision shortly.

## HOSPITAL FOR EPILEPSY AND PARALYSIS.

*Digitalis with Bromide of Potassium in Epilepsy.*—In the Hospital Reports of this JOURNAL for November 23rd, 1869, mention is made of the use of digitalis in the treatment of epilepsy—a drug recommended in this disease by Sir D. Corrigan and Mr. Solly. Dr. Hughlings Jackson still finds that the combination of ten or fifteen minims of the tincture of digitalis with the bromide is of more value in many cases than the bromide alone; indeed, he has obtained more striking results in the relief of epilepsy from these two drugs than from any other kind of drug-treatment. It may be well said that, since "epilepsy" is not a constant quantity, it is unscientific to speak of "treating epilepsy" by any one drug, or by any combination of drugs. Of course, every indication which its cause suggests should be attended to. The word cause, however, is used in many different senses when we speak of diseases and symptoms. The proximate cause of epilepsies is an unstable condition of nerve-tissue in some part of the nervous system, which condition allows occasional discharge. Dr. Hughlings Jackson believes that the bromide and the digitalis are of service in all cases where there are occasional discharges of nerve-force, however the condition of instability allowing the discharges is produced. For instance, in cases of convulsions dependent on syphilis, the bromide is of more service in keeping off the fits than the iodide is. He has not found the

bromide to do good in cases of "progressive" disease of the nervous system, nor in palsies.

Treatment will keep off the fits for months, and even for years. Dr. Hughlings Jackson, however, never ventures to tell an epileptic that he is "cured," as he thinks it is quite impossible in any case to make this prediction with scientific certainty; indeed, he finds that the fits usually return when treatment is abandoned. The doses of the drugs given should be diminished in number and quantity very gradually. The bromide, with or without digitalis, will frequently diminish or postpone the fits, however long the patient may have been subject to them. Dr. Jackson doubts whether it is of more service in recent cases than in cases of patients who have had the fits several years. These are obtained by treatment of longer periods of immunity to those cases in which the fits begin by a well-defined "aura" in one limb, than in cases beginning without warning, or by a very general one. Cases are excepted where there is evidence of tumour, etc.; but in these cases the bromide is of service.

Dr. Hughlings Jackson has prescribed the chloride of potassium in epilepsies. He gives to an adult half a drachm three times a day. This is not equivalent to giving the chloride of sodium, as the potassium chloride has a physiological distribution in the organism differing from that which the sodium chloride has. All he can say is, that the potassium chloride has done good in some cases.

Taking a hint from Houghton's researches on differences in the development of muscular force from two kinds of food, Dr. Hughlings Jackson urges his private patients to limit the quantity of flesh-food which they take, when they can eat a sufficiency of other articles of diet.

## LONDON HOSPITAL.

### VENESECTION IN DISEASE OF THE HEART.

Under the care of Dr. SUTTON.

[Reported by Mr. G. SALT.]

THE following notes appear to shew the beneficial effects of venesection in a case of valvular disease of the heart, apparently of rheumatic origin. There were physical signs shewing mitral regurgitation, contraction of the mitral orifice, and dilatation of the left ventricle.

E. F., a servant, aged 20, was admitted into the London Hospital, under the care of Dr. Sutton, on August 9th. Her history was as follows. She stated that she had had three attacks of rheumatic fever, at the ages of 7, 14, and 20, respectively. Four months before admission, she was in Victoria Park Hospital, and was said to have suffered from disease of the heart; she improved, and was recommended to go into the country, but did not do so. The illness for which she came under care began three weeks before, with swelling of the feet, and afterwards of the abdomen.

August 10th.—The lower extremities were oedematous, from the knees downwards. There was slight fluctuation in the abdomen. The lips were livid; the skin and conjunctive yellow. The liver-dulness extended about two inches below the ribs; its edge could not be felt. The cardiac dulness was bounded above by the third rib; below, by the nipple; on the left, by a vertical line through the left nipple; on the right, it extended half an inch to the right of the middle of the sternum. The apex-beat could not be felt. There was a short presystolic murmur, running into a well-marked systolic bruit. The bruit was faint at the angle of the left scapula. The percussion-sound was flat at the bases of both lungs, and pericardial. The percussion-sound was heard over the base of the left. The temperature was 98°; the urine had a specific gravity of 1.020, was acid, and contained a trace of albumen. The patient was ordered a pill, containing two grains of blue pill, one grain of digitalis, and one of powdered squills, every night at bed-time; middle diet and four ounces of wine, daily.

August 12th.—The patient was no better; her breathing was more difficult. She was ordered twenty minims of tincture of digitalis every four hours.

August 13th.—The patient had vomited several times during the previous night; she stated that her breathing was a little, but not much better. Her temperature was 97 degs; pulse 100; and respirations 52 per minute. At this time, she was suffering very much from shortness of breath, and it was very difficult for her to lie down on account of the dyspnoea. Her lips were livid, her skin was yellow, her pulse was very small and feeble, and her lower extremities were oedematous. Dr. Sutton, finding that digitalis had given her no relief, ordered venesection, and about eighteen ounces of blood were withdrawn from the arm in the morning. At 8 p.m., she could not take her food; her pulse was 84, and intermittent; respirations 36, temperature 96° 8.

August 14th.—She slept well; her breathing was much better; her skin was still yellow, as were also the sclerotics. Her tongue was white, moist, and marked by the teeth. In the morning, pulse 66; respira-

tions 26; temperature 98. In the evening, pulse 88; respirations 36; temperature 98.4.

August 17th.—The lips had lost their livid appearance; there was still a yellow tinge of the skin, but not so well marked as three or four days before. Her pulse was intermittent; respirations 36; temperature 98.4. She was ordered iron and quinine mixture.

August 18th.—Her skin was clearer, and she was in no pain. Pulse 90; respirations 45; temperature 98.4.

August 19th.—Her legs and feet were not swollen. Pulse 88; respirations 36; temperature 98.4.

August 21st.—The complexion was much less yellow; the breathing was still improving. There was no ascites, nor oedema of the feet. Temperature 98.4.

August 22nd.—She got up for two hours in the afternoon. Her appetite was good. She had some pain in the head.

August 23rd.—Her temperature was 98.4.

August 24th.—She had slight epistaxis; her headache was less, and her temperature 98.6.

August 25th.—She had no headache. Her urine had a specific gravity of 1.020, was acid, and contained a small quantity of albumen.

September 3rd.—The bruit was still heard, having the same characters, and there was a slight musical note during the heart's beat. There was no ascites; no swelling of feet or legs. Her cough was occasionally troublesome; her breathing not short, excepting on exertion. She slept well during the night. The liver-dulness was not increased.

The patient continued to do well until the end of September, when her breathing again became very short; the oedema of the feet and legs returned; her lips became livid, and her skin very yellow, and she died on the 24th of October.

The autopsy showed very great contraction of the mitral orifice, so that the tip of one finger could not be introduced. The left auricle was very much dilated, and its walls hypertrophied. The left ventricle was somewhat dilated. The right auricle and ventricle were dilated. The lungs presented, in a very marked degree, the condition known as "heart-lung"; they were almost solid and very tough. In the liver, the nutmeg appearance was exceedingly well marked.

Dr. Sutton, referring to the case, remarked: "Clinical experience shews that, when a person suffering from heart-disease has great difficulty in breathing, oedema of the lower extremities, a yellow skin, livid lips, veins of the neck distended, and a small, feeble pulse, drugs often afford very material relief. Iron, digitalis, and small doses of blue pill and squills are tried in turn, and the patient is seen daily to be getting worse; and, when these remedies have failed, it is remarkable what relief to the patient's sufferings may be observed from venesection, and the relief will continue, as in this case, some weeks."

The patient was very much relieved by the bleeding. Before she was bled, she sat up in bed, unable to lie down, breathing quickly, and evidently very much distressed. She had had a short, frequent cough; her lips were livid; her legs were oedematous; and there was a little ascites. About a week after the venesection, she was out of bed, breathing easily; and, unless she walked about, her breathing was easy. The oedema and ascites had entirely disappeared. Her lips were not livid, but her skin still retained a little yellow appearance. Some patients, like the one just mentioned, have been so much benefited by the venesection that they have, a few days after the operation, left the Hospital feeling comparatively well, and the improvement has been continued several weeks, and, in some cases, some months. In other cases, where there were rheumatic valvular disease of the heart, dropsy, and very great dyspnoea, the bleeding has greatly relieved the patient for a short time, but the improvement has not continued longer than two or three weeks. Dr. Sutton thought the reason for this probably is, that the patients were not bled until these symptoms had become very urgent, and the patients apparently about to die during the course of a few days.

The question arises, seeing that venesection gives such great relief to the patient, even in this extreme condition, ought we not to bleed in an earlier stage, when the dyspnoea and the oedema of the lower extremities show that the heart is failing?

Dr. Sutton, lastly, remarked that, it is important, in these rheumatic cases, to see that the temperature is normal, for that tends to shew that there is no endocarditis going on.

#### WEST OF ENGLAND EYE INFIRMARY, EXETER.

We made a short visit to this hospital about midday on the 14th Dec., and were received with much kindness by Mr. Stoward Edye, who was then seeing patients. The hospital contains thirty beds, and shows signs of many recent improvements, most of which are, we believe,

due to Mr. Edye's energy. The patients have the great advantage of separate spacious day wards, in which they live the greater part of the day; the night wards are large, and very well ventilated. The windows are all half-darkened. There is a very complete operating room, into which, from time to time, a considerable number of patients are brought. Mr. Edye always uses bichloride of methylene, and has not yet had any cause for anxiety with this anæsthetic. The consulting room is well fitted, and a small, dark room adjoining it is furnished with one of Dr. Mackenzie's lamps. Jäger's test-types hang on the wall of the consulting room, and a case of spectacles stands at one end; the patients are charged two shillings a pair for glasses.

Mr. Edye employs counterirritation (setons and blisters) to a considerable extent in ulceration of the cornea, with pain and intolerance. In cases of phlyctenular ophthalmia, he prefers to the ordinary citrine ointment, a preparation, recommended by Pagenstecher, containing fifteen grains of the precipitated yellow oxide of mercury to an ounce.

We saw a girl for whom Mr. Edye had made an upward artificial pupil, and divided the superior and two lateral recti, for the relief of nystagmus, especially in order that the inferior rectus, having free play, might bring the artificial pupil within the palpebral aperture. The patient lost both her lenses through sloughing of the cornea in childhood, and in only one eye was any use of the cornea clear enough to allow of an useful artificial pupil; but this pupil would have been useless without the additional operation of dividing the recti. With a cataract glass she now has serviceable vision; she was before in the Asylum for the Blind.

There was also under care, an interesting case of detachment of both retine, in an old woman; one eye was quite blind, and the other rapidly becoming so.

A girl, in the women's ward, showed an example of choroiditis disseminata, in conjunction with typically notched and convergent teeth, interstitial keratitis, and deafness.

#### MIDDLESEX HOSPITAL.

##### DEATH FROM THE ADMINISTRATION OF CHLOROFORM.

LAST week, we intimated that a patient had died at this Hospital, on the operating-table, from the effects of chloroform. We give a few details of the case, which presents many points of interest. The fatal result is doubtless to be attributed to the degeneration in the muscular fibre of the heart—a condition which has been found in a very great number of the reported cases of death from chloroform, and no doubt would have been found in a still larger proportion, had any microscopic examination been made of the heart-structure. The present case is rendered still more interesting in a clinical point of view when it is remembered that there was no symptom during life pointing to a suspicion of cardiac disease of any kind; nor was there any clue to the cause of the heart-affection. Again, the amount of chloroform which proved fatal, and given as it was in two doses, is, so far as we remember, the smallest on record; and, what is still more remarkable, death took place at the heart during the early, and not in the later, stages of anæsthesia, as has been generally observed.

G. N., a young gardener, twenty-six years of age, was admitted into the Hospital, under Mr. De Morgan's care, on August 24th, with a discharging sinus in the thigh, which led to some necrosed and carious bone in the neck of the femur, the result of an injury seven years previously. Exploration of the diseased part was made some time after admission, under chloroform. Although he suffered rather severely from subsequent sickness, he appears to have taken chloroform in other respects kindly. He remained, apparently, in good general health from this time. On Wednesday, December 29th, chloroform was again administered to admit of a further examination of the diseased bone. Mr. Osman Vincent, the chloroformist to the Hospital, happened to use a piece of lint for the purpose, instead of Clover's apparatus, which he prefers. Mr. Vincent commenced by giving half a drachm of chloroform, which he shortly followed up by a second dose of the same quantity. Up to this time, the patient showed the usual symptoms of the first and second stages of anæsthesia; and, at the end of the second dose, was not quite insensible, muttering and struggling when the wound was probed. A third dose was being poured on the lint, when it was observed that his respiration had ceased; the face was, however, at this time pale, but became shortly livid.

Artificial respiration, by Silvester's method, was at once and effectually tried, the tongue pulled well forward, and the galvanic battery (which is kept in the theatre in case of accident) applied along the course of the nerves supplying the respiratory muscles, for twenty minutes, but no evidences of success were observed, although the respiratory acts were fully performed by placing one pole on the lower part of the chest and the other at regular intervals in the direction of

the par vagum. Mr. De Morgan then opened the right external jugular vein, from which issued a considerable quantity of dark blood, but with no better result. All attempts to resuscitate life were given up a few minutes afterwards.

At the *post mortem* examination, made twenty-four hours afterwards by Mr. Henry Arnott, Surgical Registrar, the organs were found in a state of general congestion, and the blood was fluid. The pericardium contained half an ounce of clear serous fluid. The heart was large, and weighed fourteen ounces. The walls of the left ventricle were thicker than natural; and the cavities generally were large, and empty, save a shredly decolourised clot in the left ventricle. The muscular substance presented to the naked eye a healthy appearance; but microscopically the fibres off the wall of the left ventricle were found to have undergone well marked granular degeneration, the transverse striae being in many places quite obliterated. The valves were competent; but there were some small, recent, and easily detached vegetations on one of the aortic valves. In addition, there was general thickening of the mitral valve, and a few slight but old vegetations on the free edge of the anterior flap. There were no signs of embolism or disease of the other organs.

## SELECTIONS FROM JOURNALS.

REMOVAL OF THE LOWER END OF THE RECTUM, WITH THE PROSTATE, PROSTATIC URETHRA, AND PART OF THE NECK OF THE BLADDER, FOR EPITHELIOMA. Professor Nussbaum of Munich has republished from No. 44 of the *Ärztliches Intelligenz-Blatt* an account of an operation which he believes to be unique. In August 1863, he published four cases which showed that, after the removal of cancerous rectum, patients, who were previously at death's door, lived many months, and even years, in ease and comfort, before a relapse occurred. He several times removed a portion of the bladder as large as a dollar, along with cancer of the rectum; and the wound healed, as after lithotomy, without leaving any urinary fistula. When cancer of the rectum, he says, recurs after operation, it does so after a longer interval than most other cancers. Emboldened by his success, he has operated in cases where death was apparently imminent, and where the cancer did not extend higher than four inches; so that he had a chance of attaching the healthy bowel to the sphincter ani. This sometimes proved very difficult. The subject of the present history was brought to Dr. Nussbaum in October 1866. He had had no relief to the bowels for sixteen days. No enemata would pass. Repeated hæmorrhages had reduced him greatly, and the urine was often bloody. To make an exploration, Dr. Nussbaum was obliged to push his finger forcibly through the cancerous stricture. Copious hæmorrhage followed, both by the rectum and through the urethra. Part of the urethra, the whole prostate, and a portion of the neck of the bladder, were involved in the cancerous mass. This extensive disease deterred him from operation; and he at first determined to attempt, by the use of bougies, to restore a passage for feces, and, by means of perchloride of iron and compresses, to try to arrest the hæmorrhage. However, after two days, the patient's sufferings were so great, that he begged, at any risk, that the operation might be done. On October 14th, the patient being deeply chloroformed, Dr. Nussbaum began the operation by making two semicircular incisions round the anus; and, carrying the finger upwards, he separated the healthy fibres of the sphincter from the diseased as far as possible. Healthy tissue was found at a depth of four inches. The prostate and neck of the bladder, being involved, were removed, with, of course, the prostatic portion of the urethra. There was much bleeding; but, after four arteries had been secured, cold water abated this. Dr. Nussbaum then dragged down the healthy bowel, severed it completely from the diseased tissues, and secured it with ten button-sutures to the skin; and closed the perineal wound with four deep sutures, after introducing an elastic catheter through the wound into the bladder. The healthy bowel was enormously dilated; for the stricture had existed five years. The disease was epithelioma. The patient was much distressed; but, after being put to bed, and stimulants having been given, he rallied. For some days, the thermometer marked 104 deg. Fahrenheit, and the pulse was 130-140. Urine passed through and alongside the catheter; it was blood-stained, and very offensive. Besides slight shiverings, he had two distinct rigors; and the catheter became unbearable. Dr. Nussbaum removed it, and also two perineal sutures; and syringed the wound with water only. He had no further rigors. There was

secondary hæmorrhage on the fifth day, arrested by a large plug of charpie in the new rectum. After this, nothing remarkable occurred. The sutures were all removed on the eleventh day. Dribbling of urine soon ceased, and from time to time the patient passed urine freely through the new anus. He always held the vessel to the penis, as he had great irritation about the fossa navicularis, and always felt as if the urine passed the natural way. As the wound healed, a valve-like communication formed between the bowel and the bladder, allowing the urine to pass by the anus, but not feces to enter the bladder. Every two or three days he had a solid stool, and every twenty or thirty minutes had to pass urine. After the sixteenth day, no urine came through the perineal wound. At the end of four weeks, he got up for an hour a day; and, provided he passed urine once or so in an hour, felt no incontinence of urine, flatus, or feces. In December, he left Munich, but called on Dr. Nussbaum three months afterwards, and was well satisfied with his condition. He looked well and strong, and occasionally worked at his trade. Every year he came to see Dr. Nussbaum, and was always happy and comfortable. He had not complete retention for more than an hour at a time; otherwise, the fecal and urinary apparatus worked well. Last year, he said he could hold his urine two or three hours. Unfortunately, the apparent improvement was due to a return of the disease; and he succumbed to the malady at last, three years having been gained by the operation.

CALABAR BEAN IN TETANUS.—Dr. Charles R. Greenleaf, United States Army, records the following facts. 1. A German had traumatic tetanus after a gun-shot wound. The interval is not stated. On the second day, the only moveable parts were his arms. On the fourth day of the disease, the tincture had done no good, and was "evidently inert"; and a fresh tincture was used, which produced myosis and muscular relaxation. He was convalescent on the fourth day. Up to the fourth day, no drugs had made any difference. Would he not have recovered without them? 2. A Negro showed symptoms of tetanus two weeks after the injury. Quinine, belladonna, chloroform, and bromide of potassium, were given. On the seventh day, extract of Calabar bean was administered. The effect was carried too far, and he became almost entirely relaxed; but, on cessation of the drug, the tetanic symptoms returned. The extract was resumed; but he died exhausted on the fourteenth day.

ANTAGONISM OF OPIUM AND BELLADONNA.—In the *American Half-yearly Compendium of Medical Science*, several cases illustrating this important subject are quoted. In the first case, an Irishman (who afterwards stated that he had swallowed an ounce of laudanum and several large doses of paregoric four hours before admission to the hospital) was brought in comatose, with livid face, stertorous slow breathing, and slow pulse. Electrization produced no effect, though tried for half an hour. He then had three subcutaneous injections, each containing one-fourty-eighth of a grain of atropia, at intervals of about twenty minutes. He rapidly recovered. In the next case, one-quarter of a grain of atropia was injected in one dose under the skin of a woman who had been receiving quarter-grain injections of sulphate of morphia, and had become rapidly comatose, with very slow respiration. The effect was rapid, and was especially shown by quickening of the respiration, dilated pupils, and eruption on the skin. She recovered after several hours. The third case is chiefly noticeable from the fact that a druggist's assistant put opium into a prescription by mistake for rhubarb. The patient became comatose, and was not roused by galvanism, but recovered, after eight hours' coma, under fluid extract of belladonna, of which she took, in all, two drachms. In another case, one-eighth of a grain of sulphate of atropia was injected subcutaneously by mistake for sulphate of morphia. In twenty minutes, the boy was delirious, with dimness of vision and dry fauces; and, ten minutes later, he was becoming comatose. He took four doses of one-quarter of a grain of morphia in three and a half hours, with half an ounce of whiskey to each dose. After the last dose, he was nearly well. In another case, the patient took one grain of sulphate of atropia. He was treated, half an hour after swallowing the atropia, by subcutaneous injections of one-eighth of a grain of morphia, repeated every ten minutes until the delirium ceased. He recovered.

TESTIMONIAL TO MR. WINKFIELD.—Mr. Alfred Winkfield has been presented with a valuable microscope, and a purse containing bank notes, on resigning his office as house-surgeon to the Radcliffe Infirmary, Oxford. The presentation was made by Dr. Acland, publicly, in a very eulogistic speech, and suitably acknowledged by Mr. Winkfield.



## REPORTS OF SOCIETIES.

## MANCHESTER MEDICAL SOCIETY.

WEDNESDAY, DECEMBER 1ST, 1869.

HENRY SIMPSON, M.D., President, in the Chair.

DR. SAMELSON showed the following.—*Syphilitic Ulceration of the Eyelids.* The marginal portion of the left lower eyelid, in a robust machine fitter, unmarried, 28 years of age, appears slightly swollen, of a coppery tinge, and about the middle of the edge presents a faint indentation. On the left side of the forehead, at middle height, is a slightly depressed patch of the same colour. There are abundant glandular swellings about the nape and sides of the neck, and the surface is there studded with patches of psoriasis of the characteristic hue. When the patient was first seen, on the 22nd of October last, the ciliary portion of the lid was so considerably swollen as to appear of a triangular shape, and the lid edge, forming the basis of the triangle, frankly ulcerated, was of a lardaceous aspect, and presented a coloboma of fully two lines in depth. The now likewise cicatrising patch on the forehead is the residue of a similar ulcer, and the tonsils also were superficially ulcerated. The primary disorder dates upwards of two years back. The cure nearly accomplished, removal of the local affection has taken place, under the use of iodide of potassium.—*Cleft Palate and Uvula.* The bipartite structures in this instance are the posterior portion of the soft palate and the uvula. The case is that of a farm-labourer, 45 years old, father of a family, intelligent, cheerful, not a bad singer, though speaking with a nasal twang. When the patient opens his mouth widely, while the rather hypertrophied looking uvular halves are seen to ascend, their unattached extremities are approximated and—in free alternation—horizontally superposed to each other, so as to cause the hiatus to become more or less completely closed, and sometimes to appear actually obliterated. The obturating effect of the muscular contractions appears to be the result of gradual adaptation, for the patient, whose deglutition is by this time unimpeded, avers that, in his younger days, the food frequently found its way into the posterior nares.

DR. HARDIE showed a boy, 11 years of age, on whom he had operated for severe Torticolis, three months ago. He drew attention to the means adopted for overcoming the rigidity of the structures still remaining after tenotomy, consisting of a strong elastic bandage passed round the perineum, and worn night and day, and attributed the perfect rectification of the deformity, in great measure, to the strict attention paid to the after-treatment.

DR. HARDIE also exhibited the parts from a case of Double Club-foot and Club-hand, and read a paper descriptive of the appearance presented, with remarks on the pathology of the affection. The subject was a female child, two months and a half old at the time of death. During life, the appearance which at once arrested attention was the clubbed condition of the hands and feet, the former being rigidly flexed and pronated on the forearm, and the latter being in a state of extreme varus. In addition to this, the elbow-joint could only be partially extended, and the knees were quite rigid, in an extended position. After the removal of the muscles, the abnormal condition of the joint was for the most part maintained, except in the case of the wrist, which became quite loose on removing the soft parts. The femur rested on the head of the tibia, on the anterior surface of the condyles, so that the latter projected very much into the popliteal space. The tibia, finally, was arched considerably forwards. In considering the etiology of the affection, Dr. Hardie remarked that a case such as this, combining so many abnormalities, afforded better data for forming a correct estimate than had a study of more limited cases, such as are usually met with, with the deformity limited to the parts about the ankle. He then passed in review the various theories which have been advanced to account for talipes and club deformities, and criticised more especially that of spasmodic contraction. He then advanced the theory of arrest of development, or a simple want of proper evolution of the parts concerned, and considered that this theory would satisfactorily account for all the conditions met with. Dr. Hardie referred particularly to the view of Eschricht, who, by ingeniously comparing the growth and development of the fetus, and the gradual unrolling of a vegetable bud, had very happily illustrated the mode in which this arrest of development might be produced. He thought further that analogous deformities might often be found in the vegetable kingdom, such as an irregular or contracted state of the leaf, flower, or fruit. Talipes, therefore, he considered, was to be accounted for by some peculiar condition of the exo-into-nutrient system of the mother, and not by any affection of the cerebro-spinal cells of the fetus.

DR. WM. ROBERTS read a paper on Moveable Kidneys. He detailed the history of five cases which had fallen under his own notice in the last three years. One was then as an in-patient in the Manchester Infirmary. In four cases the right kidney alone was affected; and in the fifth, the right was very moveable, while the left was slightly so. All the patients were women who had borne children. One of the cases was verified by a *post mortem* examination—the patient having died of phthisis. The only unnatural examination—the patient was a loose flaccid state of the peritoneal anatomical condition found, was a greater length, by half an inch, of the artery and vein of the floating organ as compared with those of its fellow. Dr. Roberts remarked on the extraordinary disproportion of women among the subjects of this abnormality. Of fifty-five cases which he had collected, fifty-two were women, and only five men. The right kidney was far more frequently moveable than the left. Out of fifty-two cases, the right kidney alone was moveable in thirty-three; the left alone in eight, and both in eleven. These two circumstances together pointed to child-bearing and tight-lacing as the most common predisposing causes of the affection. Tight-lacing would act more efficiently on the right than on the left, because on the right the kidney would be caught between the resisting liver on the one side, and the tight waistband on the other; whereas on the left, the moveable spleen and inflated cardiac end of the stomach would offer no counter-resistance, against which to compress the left kidney. In two cases the "lump" on the abdomen was perceived soon after a violent attack of bilious vomiting, rendering it likely that the forcible contraction of the muscular masses, behind, above, and in front of the kidney, had been efficient in causing it to leave its bed. With regard to the diagnosis, Dr. Roberts remarked that the flattening of the liver, and tympanic percussion over the seat of the absent organ, were physical signs only reliable in those persons with flaccid abdominal walls, but not otherwise: the valuable signs were the hard, smooth, slippery, rounded character of the swelling, and its mobility.

## ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.

SATURDAY, DECEMBER 18TH.

ROBERT DRUITT, M.D., President, in the Chair.

DR. VINEN, the Honorary Secretary, announced, with reference to the scheme for the registration of disease, that a deputation from among their number was about to wait upon the Home Secretary.

DR. STEELE, Superintendent of Guy's Hospital, was unanimously elected a member of the Association.

MR. GEORGE FRASER exhibited the plan of a Disinfecting Apparatus, constructed to obviate the necessity of unpacking the disinfected articles, and to consume, instead of giving off, noxious vapours. Dr. Woodford and Mr. Liddle were deputed to inspect the apparatus in action, and report thereon.

MR. ACTON read a paper entitled—"Supposing the Legislature should determine to recommend the introduction of the Contagious Diseases Act among the Civil Population, would it be possible and feasible to carry out its enactments in the Metropolis?" He commenced by shewing that, as the Parliamentary Commission appointed to inquire into the working of the Contagious Diseases Act at military and naval stations had reported favourably as to the working of the Act, and suggested an inquiry whether the Act could not be extended to the civil population, it was probable that some such measure would come before Parliament during the next session. The matter was a most important one. The evil was one of long standing, and various modes had been adopted at various times to repress it. For instance, the authorities of Berlin had three times since the Reformation purged the city of prostitutes, and at length saw themselves compelled to take such measures as would tend to mitigate an evil which they could not eradicate. Since, then, prostitution is sure to exist, the state has a right to see that a woman who practises it, shall not propagate disease. The principle of the Contagious Diseases Act is that, when a woman is known on undoubted evidence to be a common prostitute, she shall be subject to examination by a surgeon, and if found diseased, she shall be confined in a hospital till certified to be cured by a competent medical officer. Mr. Acton quoted the evidence given by Inspector Smith before the House of Lords, as to the manner in which the Act was carried out at Aldershot. Assuming, then, that the Legislature should sanction the extension of the Act to this metropolis, the question arose as to how it might best be put into operation. It was an error of philanthropists, argued Mr. Acton, to treat diseased prostitutes as ordinary in or out hospital patients. To secure permanent benefit, the women must be placed under confinement until pronounced unable to contaminate. An early detection was also requisite; whereas,

under the present system, a woman will not seek the hospital until the evil has attained such proportions that she is unable to gain her livelihood in the streets. If the public had the same fear of persons infected with syphilis as they have of lunatics, it would not be long before the evil would be mastered. We have already had practical experience in garrison towns of the effect of the Act upon the women themselves. The women are taught to respect themselves, and become less disreputable. The mere fact of seeing periodically a man aloof from the life they lead, must have a good effect upon them. Mr. Acton quoted the statistics of the Berlin and Paris authorities to show that the expense of applying the Act to London, would not, under any condition, exceed £56,000 per annum—a sum that is spent yearly in curing the venereal diseases of our troops in the eight garrison towns. Mr. Acton next proceeded to answer objections made to the Act. As to that based on religion and morality, he advanced evidence given before the Parliamentary Committee, showing the benefits that had accrued from the Act in every point of view. The objection as to the police exceeding their powers, would best be disposed of by the Legislature laying down some clear and unmistakable definition of a "prostitute," and by giving to the medical officer the option of refusing to examine if he thought fit. Any contamination by means of the speculum was unknown to practical men who took the necessary precautions. In opposition to the assertion that syphilis had increased since the Act was put in force, Mr. Acton showed by statistics that true syphilis and gonorrhoea had diminished at all stations where the Act had been introduced. The paper concluded with an earnest appeal to all who loved their fellow-men, to look with pity rather than scorn upon these fallen ones, and endeavour to mitigate an evil that could not be repressed. Dr. DRYSDALE said the case of the army was very different from that of the civil population; the one being condemned to celibacy, the other having no such restriction. Although, then, he was in favour of the Contagious Diseases Act for the Army, he did not believe that the results obtained in large cities, such as Paris, warranted its introduction into London. At the same time he was by no means satisfied with the present state of things. Dr. STUART had examined thousands, and he had never known a case of any woman accusing him of having contaminated her with the speculum. He explained the manner in which he cleansed the speculum after each case, and left it to the meeting to judge whether there was any danger of infection. Statistical returns ought to be received with great caution. Many causes tended to swell the numbers. For instance, each relapse was put down as a new case, and frequently soldiers with leave went into a district not under the Act, and came back diseased, yet such cases were returned as occurring within the district. He had never known a case of oppression on the part of the police. There was a woman once who complained to him; and, although the police had strong evidence, and he himself believed they were right, he passed the case over in consequence of her remonstrance. He had no doubt that the Act was doing a great deal of good. At the same time, he was of opinion that there would be great difficulty in introducing the Act into London. In Greenwich and its neighbourhood, they had been unable to find more than perhaps one-half the women. He believed the women were beginning to look upon the Act as a benefit to themselves, although at first they were much against it.—Mr. LIDDLE, in reference to a remark of Dr. Drysdale, that the police had no right to take up a woman, she not having committed a felony, thought it as much a penal offence for a woman of the town to infect others with syphilis, as it was to spread the contagion of small-pox, or any other disease. If the Act could be carried out in small places, then it could be carried out in London, by dividing it into districts.—Dr. ALDIS thought that they ought to be satisfied if the Act were the means of reclaiming a certain percentage. It being their duty as medical officers of health to check zymotic diseases, he thought it also incumbent on them to recommend the extension of the Act to the civil population of London.—Dr. BALJARD thought the very sectional divisions which would be necessary in London, would be productive of one of the greatest difficulties. A woman, immediately on receiving the first warning from the police, would move into another district, where she was not known. If she went to the surgeon and was pronounced diseased, how was she to be made to go to the hospital against her will, without making her case public, and enlisting a certain amount of public opinion in her favour, which would prevent the quiet working of the Act.—Dr. J. WEBSTER doubted very much the utility of applying the Act to the civil population of London. The hospital accommodation which would be required would be very great. He also asked if women were to be treated in this way, were men to be free from the surveillance of the police.—Mr. KITTLE, Police Superintendent, attended from Scotland Yard, and expressed his readiness to answer any questions the meeting might put to him. In answer to the inquiries of the Chairman, of Mr. Berkeley

Hill, and others, Mr. Kittle said these women generally frequent one district, but if they went away to another district there would be no difficulty in tracking them. The police could give the names and addresses of about 5,000 prostitutes. His opinion was that that was not one-tenth part of the actual number. He did not think there were many houses where what were called dressed lodgers were kept, *i.e.*, where the landlady had such control over the women that she owned every stitch they had on. He did not think a most heartrending case of cruelty, in one of such houses, as at all exaggerated. Each woman keeps to a special beat for the time. He was not aware that there was any law that authorised the police to arrest, as such, a woman known to be a notorious prostitute. He did not think there were many who remained at home, and had gentlemen come to their houses. He believed that, if a body of sanitary police were told off for the purpose, they could obtain the addresses of the women.—Dr. LETHEBY considered it was their duty to regard this matter in a medical point of view. If there were disease and suffering it was their duty to check it, no matter what the avocation of the invalid. Basing his calculations on the number of illegitimate births, he believed that the number of fallen women was very large. Dr. Letheby likewise refuted in detail some of the objections made to the Act. As to what was called the liberty of the subject, he did not know there was not a single sanitary regulation that did not interfere with it. As to expense, he did not consider that ought to weigh with them, and he believed that it would be a mere trifle compared to the advantages that would accrue.

#### PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, DECEMBER 21ST, 1869.

RICHARD QUAIN, M.D., President, in the Chair.

A REPORT was read by Dr. MURCHISON, for Mr. De Morgan and himself, on Dr. Robinson's supposed Syphilitic Liver. It was, they considered, a specimen of Frienrich's Simple Induration.

Dr. MOXON said: This year I showed a specimen of sudden fatal embolism of the pulmonary artery. The specimen I now show illustrates a system of Effects of Embolism very different from the simple mechanical obstruction that was the cause of death in the former case. The specimens shown were a portion of lung and the vena cava inferior, from the body of a woman who died of pyæmia. The left lung, in its lower lobe, showed a sharply circumscribed patch of pneumonia. The pleura was inflamed, and three-quarters of a pint of liquid was present in its cavity. The pneumonic patch was of a bluish or blackish-grey colour, and was otherwise peculiar through having a deeply injected zone around it, purplish-red in colour. This zone formed on any section a strongly marked narrow margin to the pneumonic patch. The colour and smell of the patch proved it to be in a state of incipient gangrene. On examining the artery that supplied this patch, there was found in it a yellowish-coloured clot, lodged at a bifurcation, adherent to the wall of the artery at one point, and extending a little way into each arm of the fork of the artery. The main pulmonary artery and its other branches were occupied, on the contrary, with a prolongation of the *post mortem* or death-bed clot that was in the right ventricle, as usual in death from inflammatory diseases. The vena cava inferior was occupied in its whole length by a clot having the same yellowish colour as that in the pulmonary artery. This clot extended up from the iliac veins, both of which were full of a like clot. It adhered to the left side of the vena cava, was rounded on the surface, and did not entirely fill the whole channel up, there being space for the passage of a small stream of blood between its smooth surface and the vessel's wall. The clot presented upwards a rounded end that reached a little way into the right auricle of the heart. The clot appeared oldest in the left common iliac vein, and there the vein was in contact with an abscess, which was between the rectum, broad ligament, and pelvic wall. This abscess had semi-organised walls corresponding to an age of four or five weeks. It appeared dependent on an inversion of the uterus, from which the woman had suffered for eight months, and it was the only cause of the pyæmia that could be discovered. The clot extended from this into the left renal vein, and followed up all the divisions of this to the smallest ramifications, filling it with curdy-looking pale-coloured clot that was easily removable from the vessel's channel. This kidney did not show any suppurative, whereas the right kidney, in whose veins were no *ante mortem* clots, had numerous points of suppurative present in it. The clot in the cava ran up through its hepatic portion, but did not extend into the hepatic veins. Examination of this yellowish clot showed it to be made up of cells having the characters of pus-cells. These were in parts mutually compressed and flattened, being crowded together so that they made up the bulk of the clot. These microscopic characters showed it to be of very different nature from the passive clots

that form and soften in the heart and in the vessels of uninfamed parts. There was suppurative of both knee-joints.—Dr. MURCHISON said that, so far as the kidney was concerned, the explanation given was unnecessary, as this in the kidney in general pyæmia was very common.—Dr. MOXON thought that, in pyæmia from peritonitis, the heart and kidney were most usually affected.—Dr. BRISTOWE thought that the character of the embolus influenced the consequent local change.—Mr. GAY thought it a thrombus, not an embolus.—Dr. MOXON, in reply to a question of Dr. Bastian, admitted the impossibility of discriminating between white blood-corpuscles and pus-corpuscles; but, in the present case, they were far too numerous to be considered white blood-corpuscles.—Mr. HULKE said that, an embolus of the arteria centralis retinae could be seen during life. When the case was one of a rheumatic character, he had never seen suppurative follow the embolism, but when pyæmic suppurative of the entire vitreous humour had followed. This could only be due to the character of the embolus.

Dr. CLAPTON exhibited a specimen of Ulcer in the Stomach, from the body of a woman aged thirty-seven, who died, shortly after admission, from peritonitis following perforation. The ulcer had indurated edges, and was situated near the small curvature.

Mr. SYDNEY JONES showed a specimen of Tumour of the Clavicle, complicated with Aneurism of the Arch of the Aorta. The patient for about two years had suffered pain and loss of power in his neck and left arm. From the history given, there seemed to have been, about twelve months ago, some prominence of the left sterno-clavicular articulation. When first seen by Mr. Sydney Jones on September 30th, there was a tumour connected and moving with the clavicle, extending downwards into, and almost filling, the axilla. The left arm was useless. No pulsation was to be detected in the axillary, brachial, or radial arteries. There was a great deal of impulse behind the sterno-clavicular articulation (which might have been dependent on blocking up of the subclavian by the tumour); but there was no *bruit*. There was then no projection of the inner end of the clavicle. At the lower part of the neck, there was nothing to be felt indicating an aneurism. The clavicular tumour was at that time removable by operation (supposing that the clavicle and humerus had been removed along with it); but the patient had cough, was pale, and much emaciated. Later on, the left carotid had its impulse diminished. At the end of November, no pulsation could be felt in this vessel; and the axillary growth, from its immobility, had evidently involved the thoracic parietes. The patient died on Dec. 4th, from obstructed respiration. There was found a large aneurism of the transverse arch, almost completely filled with laminated coagulum. The innominate artery was pervious; but the left carotid and subclavian had their sides compressed, in consequence of their oblique course through the wall of the aneurism. They were also obliterated by adherent clot; so that the aneurism, not the clavicular tumour, had arrested the circulation in the upper extremity. The aneurism and tumour were perfectly distinct; the latter had broken the clavicle, and had involved the coracoid process of the scapula, and had destroyed, for about an inch, the first rib. Sections of the tumour, and of the adjoining glandular enlargements, were white and succulent, yielding an abundance of creamy juice. This was made up of nuclei of about the size of pus-corpuscles, with a well marked outline, and a very distinct nucleolus, surrounded by more or less abundant granular matter. In the spleen were four or five deposits, with the same microscopical characters.

Dr. WHIPHAM brought forward two specimens of Cystic Disease of the Kidney, occurring in a man with necrosis of the tibia, but who died of bronchitis without dropsy. Both kidneys were affected, and one of them measured as much as eighteen inches.

Mr. MAUNDER showed an Ovarian Tumour of three or four years' duration, removed from a patient aged 30. Two cysts were tapped, the operation of ovariectomy having failed. At the time of the operation, a small fleshy mass had been felt. She progressed favourably for three weeks, and was then attacked with fatal peritonitis.

Mr. HULKE exhibited the Genito-urinary Organs of a man, showing well the effects behind of stricture and impacted urinary calculi. The urethra, ureter, and kidney, were dilated.

Mr. HULKE also showed an Encysted Hydrocele, composed of single cysts communicating by intricate passages, taken from an old man. It appeared to have arisen from the innominate bodies of Giralde.

Dr. MURCHISON showed two specimens of Ulcer of the Stomach: the first from a woman aged 40, who died last summer. She had been intemperate, but her health had been fairly good. She complained of nausea, and of pain, not increased by food. She had vomited a great deal of blood. The hæmatemesis was checked for a time, but it returned profusely, and she died from loss of blood. The liver was small, but not diseased. The stomach, after careful examination, presented a very small ulcer in the great *cul-de-sac*. In its centre

was a minute orifice leading into an artery. There were two small ulcers close by, but no signs of inflammation. The second case occurred in a male aged 28, who had been a soldier, and possessed of good health till six months before, when he became faint, and brought up a quantity of blood. Again he was seized suddenly with nausea, vertigo, and weakness; hæmorrhage again occurred, the blood being bright red. The hæmatemesis caused his death. An exceedingly minute ulcer existed close to the œsophageal opening; its orifice was rounded, as if of some standing. His liver was cirrhotic and syphilitic.—Mr. SYDNEY JONES had reported a similar case, where there was a minute opening in the posterior wall.—Dr. MURCHISON stated, in answer to Dr. Powell, that the vessels were atheromatous.

Dr. CAYLEY showed a specimen of Aneurism of the Aorta, communicating with the pulmonary artery, in a man aged 37, who died of pericarditis. There were signs of aortic valvular disease, but only the aneurism was found.—Dr. MURCHISON had had a similar case. The patient was characterised by very great pallor.

## BRITISH MEDICAL JOURNAL.

SATURDAY, JANUARY 8TH, 1870.

### EDUCATION IN MEDICAL ETHICS.

We have been reminded that, in our summary of the work claimed to be done by the Medical Council for the advancement of medical education and of professional fitness, we have not noted a shortcoming. While it has duly exercised its executive powers in expunging from the *Register* the names of twenty-two professional offenders against sound morals, and thus excommunicating them, the Council has almost overlooked the training of the student, so that he shall be prepared against temptations to commit grave breaches of medical ethics and etiquette.

Under the old system of apprenticeships, the medical student had the advantage of tutorial instruction in this as well as other points of practice. As he became older, and had to visit patients, it was in the interest of his master to instruct him, both by precept and example, as to his behaviour to patients and colleagues. Under the newer system of dispensing with apprenticeships, no substitute for this discipline is to be found. On looking over the Report of the Committee of Council on Education, we find only few and brief references to the ethical education of the future practitioner, obviously for the reason that in the list of topics to be considered, ethics and etiquette have no place. Dr. Laycock advocates elementary clinical instruction by tutors, as initiatory to the higher clinical training necessary for practice; and in this elementary work he would include "instruction in that kind of conduct and behaviour to the sick, and to his future professional brethren, which is not only becoming his profession, but necessary to success in practice." Dr. Sieveking, in recommending tutorial dispensary practice as initiatory to higher clinical study, observes: "While the student would still lean upon superior aid, he would be taught careful and independent observation; he would learn the importance of domestic hygiene: he would cease to regard the patient as a mere object of scientific interest, and learn more of the 'humanity' of medicine."

It is satisfactory to learn that so influential a member of the General Medical Council as Dr. Stokes has turned his attention to this grave defect in medical education. In his admirable address on Medical Ethics, just published, he remarks: "The question of Medical Ethics has not received the attention it deserves as a matter of instruction. We are compelled to devote ourselves to a host of subjects, among which the crowning one is but a unit; but who amongst us has been asked to think on those principles which make our profession a calling for the gentleman and the Christian?" There seems to be nothing more needed than a systematic adaptation of this old initiatory tutorial instruction to produce more effectually and completely the practical results of the old apprenticeships, both as to professional conduct and the useful minor details of daily work. Let the demand be created, and tutors would be found in practitioners attached to workhouses, dispensaries, and hospitals. All that they would require as to professional



ethics and etiquette would be an official code, as authoritative in its way as the official *Pharmacopœia* or *nomenclature*. Such a code would be otherwise valuable to the profession at large, by affording the means of preventing and composing professional quarrels, and increasing its moral influence. Numerous attempts with these objects in view have, in fact, been made by societies, but not with the success which is desirable—chiefly, perhaps, because their codes of ethics wanted that authoritative stamp which would make them morally binding. The British Medical Association appointed a committee in 1846, and again in 1858, to draw up a code of medical ethics, but both attempts, we believe, proved abortive.

Undoubtedly there would be a great difficulty in settling the debatable points of etiquette which would necessarily arise; but it is not necessary to settle them all in the first instance. The existing codes of societies, together with the ethical literature of the profession (which is much more considerable than is generally believed), would offer a sufficiency of principles and rules, as to which there is entire agreement. We are satisfied that the whole profession would be grateful to the Medical Council for a new code of ethics which would serve this double purpose of instruction and peace-making. Anyhow, it cannot be doubted, we think, that, since a suitable moral training must be considered an essential part of a good medical education, it is incumbent on the General Medical Council, as a duty, to see that this training is undergone by the medical student.

#### A COMPENSATION CASE.

DURING this last week, a man has been charged with perjury on account of his asserting that he was severely injured in the well known accident at New Cross, whereas he was not even in the train. Last October, evidence was given to the effect that he had suffered from rupture and sprained ankle since the accident, and a jury awarded him £250 damages. The Company, however, were not convinced as to the truth of the man's statements; and one of his accomplices, not having been sufficiently rewarded, now turns against him, and enables the Company to get him committed for trial.

Dr. H. E. Simpson, L.R.C.P., M.R.C.S., 169, City Road, said that on the evening of the 24th of June last the prisoner was brought to his surgery by an old patient. He appeared to be very lame, and stooped very much. He told witness he had been severely injured at the accident at New Cross. Witness examined him, and found that he was ruptured and his ankle severely sprained. Witness said he could not tell the date of the rupture, but it appeared to have been recent. He attended him about four months, and he sent in his bill for £40, which included the price of a truss. He believed the prisoner's statement; so did the Company's medical officer, who consulted him.

Dr. Simpson recalled, in answer to his Worship, said that he thought the money would be paid by the railway company.

Mr. Partridge asked if he considered it necessary that the prisoner should keep to his room for eight weeks.

Witness: He complained of pain, and witness told him to lie on the bed, as he thought that would be best for him. He advised him to wear the truss, and go out a little. He told him he had not been off the bed, on account of his sufferings. He said he could not wear the truss. The injury of the ankles appeared to be recent.

Mr. Christopher Heath, assistant-surgeon to University College Hospital, said he called on the prisoner on the Sunday afterwards, and found him lying on a bed in a wretched kitchen. He said he was ruptured, and he was wearing a truss. Witness examined him, and doubted whether he had been in the accident at all. Witness made a report to that effect to Dr. McClure, the medical officer of the company.

The following evidence is of importance with reference to Mr. Scott's reason for taking up the case, and, also, as to the distribution of the "damages" obtained.

Mr. Stephen Scott, solicitor, Basinghall Street, said the prisoner was a perfect stranger to him until the 26th of June last, when he came to him recommended by Dr. Simpson. On the 18th of November he received of the company £343 5s. 4d. He paid the prisoner by cheque

£5 the same day; he afterwards sent a cheque for £54 to Dr. Simpson; £7 to Mr. Hughes; two cheques of £50 to the prisoner; £20 to his wife; and £30 odd, the balance, being absorbed as costs. He relied on the statement of Dr. Simpson, or he should not have conducted the action.

The annual meeting of the Clinical Society of London, for the election of the officers and other members of the Council, will be held in the rooms of the Medical Society, George Street, Hanover Square, on Friday, January 14th, at 8.30 P.M.

The *Hamadryad*, Hospital Ship at Cardiff was, on Christmas-day, decorated with evergreens and flags; and those patients who were able to leave their beds, dined together (under the presidency of Dr. Dixon, the Medical Superintendent) off roast meat, poultry, vegetables, and plum-pudding, accompanied by a prudent amount of beer and spirits, and followed by dessert. After dinner, various amusements were introduced, not forgetting dancing, in which the maimed and their crutches took an active part. The day's proceedings were terminated by an early supper.

#### LORD NAPIER AT BIRMINGHAM.

GENERAL LORD NAPIER of Magdala has inspected the wards and arrangements at the General Hospital, Birmingham. He expressed himself as thoroughly satisfied with all he saw.

#### AN UNQUALIFIED PRACTITIONER FINED.

MR. ROBERT WILSON has been convicted of practising as a surgeon at East Keswick without a legal qualification. He called himself surgeon on his door-plate, and had given certificates signed R. Wilson, Surgeon. A fine of £10 was inflicted.

#### MEDICAL SOCIETY OF LONDON.

THE Lettsomian Lectures will be delivered by Dr. Tilbury Fox on January 10th and 24th, and February 7th, at 8.30 P.M. The subject of the lectures will be the Pathology and Treatment of Eczema, and, incidentally, the Influence of Constitutional Conditions in Skin-Diseases.

#### DEATH FROM A BLOW ON THE EYE.

AN inquest has been held at Salford on the body of a man who died in consequence of a blow on the eye from the leg of a chair. The blow "fractured his skull, and caused congestion and effusion", from which he died. The man had beaten his wife severely till a lodger interfered, and when he afterwards renewed the attack, his wife, while on her knees, threw a chair at him and hit him in the eye. A verdict of "excusable homicide" was returned.

#### THE HOSPITAL FOR SICK CHILDREN.

A SYSTEM has, within the past few weeks, been adopted with considerable success by the Committee at Ormond Street, with the view of preventing, in some measure, the frequent abuse of the charity by persons in more or less comfortable circumstances, and, at the same time, of diminishing the great number of unsuitable and trivial cases which present themselves. The plan adopted has been simply this; to print an additional rule on the letter, that no patient can be prescribed for a second time unless on the production of a subscriber's letter, or of a certificate, to be filled in on the letter from a doctor, minister of religion, scripture-reader, or city missionary. The result was most marked. The first day on which the new regulation came into force, thirty-two patients were given new letters. Out of these, only seventeen returned with the form signed, though the attention of all was particularly drawn to the rule. On the second day, twenty-six were given new letters, and of these, seven only returned. Since then, no accurate account has been kept of those who apply a second time; but the number of new applications has been considerably reduced, and of these about one-third, comprising most of the trivial cases, do not take the trouble to get the certificate signed.

## UNIVERSITY COLLEGE HOSPITAL.

A CHRISTMAS tree entertainment was given to the patients at University College Hospital on Thursday evening, Dec. 30th, when a number of useful and handsome presents were given away. A magic lantern and some good music afforded additional amusement to the patients.

## CHARING CROSS HOSPITAL: CHRISTMAS ENTERTAINMENT.

AN entertainment was given on Wednesday evening in the Board-room of the Hospital to the patients. Many Governors and friends of the Hospital, with their families, also attended; the Board-room was tastefully decorated with evergreens. The entertainment was nominally that of a Christmas Tree; but it really included much more than is usual on such occasions, music and singing being introduced between the distributions of presents to the patients, nurses, and servants. The patients appeared to enjoy the entertainment most heartily. The music was very good; and altogether the evening's amusement was a great success, and reflects much credit upon the chaplain who arranged it, and the ladies who assisted him in carrying it into effect.

## POISONING BY PRUSSIC ACID.

A PATIENT in the St. Pancras Male Infirmary Ward, 40 years of age, poisoned himself the other night by drinking the whole of a mixture containing thirty-six drops of prussic acid. The man was suffering from consumption, and, as he complained of sickness and diarrhoea, Dr. Hill ordered him a dose of three drops of prussic acid three times in the day. During the night, the medicine bottle was left within reach of the patient, and he drank the whole because he was thirsty, though there was plenty of lemonade, etc., for him. In the morning, the bottle was discovered to be empty, and the man admitted what he had done. He died in the course of the day. It was considered better for the future that poisonous mixtures should be put out of a patient's reach.

## CHLOROFORM ACCIDENT.

ANOTHER death from chloroform occurred in the Lincoln County Hospital on the 23rd. The patient was a boy aged fourteen, the subject of necrosis of the tibia. He had taken chloroform safely on a former occasion. Most of the surgical staff of the Hospital were present. The boy had become insensible, and the operation had been commenced when he was seized with vomiting. After vomiting one or two minutes, he became livid, his breathing ceased, and his pulse was imperceptible. In spite of the usual measures, death followed. The *post mortem* examination did not reveal any peculiarity excepting enlargement of the liver. Mr. Hett, the House-Surgeon, from whose evidence at the inquest we have taken the above facts, said that he attributed death to failure of the heart's action. It is worthy of note, in reference to the comparative rarity of these lamentable accidents, that this is said to have been the first death from chloroform which has occurred at the Lincoln Hospital.

## APEPSIA HYSTERICA.

AN "Anxious Father" writes to the *Standard* to the effect that a daughter of his, aged 14, has refused to take more than a very small amount of food since November 1867. From that date till February 1868, she refused food, and only took a little fruit, and that only at times. She was sent to Guy's Hospital, and remained there for a month. No alteration in her state occurred. In July 1869, she seemed much worse, and was for eighteen days in a kind of permanent fit or stupor, and was almost pulseless. The lips were moistened with ice. On the eighteenth day, she became exceedingly hungry and ate voraciously. After this, she abstained from food for long intervals, and had fits or stupors from one hour to forty-eight hours in duration. She was sent to St. Thomas's Hospital "in a stupor." After remaining in the hospital a few weeks, she was discharged in the same state. She continued to have fits till three months ago. She reads, and is cheerful. "It would astonish any stranger to see the small amount of food she takes." "If her food were not given to her, but were left on the

bed, she would not take it; and if the slightest remark were made about it, she would reject it." The father would be glad to know of any means to adopt to restore his daughter to health. Such cases are not very infrequent, and are well known to physicians.

## THE MEDICAL CLUB.

THE first dinner in the year of the members and friends of this Club was held on Wednesday last. Dr. Peter Hood was in the Chair, and there was a good muster of the profession.

## ALLEGED ATTEMPT TO PRODUCE ABORTION.

A CHEMIST (J. W. Wells, of Poland Street) has been charged with using a certain instrument, to procure abortion, on the person of Jessie Eles. Mr. Chandler, surgeon, of Berners Street, said that, on December 22nd, Miss Eles called on him, looking very ill and dejected. She said that she was going to have a baby; and that Mr. Wells had done something to prevent it, and she was ill in consequence. The witness went to Mr. Wells, and found that he had injected a little fluid into the uterus. Miss Eles was afterwards admitted into one of Miss Bramwell's "homes", and died there on December 31st.

## THE VALUE OF A LUNATIC'S EVIDENCE.

AN interesting case of alleged manslaughter has lately occurred at the Lancaster County Lunatic Asylum, the most important point in which is that two attendants have been committed for trial mainly on the evidence given by one of the lunatic inmates of the asylum. The deceased was admitted on December 15th, suffering from general paralysis. On the 20th, he was reported to have bruises about his body; and, on examination, it proved that several ribs on each side were fractured. On the 26th, he died. At the *post mortem* examination, six ribs on each side were found fractured, some of them in two places; and there was recent pleurisy. The lungs were not injured by the fractured ribs. The medical witnesses at the inquest were of opinion that the fractures could not have been produced by direct blows or kicks, and that they could not have been in any way self-inflicted, but that they were probably caused by some one kneeling on the man's chest. The attendants denied all knowledge of the cause of the man's injuries. But one of the inmates, a remarkably intelligent lunatic, stated that he had seen two of the attendants maltreat the deceased. This witness's evidence was given clearly and consistently. It is certain that the two men whom his evidence criminated were in the ward at the time of the alleged assault, and the assault was probably sufficient to cause the injuries observed.

## THE CAUSES OF THE DEATHS AMONG THE CROWD AT BRISTOL.

WE were much interested in the account of the House-Surgeon and Assistant House-Surgeon of the Bristol General Infirmary, as to the causes of the deaths of those who were crushed at the entrance to the theatre. We expected to find that some, if not a considerable proportion, of them had sustained numerous fractures, and had really been subjected to great violence. Such does not appear to have been the case. Mr. Board said that "most of the deaths occurred from the people fainting, and not being able to recover themselves." Nearly all were in lads or young women. There was one old woman. On picking out the deaths distinctly attributed to fainting simply, we only find them five in number. They occurred in three women and two boys. Eight deaths were attributed to suffocation from compression of the chest and inability to breathe, without any signs of direct injury being found. The remaining five bodies presented indications of more or less bruising; and possibly death in these cases might have been due to direct compression of the abdomen, causing shock owing to their being trodden on after falling. In none of the cases have we found any note of a single broken bone. Admitting fainting as a cause in a considerable number of the deaths, it would seem, however, that compression of the chest (while the people were still standing up), making breathing impossible, would account for the greatest number.

## GRESHAM LECTURES.

LECTURES will be delivered in Gresham College by Professor E. Symes Thompson, the Gresham Professor of Physic. The subjects will be as follows: Lecture I, Friday, January 14th, "On Catching Cold;" Lecture II, Saturday, January 15th, "On Stimulants." The lectures are illustrated with diagrams, tables, and chemical experiments; are free to the public, and commence each evening at seven o'clock. Lectures will be also delivered by the Gresham Professor of Medicine in Easter, Trinity, and Michaelmas terms.

## ATTEMPTED SALE OF BEEF FROM A MAD COW.

A BUTCHER was last week sentenced to three months' imprisonment for having in his possession, dressed for the meat-market, a cow which had been affected with rabies. The meat was said to be, from appearance, unfit for food; and the magistrate laid great stress on the "most horrible consequences" that might have followed its consumption. We believe that there is no evidence to show that either the flesh or milk of rabid animals is injurious. Many such carcasses have been eaten; and in former days the cooked liver of a mad dog was supposed to prevent the disease in a person who had been bitten!

## POISONING BY OXALIC ACID.

AN inquest has been held on the body of a woman aged 38. She had been left a widow, with three young children, three years ago. Since this time she had been very melancholy. Last Tuesday evening, her mother saw her looking over some old papers, and noticed that she seemed more than usually depressed. A few hours later, she was taken with violent vomiting. She said that "she had the horrors, and had taken some eye-water." Her mother gave her warm water, and mustard and water. A basin was found in the kitchen, containing some oxalic acid; and the deceased admitted drinking some of this. She was sent to the Middlesex Hospital, but died before her arrival. The verdict of the jury was, "Suicide while in an unsound state of mind."

## EAST SUFFOLK AND IPSWICH HOSPITAL.

THE election of two surgeons to this Institution has resulted in the appointment of Dr. John Henry Bartlet and Dr. William Alfred Elliston. The contest was a severe one, and excited an unusual amount of interest, from the fact of these being the first vacancies in the surgical staff since the foundation of the Hospital thirty-six years ago. The four surgeons then elected were Messrs. Bullen, Bartlet, Hammond, and Sampson. All are still living; but, Messrs. Bullen and Hammond having resigned, the Governors, on the 22nd December, proceeded to elect their successors. There were four candidates—Dr. Bartlet, jun., Hammond, and Elliston; and Mr. Frederick Gull. At the close of the poll, the numbers were: Bartlet, 185; Elliston, 153; Hammond, 140; Gull, 63.

## ANOTHER UNFORTUNATE DIAGNOSIS OF DRUNKENNESS.

THE evidence given at an inquest, a day or two ago, shows that house-surgeons cannot well be too cautious in sending away "drunken cases" from a hospital. In the newspaper report there is no evidence adduced that, in this instance, the subject of the "mistake" had been drinking at all. In not a few such cases, there is a distinct history of the patient having been known to have been drinking before the accident. A witness said that while he was going along the street he saw a cabman standing on the box of his cab, and then fall down, striking his head on the roadway. Witness took the man to a "doctor's." A policeman then took the man to St. Bartholomew's Hospital, and waited with him there for two hours, at the end of which time, a "doctor" told him the man was "drunk, and must be taken away." He was removed to the Kingsland Road Police Station, and kept in a cell for six hours. The divisional surgeon then ordered him to be sent to the workhouse. Dr. Forbes said the man died, in the workhouse, from an extensive fracture of the skull. Verdict: "Accidentally killed while drunk."

## OPHTHALMOSCOPIC DEMONSTRATIONS.

THE first of a course of demonstrations with the ophthalmoscope will be commenced at Moorfields on Friday evening next. It will be under the management of Mr. Hutchinson, Mr. Couper, and Mr. Soelberg Wells; and the lectures will be given by Mr. Hutchinson.

## THE HEALTH OF THE ARCHBISHOP OF CANTERBURY.

THE statement which has appeared in the daily papers regarding the health of the Archbishop, has probably arisen from the fact that there have been, from time to time during his grace's convalescence, occasional tremulous movements of the paralysed arm. There has been, however, no symptoms of a relapse, as stated; on the contrary, convalescence is proceeding uninterruptedly.

## FEVER IN COVENTRY.

WE hear that an inspector has been sent down to Coventry, by the Medical Department of the Privy Council, to inquire into the outbreak of fever which we a little time since reported to have taken place in a part of that city. From what we learn from the locality, there seems to be but little knowledge possessed as to whose duty it is to see to the execution of sanitary works, all sides seeming to be in a blessed state of ignorance on these points.

## FEVER IN KINGSWINFORD.

THE local papers report that fever is prevailing in the parish of Kingwinford in the district of the Brierley Hill Local Board. The fever is stated to be caused by the inhabitants using contaminated drinking water, and by nuisances being allowed to exist in and about dwelling houses. A medical man is stated to have said that he thought "a more reasonable cause was to be found in the filthy habits of the people, their great poverty, and the consequent want of sufficient food." It was also stated that the poor people, for warmth's sake, had stopped up all means of ventilation. If this be so, it only shows the more need for the local authorities to actively perform their duty, and to call upon the relief authority to aid those who are in distress.

## THE MIDDLESEX HOSPITAL.

TWO entertainments for the amusement of the patients have been given at this hospital during the Christmas fortnight, one of them on a more than usually extensive scale. The first took place on Wednesday, December 29th, in Regent Ward, when, in addition to instrumental and vocal music, Mr. Rose (Arthur Sketchley) recited his well known piece called "Mrs. Brown at the Theatre". The second entertainment came off on Thursday, in Forbes Ward, which was filled by patients, nurses, governors, members of the staff, and students, with their friends. A large stage, with scenery and other accompaniments, was erected at one end of the ward. The performance was given chiefly by the residents and students of the hospital, the latter including several members of the Cambridge "Gillespie Band". Several friends of the hospital also kindly assisted. The programme included numerous pieces of popular vocal and instrumental music, and the act of "Box and Cox". The various parts were so well sustained throughout, that it would be difficult, as it would be invidious, to draw any comparison between the merits of the performers. The patients and nurses appeared to be most gratified by the efforts which were made to render the evening as entertaining to them as possible.

## METEOROLOGICAL REPORTS.

WE have much pleasure in stating that, in accordance with the wishes of many readers, it has been arranged to continue our weekly Reports on Meteorology for a time longer in their present form. Whether they shall be permanently continued, and whether they may be given monthly instead of weekly, are questions which must depend upon the wish of the Association at large. No one can doubt the importance of meteorology in relation to medicine; nor can any one hesitate to accord his hearty thanks to Dr. Treutler and his coadjutors for their disinterested and zealous labours. The question is, whether the end to be obtained



is best secured in this manner, and whether a medical journal is the most suitable place for the publication of weekly details of this kind. Our printers tell us that the Report, given as it is in small type, is more than equivalent to a full page of the JOURNAL; and since this occurs not once or twice, but regularly every week through the year, the editorial staff, under the pressure of contributors of other material from all sides, naturally asks, with some anxiety, whether the space is employed to the best advantage. It must be clearly understood that the Report in question excludes every week half a page of the kind of information usually included under the head of answers to correspondents, notices, short letters, etc. We hope that those of our readers who have not yet been in the habit of reading the tables will do so in future, and form their opinions of them before our next annual meeting.

#### POISONING BY LAUDANUM.

A MAN of 64, while under the influence of drink, went into a chemist's shop and purchased fourpennyporth of laudanum. When he reached home, he drank it, and in the morning was found to be dead. The chemist admitted that no witness was present when he sold the opium; and that he made no entry of the sale in a book, as he should have done.

#### ROYAL COLLEGE OF SURGEONS.

THE following are the arrangements made for the delivery of the ensuing courses of lectures. Professor Erasmus Wilson, F.R.S., will commence a course of six lectures on "Dermatology" on Monday, the 31st inst.; on the conclusion of which, Professor Flower, F.R.S., will deliver a course of eighteen lectures on "The Anatomy of the Mammalia", commencing on Monday, February 14th; and, in June next, Professor Birkett, F.R.C.S., and Mr. Hulke, F.R.S., will complete the lectures for the present year—the former by a course of six lectures on "The Nature and Treatment of New Growths"; and the latter by a course of three lectures on "The Minute Anatomy of the Eye", in continuation of his subject of last year. Professors Wilson and Flower will deliver their lectures on Mondays, Wednesdays, and Fridays, at four o'clock.

#### USE OF PETROLEUM AS A SURGICAL REMEDY IN INDIA.

DR. FAYRER of the Medical College, Calcutta, has been employing petroleum as an external application in surgical cases, with apparently similar advantages to those possessed by carbolic acid. He has published notes of twenty cases in the surgical wards treated by it with marked benefit. In one instance, a native had been gored by a bull—the animal's horn entering at the left iliac region, opening the abdominal cavity, and causing the intestines to protrude—and the patient recovered under petroleum-dressing of the wound without a bad symptom. Petroleum is found in various parts of India and Burmah, and is consequently of small cost. The latest accounts, indeed, from India state that there is reason to believe that petroleum exists to so great an extent in the Punjab as not unlikely to supersede the use both of wood and coal for the purposes of fuel on the railways of Upper India. Steps are being taken by the Government of India to ascertain how far a supply of this earth-oil may be relied upon for this and other purposes.

#### PRESENTATION TO SIR JAMES ALDERSON.

A DEPUTATION, consisting of fifteen gentlemen who were educated at St. Mary's Hospital, waited upon Sir James Alderson, at his residence in Berkeley Square, on Thursday, Dec. 30th, for the purpose of presenting a congratulatory address from the former students of that institution. After a few words of introduction from Mr. George G. Gascoyen, the address (which was written on vellum, and beautifully illuminated by Warrington and Co.) was read by Dr. Felce, as follows.

"Dear Sir James,—We have observed with much satisfaction that Her Majesty the Queen has recently been pleased to confer upon you the honour of knighthood; and, as students at St. Mary's Hospital during the time you held the office of Senior Physician and Lecturer on Clinical Medicine there, we present to you our warmest congratulations, availing ourselves also of the occasion to express our high esteem

and regard for you as our former respected teacher. The honour conferred upon you as President of the Royal College of Physicians, the recognised head of the medical profession, will command the grateful approval of all its members, but we who have been brought into closer relationship as your pupils cannot but feel especially interested and gratified. Although now widely separated, we shall always cherish the remembrance of our association in times gone by, and of the kindly counsel you were accustomed to afford us. Trusting that you may long be spared in health and strength to enjoy the honours, and to perform the duties devolving upon you.—We are, dear Sir James, yours very faithfully, [Here follow the names of 52 old students of St. Mary's Hospital.]

Sir James then spoke briefly, expressing his great pleasure at receiving this mark of sympathy and affection from his former pupils, and promising a more detailed reply in writing. The company were entertained at luncheon before separating.

## SCOTLAND.

#### PROPOSED MEMORIAL TO THE LATE DR. FALLA.

FROM a generally expressed feeling in the town and district, that some fitting memorial should be erected in honour of the late Dr. Falla, it was resolved, at a meeting held in Jedburgh, on Thursday of last week, to take immediate steps to raise the necessary funds for this object. A committee was appointed to receive subscriptions.

#### THE UNIVERSITY OF ABERDEEN.

THE *Aberdeen Herald* gives some interesting statistics relating to the number of students in the various Faculties at the present time as compared with the attendance before the union of the Universities. The total number of students of medicine immediately before the Union was 150, whereas at the present time there are 161, showing an increase of 11. This increase must be most gratifying to the professors of medicine, when it is remembered that the examinations for the degree of Doctor of Medicine are far more difficult and searching than formerly, and—in a theoretical point of view—probably more so than those of any other Scotch University, Edinburgh included.

#### THE EDINBURGH ROYAL INFIRMARY.

WE congratulate the managers of this famous institution on the satisfactory nature of the Report which they have been enabled to present for the past year. The Infirmary has effected much good not only in the neighbourhood, but, what has long been a prominent feature, to a very great number of sick from a distance, nearly one-third hailing from places out of Edinburgh, Leith, and Newhaven—not a few from all parts of the globe. This is, of course, fully accounted for by the world-wide reputation of the staff. A fact is mentioned in the Report which reflects no little credit on the medical men and authorities in Edinburgh for the manner in which the Vaccination Act is carried into effect. Out of four thousand five hundred patients admitted into the Royal Infirmary during the past year, including four hundred and seventeen cases of fever, only two have been suffering from small-pox. The number of changes in the staff has been very large, and the new appointments are most excellent. The greatest blank in the wards and clinical theatre will be the face of Professor Syme, the news of whose illness was received with the deepest concern by very many throughout the possessions of Great Britain. It must be most gratifying to him to observe the alacrity with which not only his old pupils, but the bulk of well known surgeons in the country, are coming forward to promote a testimonial in every way suited to his name as a surgeon. The new hospital scheme has made great strides; and, were it not for the miserable opposition (to use a mild expression) of an absurdly small number of dissentients, every preliminary would have been now definitely settled. We trust that Professor Syme will reconsider the motion which he intends to bring forward at the next meeting, and see his way to advocate *unlimited* instead of limited competition among architects, in order that every opportunity may be given to secure the very best plans for the new hospital.

## ASSOCIATION INTELLIGENCE.

### SOUTH EASTERN BRANCH: EAST SURREY DISTRICT SOCIETY.

A MEETING of this Society was held at the Greyhound Hotel, Croydon, on Thursday, December 16th: present, P. HUBBERT, Esq., in the Chair; and sixteen gentlemen, members and visitors.

**Papers.**—1. Dr. STRONG gave the history of a case of Popliteal Aneurism successfully treated by compression. A special form of double tourniquet had been used, which was exhibited to the Society.

2. Mr. J. S. JOHNSON gave the history of three cases in which he had removed Uterine Polypi, and exhibited the specimens.

3. Mr. J. S. JOHNSON brought forward a patient from whom he had removed a considerable portion of the Os Calcis for old standing Caries of that bone. A capital recovery was made, and the use of the foot was perfect.

4. Mr. F. HOWARD MARSH showed a child aged 2½ years, in whom he had successfully operated for Cleft Palate. Mr. Marsh dwelt on the advantages of operating at an early age, and exhibited Mr. T. Smith's gag, which enables the mouth to be kept steadily and securely opened whilst the patient is under chloroform.

5. Mr. F. H. MARSH showed a Polypos of considerable size, which he had removed from the Nose of a child aged 9. With the mouth held open by the gag, the growth had been reached and drawn back through the posterior nares.

6. Dr. T. R. ADAMS exhibited the Trachea of a child, containing a Pebble. The child is supposed to have swallowed it three months before its death, which took place quite suddenly, and without its cause being suspected until *post mortem* examination revealed the presence of the pebble.

7. Dr. T. R. ADAMS gave the history of a case of Stricture of the Urethra successfully treated by Holt's dilator.

8. Dr. LANCHESTER exhibited a specimen of Recurrent Fibroid Tumour, which he had removed from the back of a man aged 55, who had, fourteen years previously, had a growth in the same situation.

9. Dr. JEFFERSON exhibited a specimen of the same kind of Tumour, but of smaller size, removed from the wrist of a boy.

The *Dinner* took place at 6 P.M. Fifteen gentlemen were present.

### BATH AND BRISTOL BRANCH: ORDINARY MEETING.

THE second ordinary meeting of the Branch was held at the Royal Hotel, Bristol, on Thursday evening, December 16th; C. H. COLLINS, Esq., President, in the chair.

The minutes of the last meeting were read and confirmed.

THE PRESIDENT expressed his regret at having been unable to attend the first meeting of the session, and thanked the Branch for their vote of sympathy adopted at that meeting, on the occasion of his melancholy bereavement, in the death of Mrs. Collins.

Mr. BLECK thanked the Branch for his election as President-Elect of the Branch, making allusion, at the same time, to the sad event, the decease of Dr. Colborne, of Chippenham, the President-Elect, which had occasioned the vacancy.

**New Members.**—J. A. Norton, M.B., M.R.C.S., of Bristol, proposed by Dr. Davey and seconded by Mr. Steele; E. Clapham, M.D., of Devizes, proposed by Mr. Anstie and seconded by Mr. Bartrum; and G. A. Glog, Esq., of Bristol, proposed by Dr. Colthurst and seconded by Mr. T. E. Clark, were all unanimously elected. Three other gentlemen were proposed and will be voted for at the next ordinary meeting.

**Papers.**—The following papers were read.

1. Dr. J. G. SWAYNE described a Case of Puerperal Convulsions. Dr. Swayne dwelt upon the great value of bloodletting in puerperal convulsions, which was strongly exemplified in this case.—Dr. WILLET, who with Dr. Swayne had attended the case, mentioned that a considerable amount of anasarca had existed in the patient at the time.

—Mr. BLECK mentioned that he had had large experience in cases of puerperal convulsions. He always bled, and had only once had occasion to regret doing so; namely, in a primipara, with sharp bounding pulse, but an anæmic woman. Mr. Bleck had attended two cases this year; both patients were delivered, but neither was bled, and both died, and might have recovered if bled.—Dr. BARNES, of Wington, mentioned a case where he bled, and the patient recovered. He had had many cases, always bled, and all the patients had recovered.—Mr. S. H. SWAYNE had, some time ago, published a case exactly similar to the one now read by his brother, Dr. J. G. Swayne. In that case, bleeding

was immediately followed by diminution of albumen in the urine. Mr. Swayne observed that, when convulsions come on before labour, there is an unequivocally good result.—Dr. DAVEY spoke of the variety of condition in ordinary epilepsy, with the varied treatment required in individual cases, and considered that the same applied to puerperal convulsions.—Mr. COLLINS asked whether the patients spoken of had been subject to convulsions when infants. He had examined the urine of pregnant women, and found albumen in instances where no convulsions followed. He spoke of the great value of bleeding, and also of purgatives.—Dr. SWAYNE, in replying, spoke of the difference between epilepsy and puerperal convulsions, referring to the paper of Dr. T. Smith on the subject, as giving the difference in a very clear manner. Of ten cases of puerperal convulsions, nine have albumen in urine. Bleeding relieves the albuminous condition of the urine, probably by relieving congestion of the kidneys. Dr. Swayne said that, from the opinion he had formed of the value of the hydrate of chloral, he should inject thirty grains into the rectum in his next case of puerperal convulsions.

2. Mr. COE read a case of Removal of Tumour from the Orbit and Temporal Fossa on the left side of the face. The tumour was large, protruded considerably, and caused intense suffering. It was with a view to abating or suspending this pain, though it might be for only a few months, that Mr. Coe operated; as he was not encouraged by the size of the growth and involvement of adjacent parts, to hold out any hope of ultimate success. The patient was present. She was a stout, healthy-looking woman, aged about 48, showing a very well united firm cicatrix in the situation of the orbit and malar region, not very conspicuous, and infinitely less so than the tumour had been, as shown by photographs taken before and after the operation.—THE PRESIDENT congratulated Mr. Coe on the case and its success.

3. Dr. BRITTAN exhibited a specimen of Fibrous Casts of the Femoral Vein, taken from a young unpregnant woman, who had died of Phlegmasia Dolens.

4. Dr. BRITTAN read a paper on Chronic Pneumonia, dwelling on the obscurity of onset in this disease, and the difficulty of distinguishing it, when more advanced, from tuberculosis affecting the lower lobes of the lungs, which, in fact, can sometimes only be settled by the recovery of the case, showing that it had been pneumonia.—Dr. E. L. FOX asked whether all cases were characterised by hectic, but no abnormality of temperature, which would be a contradiction in terms. He referred to Dr. Addison's valuable paper on the distinctive points between this and strumous pneumonia; and remarked that it is not uncommon for phthisis so attack the base of the lungs.—Mr. CROSSMAN observed that the ultimate diagnosis of chronic pneumonia is not always easy, and narrated a case which proved very obstinate until it was discovered to depend upon syphilis, when a speedy cure was effected by iodide of potassium.—Mr. BARTRUM had observed several cases of chronic pneumonia, with no marked illness at first.—Mr. GREEN said that Dr. Brittan's cases were what most people call acute pneumonia. Acute general symptoms do not exist in the majority of cases at present. He pointed out the difference between pneumonia as seen now, and that described by Cullen. Cases now are treated expectantly, bleeding is seldom adopted, antiphlogistic treatment not being now borne; nevertheless, small abstraction of blood from the back or loins gives marked relief.

Twenty-five years ago, cases did require bleeding. Mr. Green also dwelt upon the need of distinguishing between cases of chronic pneumonia and phthisis, the distinction being very clearly pointed out by Dr. Addison.—Dr. BRITTAN, in reply, said that absence of increase of temperature was at the onset, but, when hectic was established, of course the temperature corresponded. Restoration to health takes place in these cases, and there is no strumous character in the patients, the characteristic point being that there is no marked symptom, and generally no application for treatment, till the complaint is some time advanced. Dr. Brittan did not agree with Dr. Green, as no more acute cases can occur than do now occur. He cited a case with well-marked symptoms, which was freely bled, and was convalescing in three days. In another case, a man, who had intense congestion, was bled and relieved, but became delirious in the night, and tore the bandage from his arm; the attendant heard a dripping sound, and on examining the bed, found that an enormous loss of blood had occurred. In three days, this patient was sitting by the fire. Cases in the present day do occur as acute as it is possible to conceive.

5. Mr. MITCHELL CLARKE read a paper on Noises in the Head, giving particulars of three remarkable cases. The first, Mr. Clarke had been asked by Dr. Budd to see with him, the subject being a gentleman who heard very loud noises in one side of his head, which could be distinctly heard with the stethoscope, in the temporal region and over the head, gradually lessening, but still loud at the tip of the chin. It seemed probable that intracranial aneurism existed; but this was not sufficiently certain to make the operation of tying the common carotid artery de-

cided on. No relief was afforded permanently by treatment, and the patient died some months afterwards. Mr. Clarke heard, from the practitioner living in the town where this gentleman died, that at a *post mortem* examination, no morbid appearance could be discovered. The other two cases occurred in anæmic patients, and were cured by a course of chalybeate medicine.—Mr. ATCHLEY had, while dresser to Mr. Bowman, seen a case like that of Mr. M. Clarke. The noise in the temple was loud enough to be heard without a stethoscope, and the patient's husband complained of being kept awake at night by it. The left eye projected three-sixteenths of an inch beyond the right eye. The finger placed on the eye was lifted, giving indication of a tumour behind. Pressure on the carotid stopped the noise, pain, etc. The left common carotid artery was tied, and perfect relief was afforded for some days. In ten days, slight noises were heard with the stethoscope; exhaustion and death followed. The diagnosis had been a pulsatile tumour inside the skull. A *post mortem* examination disclosed no trace of any arterial disease whatever; the only morbid appearances being slight roughness, perhaps caries, of a portion of the sphenoid bone, and slight enlargement of the ophthalmic vein. Mr. Atchley observed that there is great difficulty in diagnosing these cases.—Mr. BLEECK remarked that cases of this sort give great trouble to medical men; and hoped to have been able to learn something to relieve a lady under his care, a most aggravated case. Sometimes the noise is caused by pressure of a goitre, sometimes by atheromatous deposit in arteries. His own brother, a medical man, suffered from it for years, and ultimately became paralysed. It generally depends upon disturbed condition of the nervous system.—Dr. DAVEY had treated a man who was expected to go mad from noises in the head. These were symptomatic; the cause was disordered condition of the mucous membrane of the stomach. Under oxide of silver the noises abated, and ultimately ceased.—Mr. CLARKE, in reply to Mr. BLEECK, said, that of the three cases, one had died and two recovered.

#### BIRMINGHAM AND MIDLAND COUNTIES BRANCH: ORDINARY MEETING.

THE third meeting of the session was held at the Midland Institute, Birmingham, December 9th, 1869. Present: J. VOSÉ SOLOMON, Esq., President of the Branch, in the chair; and forty-eight members and visitors.

*New Members.*—Mr. Alfred Freen, Stourbridge; Mr. J. H. Hiron, Studley; Mr. Marriott, of Leamington; and Mr. Soper, Wolverhampton, were elected members of the Branch.

*Communications.*—1. Mr. FURNEAUX JORDAN showed a lad whose leg he had removed at the knee-joint, by a new method, which he had proposed for certain cases of old dislocation of the tibia into the popliteal space, where the leg was useless. The tibia was simply excised from the popliteal space. The two thighs were of exactly the same length, and the patient could kneel on both alike easily a few weeks after the operation. As there had been only a small wound, so there had been little or no shock.

2. Dr. JOLLY exhibited a mechanic with partial amputation of the left hand, on account of machinery injury, in which the carpus part of the thumb and little finger, with their metacarpal bones, were left alone. The shattered fingers had been removed by obtaining a good square flap of sufficient size, with rounded angles, from the palmar aspect of the hand, and a short semilunar flap from its dorsal surface. The stump healed rapidly and well, with very little suppurative, and the man was able to follow his usual avocations within nine weeks after the accident; his little finger and thumb being perfectly firm, and capable of holding the numerous small instruments required in his trade. The digits that remained were not only more mobile than formerly, but they were also greatly increased in size and strength, so that their utility had become naturally augmented.

3. Mr. ARTHUR BRACEY exhibited a patient from whose eye he had removed a Cataract by Von Graefe's modified linear method.

4. Dr. MACKEY showed an Ovum in the eleventh week of development. It was in a perfect condition, the membranes not having ruptured, and its age could be ascertained with accuracy. The patient was a woman, aged 26, in her first pregnancy; flooding had occurred at intervals for five days before, probably due to a hard day's work; and the ovum had been expelled entire in a violent fit of coughing.

5. Dr. HARRISON showed the Kidneys and Suprarenal Capsules from a case of supposed Addison's Disease. The skin of the patient was considerably bronzed; he suffered from great asthenia, of which (apparently) he died. The bronzing of the skin had existed for nearly twelve months, but the man was under treatment for only about nine months. A little before his death he had occasional vomiting. At the *post mortem* examination all the organs were found healthy, nor were

the suprarenal bodies much enlarged; one of them contained gritty calcareous particles in its substance. The question which arose was: Was the disease in them sufficient to cause the symptoms observed during life?

6. Mr. FURNEAUX JORDAN read the reports of a number of cases treated by a new method described in the *Practitioner* of February last. The cases were of a representative character; of these, a few may be cited in the briefest manner. L. J., aged 6, had a large Abscess in the left popliteal space, and could not walk; with counter-irritation to the thigh and leg, the abscess disappeared, and the child walked in seven days. Mr. C. had a large Suppurating Bubo, which, with a broad circle of counter-irritation, a poultice, and a shot mattress, was completely absorbed in ten days. E. W. had a severe Whitlow of the thumb; the hand and fore-arm were of twice the natural size; counter-irritation to all the hand and forearm, poultice, bandage, and rest, were followed by complete recovery in four days. E. S. had a large Carbuncle on the neck; two applications of iodine liniment in a zone around the carbuncle, converted it into a healing ulcer in five days. A man had a large mass of Strumous Glands in the neck, which for three years resisted every known treatment. A disc of counter-irritation at the back of the neck removed them in three weeks. Mr. Jordan said the treatment which he described, namely, counter-irritation over an independent vascular region, moderate pressure (in accessible inflammation), rest, and elevation, removed inflammatory diseases in a much shorter period than any other treatment.

A Council Meeting was held after the general meeting, at which Mr. J. H. Coleman, Wolverhampton, and Mr. R. M. Bowstead, High Wycombe, were elected members of the Association.

## CORRESPONDENCE.

### THE HIGH ALPINE VALLEYS AS WINTER HEALTH-RESORTS FOR THE CONSUMPTIVE.

SIR,—Dr. C. J. B. Williams, in his "Notes on Alpine Summer-Quarters for Invalids", also points out his views as to the suitability of the Engadine and the Davos as winter health-resorts for consumptive patients, at pp. 577 and 578 of the second volume of the *BRITISH MEDICAL JOURNAL* for 1869. As this important question has engaged my attention for many years, I venture to make a few remarks.

I see with particular satisfaction that Dr. Williams expresses himself in a much less unfavourable manner after his last visit to the Engadine than he had done a few months before, when he did me the honour to discuss my paper on the subject before the Royal Medical and Chirurgical Society; and I have so much confidence in his unbiased judgment as to hope that, before long, he will make further allowance regarding the beneficial effect of long continued residence in the Engadine and in the Davos in the treatment of a large class of consumptive patients.

After having related the case of Mr. S., Dr. Williams remarks: "To send patients in advanced, or even recent, active disease, with its attendant local inflammations and congestions, and with the general weakness of circulation and no power of resistance against cold, to such a climate as that of the Engadine in the beginning of winter, does seem most rash and irrational." (P. 577.) From this passage you would infer that such a course had been recommended; and, as I am the one who has principally directed attention to this question in England,\* it becomes incumbent upon me to state how far I am guilty of this "most rash and irrational proceeding".

1. As to advanced disease, I have as yet never myself advised patients with advanced consumptive disease to go to the Engadine or other high elevations during winter; but several patients of this class, who had consulted me at one time, have been sent by other physicians to high elevations; and I have thus had the opportunity of witnessing a favourable issue from repeated prolonged stays on the Cordilleras, as in the sixth of the cases communicated to the Royal Medical and Chirurgical Society (On the Treatment of Phthisis by Prolonged Residence in Elevated Regions, *Medico-Chirurgical Transactions*, vol. liii, p. 243, 1869). I have also seen at Davos and St. Moritz patients who, in spite of advanced disease, have derived benefit from prolonged residence (during summers and winters) at these places. This may not be the rule; and it will perhaps be found that many of these cases die at the elevated health-resorts in the same way as in the lower and warmer regions or at home. Careful and continued observations are required to teach us how far we may, in more or less advanced conditions, expect benefit,

\* The late Prof. Dr. Arnold Smith has carried out this plan only in Peru, where he spent the principal part of his life, and in Europe.



greater than is to be obtained from treatment in England or at other equally accessible health-resorts.

2. "*Recurrent active disease*." It may seem "most rash and unreasonable" to send patients with pulmonary affections of this kind to cold Alpine health-resorts in the beginning of winter; but perhaps it is *not so in reality*. There may be reason, though we do not yet recognise it. The first two cases which came under my observation, and which forced my attention on the subject, were singularly instructive on this point. Both were men born and brought up in elevated regions; both were, during their stay in London, affected with chronic catarrhal pneumonia, with consumptive tendency; both, after having been much reduced and emaciated by pyrexia, night-perspiration, loss of appetite, etc., went, while still in high fever (102 to 103 deg. Fahr. in the evening), and while the disease was apparently progressing, to their mountain-homes in the beginning of the winter, in order, as they said, to die in the arms of their friends; and a rapid improvement was the consequence of the step. The cases are more fully described at pp. 236 to 239 of the *Medico-Chirurgical Transactions* for 1869. That both men died at a later period of a fresh outbreak of the disease, does not diminish, but increase, the value of the lesson; for the original seeds of the complaint remained in both free, as was shown by the *post mortem* examinations.

This experience has encouraged me to send several other patients, in whom the progress of the local affection has not been arrested by several months' treatment in England, and in whom there were still daily exacerbations of fever (to 100 and 101.5 deg. Fahr.), to high elevations in the autumn and beginning of winter. I confess that I did this with great anxiety, and only from the fear that, by waiting, matters would become worse; but the result has been up to this time satisfactory, by the improvement of the appetite, the arrest and retrogressive process in the local affection, and by the disappearance of the night-perspiration, followed, sooner or later, by the diminution and cessation of pyrexia. I may add that, amongst other medical men's patients whom I have examined at the Engadin and the Davos, there were several who, according to the reports of their doctors at home, as well as according to the communications of the local physicians, had a considerable degree of fever when they left for the high regions, and when they arrived there, but had gradually entirely lost it, and had, at a later period, experienced also improvement in the local conditions.

I therefore avow that I occasionally recommend a removal to higher regions in recent active disease, and that I do this even in the beginning of winter.

This leads me to say that the idea usually entertained of the winter in the Engadin and Davos is most erroneous. The cold, it is true, is more or less considerable; but it is not *felt so*, owing partly to the air being very still in the sheltered valleys, even if there is much wind out of them; partly to the comparative dryness of the air; and, further, to the great heat of the sun during those hours when alone invalids ought to be out of doors, while in-doors it is, by means of the stoves, quite easy to keep up a moderately elevated temperature by day as well as by night, much more easy than either in England or in the South of France.\* I have to some degree tested these facts on a visit paid in the second half of November. Thus I found much less wind as soon as I arrived in the Engadin than I had perceived on the same day on the way from Chiavenna to the Maloja Pass. I did not feel the cold in the Engadin, though I was dressed exactly in the same manner as I had been just before on the Riviera. In conversing with a great number of patients in the Engadin and in the Davos, I heard from all that they felt themselves much better since the winter had set in—that they did not feel the cold anything like so much as at home; and those who had spent former winters at warmer health-resorts said that they had there felt frequently colder than in their present quarters. Those invalids who had already spent the summer in the Alps, again, as in former years, urged on me their experience that they very much preferred the winter to the summer. They attributed this to the absence of wind, which in summer regularly sets in from ten to about four; but I am sure that, in addition to this, there is other favourable influences at work in winter which do not exist to the same degree in summer. Thus, for instance, while the ground is covered with snow and ice, no emanations charged with organic matter can take place from the ground. The air is, further, almost entirely free from dust and other impurities, organic and inorganic; and it is possible that the low organisms shown by Pasteur, Tyndall, and others, to be always abundant in the air of inhabited places, are kept in abeyance by the cold winter-nights. But I do not intend to build up theories; I only wish to maintain the fact that almost all the invalids in the Engadin and Davos feel during the

winter better than during the summer, and that the fear of the so-called winter-climate in these valleys is to a great degree groundless.

With regard to the not unimportant matter of accommodation, Dr. Williams says of St. Moritz that, "as there have been hardly enough guests to make it profitable, it is doubtful whether any (hotel) will be available for the coming winter." This doubt is now dispelled by the fact that the excellent Kulm Hotel had, when I left it, opened its doors to ten winter-guests, and was ready to accommodate a larger number. At Mr. Stretzell's house there were four guests, and it is likewise able to hold more; and I have little doubt that, in future winters, other private houses will be open for the reception of patients.

As to the Davos valley, Dr. Williams remarks that "it is not likely to be suitable for winter-residence, as it has little or no shelter from cold winds." I can only say that, as well the medical men, Drs. Spengler and Unger, as also the invalids, have assured me that Davos am Platz is remarkably free from cold winds; and that I have several times had the opportunity of observing, especially on the 22nd and 23rd of November, that, while the clouds in the higher regions were chased with great force, the air in the valley was almost entirely still. I have seen, in some of my own patients, good results from the winter at Davos; and there are at present more than one hundred patients residing there, some of whom I have examined with Drs. Spengler and Unger of Davos, and Dr. Berry of St. Moritz; and I have been able not only to hear their own expressions of satisfaction, but also to convince myself of the progress they had made. One of the invalids, under the treatment of Dr. Spengler, was affected with advanced disease of both lungs, but in a quiescent state. He had formerly spent two winters at Algiers, one at Pau, and one at Mentone; and he had just returned for the fourth successive winter to Davos, to which place he gave the preference over those previously visited, as being more exhilarating at the time, and more invigorating in its after-effects.

I have occupied much space; but the great esteem in which Dr. Williams is justly held by the profession has obliged me to do so, lest the trial of the elevated regions as winter health-resorts should be postponed by his remarks; while I am confident that, if this trial be fairly conducted, the high-level health-resorts will receive their good share of visitors during winter, and this to the great advantage of the invalids themselves. The way in which they have been adopted as summer-quarters is sufficiently instructive in this respect. I well remember that when, not more than ten or twelve years ago, I recommended prolonged stay in the Engadin and other high places during summer, I met with every kind of good-natured abuse from medical men and invalids, and received volumes of humorous letters of complaints. As a rule, the invalids used to run away after a few days' or even a few hours' trial; and in 1858, for instance, of twenty invalids recommended to stay from six to ten weeks, not three remained a month; and now it has come to this, that the Engadin in summer is regarded as good for everybody and every ailment. Will it come to the same with the Engadin and the Davos in winter?

I am, etc.,

HERMANN WEBER.

Grosvenor Street, W., December 1869.

#### THE HOSPITAL OUT-PATIENT ROOM.

SIR,—The subjoined analysis, which I made of my out-patients in a large general hospital belonging to one of our most important manufacturing towns, may not be without interest during the present discussion of hospital management. It was made on six separate days in last March and April. The cases reported afforded no criterion of the total number of patients in attendance, but simply of the amount of work which I was able to accomplish by myself.

In 130 minutes I saw 84 cases, 29 being new; 10 physical examinations.

110	"	75	13	"	7	"
120	"	74	15	"	0	"
130	"	89	7	"	0	"
140	"	79	17	"	13	"
150	"	74	6	"	6	"

In these six days, therefore, I had 450 cases—nearly one-fifth of which were new—and a physical examination was made in 11 per cent. The average time allowed for each case was just over one minute and a half.

The record of a single day will suffice to illustrate the nature of the cases included in the foregoing enumeration. The total number was 84;—anæmia and debility, 9; nervous debility and hysteria, 7; muscular pains and chronic rheumatism, 9; phthisis, 9; hæmoptysis, 2; chronic bronchitis, 6; catarrh, 2; influenza, 1; epilepsy, 8; hemiplegia, 5; cerebral disease, 2; chronic headache, 1; paraplegia, 1; neuralgia, 2; nervous disease, 3; sequel of pericarditis, 1; hepatic disease, 1; dyspepsia and gastralgia, 5; disease of cæcum, 1; goitre, menorrhagia,

\* Very careful meteorological observations have been taken for me last winter by Mr. J. James, a local optician, assisted by Mr. J. Thompson. It will be the out of print, as giving any reliable result. I received, however, from Mr. Thompson, 100 pages of Mr. James's *English Medical Times and Gazette*, 1869, 1870, 1871.

emission, strumous glands, cachexia, of each 1; cutaneous diseases, 4. It is needless to add that the experience of other days would greatly extend this description.

To the first question suggested by the foregoing statement—the class of cases for which a hospital is designed—I shall not attempt a reply. Its solution depends upon other considerations, in addition to those relating to the diseases from which the patient is suffering.

But a second inquiry has a nearer relation to the result of the report which I have first made: Was the time I allowed myself sufficient for the purpose of examining the patients, and directing their treatment?

In looking over the list of cases, we cannot but be impressed with their great variety, and with the rapid alternation of trains of thought, each one widely different from the other, which they force upon the prescriber. Nor can we be insensible to the fact, that the different diseases which they represented were by no means of a trivial character, but that a large proportion of them required for their full elucidation a considerable amount of patient attention. To speak of epilepsy and chorea, of nervous debility and hysteria, of muscular palsy, of menorrhagia, of dyspepsia, of cutaneous disease, etc., is to refer to maladies seemingly simple, yet demanding a very searching inquiry into the antecedents and habits of the patients before they could be said to have been fully made out. Indeed, the very terms employed in entitling some of the cases, suffices to demonstrate how superficial was the diagnosis arrived at. Phthisis, heart-disease, etc., by their very names indicate the length of time required for their proper investigation.

In fact, we have formed the habit of undervaluing the practice of the out-patient room; partly because the patients are able to walk to the hospital, but far more because, on account of the hurry with which the practice is conducted, we are not able fully to enter into the interest of the cases which it presents to us. Yet it cannot be doubted that a more attentive study of these cases would open before us a most important field of inquiry, whether in regard to the welfare of the patients themselves, or in respect of the opportunity of clinical teaching and medical observation which they afford. It is hardly necessary to observe that a large proportion of our patients are compelled to delay the period of their admission into the wards of a hospital until their malady has reached an advanced stage; hence, for the study of the earlier periods of many diseases, and for the opportunity of arresting them at their outset, we must depend upon the out-patient room; and, looking at the opposite term of disease, how many histories commenced within the wards await for their completion the records of out-patient attendance: moreover, illustrations of a very large and important group of maladies are never to be met with among in-patients.

I have not as yet noticed one important branch of medical inquiry, of growing urgency at the present time, which must not be left out of the account—I mean the influence of different occupations upon the health of the workmen. Now it must be obvious that the out-patient department of a hospital must constitute the chief source of this kind of information; and that, if well administered, it is most fruitful in the means of extending our knowledge upon this most important subject.

These remarks, which might be much extended, will probably suggest a reply to the question prefixed to them; they will also, I hope, give some support to the opinion that the out-patient department of our large hospitals is worthy of a more careful regulation than it has as yet received.

I am, etc.,

A FELLOW OF THE COLLEGE OF PHYSICIANS.

#### MUSEUM NOTES.

STR.—The usefulness of the new department of the JOURNAL entitled "Museum Notes" would, no doubt, be increased if your readers would refer you to parallel specimens existing in the museums to which they have access. I wish, therefore, to point out that there are in the Museum of St. George's Hospital two specimens almost exactly similar to those figured in your JOURNAL of to-day from the Leeds and the London Hospital Museums.

Our specimen of spontaneous cure of aneurism of the innominate artery is even finer than that figured in the JOURNAL. It is described by Dr. Ogile in the ninth volume of the *Pathological Transactions*, and has been mentioned by myself in the *System of Surgery* (vol. iii, p. 375). Another well known case of aneurism of the innominate spontaneously cured, is that which Mr. Porter cut down upon the artery with a view of tying it, but found it implicated in the disease. I should have thought, therefore, that the possibility of spontaneous cure (meaning, by that term, cure without operation) hardly required proof; but I quite agree with your reporter as to the importance of such preparations, as bearing on the propriety of the operation by distal ligature.

In our specimen of intracapsular fracture of the femur united by bone, the upper fragment is evidently impacted into the lower. The

same was the case, I should think (judging by the woodcuts given in the JOURNAL), in the Leeds specimen; and such is, I suppose, the usual condition of bony union in this injury. The specimen in St. George's Museum is figured in the forthcoming second volume of the *System of Surgery*, second edition.

With renewed thanks for this interesting and valuable addition to the JOURNAL, I am etc., T. HOLMES.

Clarges Street, W., January 1870.

\* \* \* We shall be much obliged to other readers who will imitate Mr. Holmes's example, and supply us with references to other rare museum specimens bearing relation to those mentioned in our notes. At the same time, we hope that Mr. Holmes and our readers generally will kindly avoid the mistake of supposing that, because we think a specimen of interest sufficient to merit notice, we, therefore, believe it unique.

#### FUNCTIONAL PARALYSIS.

STR.—I perceive in the last number of the JOURNAL the communication made by Dr. Russell Reynolds to the meeting of the British Medical Association in July, upon an important class of complaints that have been frequently misunderstood and wrongly treated—respecting which I beg to make a few observations, restricting myself, however, to the paralytic or paraplegic variety of those affections, to which I endeavoured to call the attention of the profession many years ago in the first edition of my treatise on *Functional Nervous Disorders*, and which at that time were considered by Sir Benjamin Brodie to be of an hysterical nature, and stated as such in his lectures. The explanation I gave was, that these disorders depended upon a defect of volitional power, principally induced by depressing mental impressions, being mostly intractable to ordinary medication, and generally curable by the influence of time alone, after having lasted for a longer or shorter period, or by some agency of a moral nature calculated to make a strong impression on the patient's mind, and to excite the volitional function into activity. Thus in continental countries, and where the Roman Catholic religion predominates, it has not unfrequently happened that young women who had from this cause been bed-ridden for months, have suddenly recovered from taking part in a *neuvaine* or other religious ceremony, which they were impressed would produce a cure; and every now and then similar instances are recorded in the newspapers of this country, being considered by the ignorant and superstitious as the effects of a miraculous agency; in some cases, again, the application of a painful or unpleasant remedy, as blisters, cautery, or electricity—or rather, the apprehension of it being resorted to, has produced a like result; the benefit being attributable, in most cases, as Dr. Reynolds justly observes with reference to electricity, to its mental or moral agency.

Though sometimes an upper extremity is affected by this nervous paralysis—as when, after some slight injury, the patient's attention is concentrated upon the injured part—yet in almost all the cases it is the lower limbs that are implicated, the patient being unable to stand erect or to walk, though she may be able to move the limbs more or less when in the recumbent position; the reason of which circumstance is that, to maintain the body in an upright position, and especially for walking, a more considerable amount of volitional power is required than for any simple movement of the limbs, and that the lower extremities are the parts of the body the farthest removed from the source of volitional power—the brain. Thus, patients who are under the impression that they cannot walk or stand—which impression occasions the real inability—can move freely their hands or arms, can sit up in bed, or turn round on one side, and perform other acts which do not make so great a call upon sustained volitional action.

A few years ago there was much discussion in the Parisian Academy of Medicine, as well as in other medical societies and in medical journals, upon the paraplegia sometimes ensuing upon diphtheria and other acute diseases, which was regarded as *sui generis*, and as essentially connected with them; whereas it is merely a result of simple exhaustion, affecting, for the reason above stated, the lower extremities, and in some instances being kept up by the mental impression of powerlessness. Dr. Reynolds mentions some cases of this kind that fell under his observation, one occurring after typhoid fever, another consequent upon influenza and sore throat, a third following rapid child-bearing, a fourth upon chronic diarrhoea, rightly observing, "it is probable that a general improvement of nutrition has much to do with these results." Though perfectly agreeing with Dr. Reynolds's remarks as to the treatment of these affections, I have no faith in the efficacy of frictions or applications made upon the powerless limbs, which I think are rather calculated to be prejudicial than otherwise, by their concentrating the

patient's attention upon the limbs, whereas it ought to be diverted from them, unless where a moral impression can be made, as when electricity is employed. I am, etc., EDWIN LEE.

November 1869.

P.S.—I have treated at some length of functional paralysis in an essay not yet published, to which was awarded the prize offered by an influential foreign medical society.

## MEDICAL NEWS.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, December 30th, 1869.

Hawson, Joseph James, Grange Road, S.E.

Smiths in, John, West Town, Dewsbury

### MEDICAL VACANCIES.

The following vacancies are declared:—

**ANDOVER UNION.**—Medical Officer for the Workhouse and District No. 1: applications, 20th; election, 28th.

**ATHLETIC UNION, &c., Westmeath.**—Medical Officer for the Glannon Dispensary District: 12th.

**BALLINASLOE UNION, &c., Galway.**—Medical Officer for the Kiltmore Dispensary District: 14th.

**BIRMINGHAM GENERAL DISPENSARY.**—Resident Surgeon: applications, 24th; election, 25th.

**CAVERS, Roxburghshire.**—Parochial Medical Officer.

**CHARING CROSS HOSPITAL.**—Registrar: applications, 19th.

**CITY OF DUBLIN HOSPITAL.**—Surgeon.

**DINGLE UNION, &c., Kerry.**—Medical Officers for the Dingle and Ventry Districts: 13th.

**GLOUCESTERSHIRE LUNATIC ASYLUM.**—Junior Medical Assistant: duties, middle of January.

**GLASSON, &c., Westmeath.**—Medical Attendant to the Constabulary.

**HAMBLETON UNION, Surrey.**—Medical Officers for Shalford and Chiddingfold Districts: applications, 8th; elections, 10th.

**HOSPITAL FOR INCURABLES.**—Resident Surgeon.

**IPSWICH, Borough of, LUNATIC ASYLUM.**—Resident Medical Superintendent: applications, 15th Jan.; duties, April.

**ISLE OF MAN GENERAL HOSPITAL AND DISPENSARY.**—Resident House-Surgeon: applications, 19th.

**KEYNSHAM UNION, Somersetshire.**—Medical Officer for the No. 1 or Keynsam District.

**LEISTER INFIRMARY AND FEVER HOUSE.**—House-Surgeon: applications, Feb. 1st; election, Feb. 12th.

**MALE LOCK HOSPITAL.**—House-Surgeon.

**MINTO, Roxburghshire.**—Parochial Medical Officer.

**NORTHAMPTON GENERAL LUNATIC ASYLUM.**—Assistant Medical Officer: applications, 26th.

**NOTTINGHAM DISPENSARY.**—Consulting Surgeon.

**OAKHAM UNION, Rutlandshire.**—Medical Officer for Market Overton District.

**ROYAL ALBERT HOSPITAL, Devonport.**—Resident House-Surgeon.

**ROYAL COLLEGE OF SURGEONS IN IRELAND.**—Professor of Medical Jurisprudence.

**SHEFFIELD GENERAL INFIRMARY.**—Resident House-Surgeon.

**SOUTHEND, Angleshire.**—Parochial Medical Officer.

**SUNDERLAND INFIRMARY AND DISPENSARY AND EAST DURHAM COUNTY HOSPITAL.**—Junior House-Surgeon: applications, 26th Jan.; election, 3rd Feb.

**VICTORIA HOSPITAL FOR SICK CHILDREN, Chelsea.**—House-Surgeon and Secretary: applications, 10th.

**WESTERN GENERAL DISPENSARY, Marylebone Road.**—Resident Surgeon and Apothecary: applications, 10th.

**WOLSTANTON AND BURLINGHAM UNION, Staffordshire.**—Medical Officers for the Burslem North-East and Wolstanton Districts.

**WORCESTER GENERAL INFIRMARY.**—Resident Apothecary and Dispenser: applications, 15th.

### MEDICAL APPOINTMENTS.

*Names marked with an asterisk are those of Members of the Association.*

**CAMPBELL, Arthur, M.D., F.R.S.E.,** appointed Physician to the Royal Edinburgh Hospital for Sick Children, in the room of Dr. Keller, resigned.

**\*HAWARD, Edwin, M.D.,** appointed Physician to the St. Marylebone Dispensary, *vice* Dr. Cayley, resigned.

**\*SQUABREY, Charles, M.B.,** appointed Physician-Accoucheur to the St. Marylebone Dispensary.

**\*MONT, R. Shingleton, M.D. Lond., B.Sc.,** appointed Sambrooke Medical Registrar to King's College Hospital, *vice* Dr. C. W. Philpot.

**\*WRIGHT, Charles J., Esq.,** appointed Surgeon to the Leeds Public Dispensary.

**TESTIMONIAL.**—Mr. George Mowat has been presented with a Harley Binoocular Microscope, and several valuable instruments, on resigning the office of house-surgeon to the Swansea Infirmary, accompanied by the following resolution of the committee: "That this Committee, on receiving the resignation of Mr. George Mowat, cannot accept it without recording our deep sense of the invaluable services he has rendered to the Swansea Infirmary, during the period of nearly six years he has held this appointment. The great professional ability he has displayed, the unwavering kind attention he has paid to the numerous

patients under his care, and the earnest constancy with which he has discharged his onerous duties, deserve to have the thankful acknowledgments of the Committee, and, at the same time, we would express our heartfelt wishes for his welfare, and for his professional success in his future career of life."

**OBSTETRICAL SOCIETY OF LONDON.**—The following Officers and Council were elected for 1870, at the annual meeting on Wednesday last:—*Honorary President:* Sir C. Locock, Bart., M.D. *President:* Grailey Hewitt, M.D. *Vice-Presidents:* C. Holman, M.D. (Reigate); J. C. Langmore, M.B., F.R.C.S.; W. Leishman, M.D. (Glasgow); G. C. P. Murray, M.D.; E. J. Tilt, M.D.; T. Spencer Wells, F.R.C.S. *Treasurer:* J. Braxton Hicks, M.D., F.R.S. *Honorary Secretaries:* H. Gervis, M.D.; W. Playfair, M.D. *Honorary Librarian:* J. J. Phillips, M.D. *Honorary Members of Council:* W. Tyler Smith, M.D.; H. Oldham, M.D.; R. Barnes, M.D.; J. Hall Davis, M.D. *Other Members of Council:* W. Braithwaite, M.D. (Leeds); E. Copeman, M.D. (Norwich); L. T. Cumberbatch, M.D.; J. B. Curgiven, M.R.C.S.; R. Ellis; G. Gaskoin; T. T. Griffith, F.R.C.S. (Wrexham); F. S. Haden, F.R.C.S.; E. Head, M.B.; J. Hutchinson, F.R.C.S.; W. E. Image, F.R.C.S. (Bury St. Edmunds); D. L. Roberts, M.D. (Manchester); W. R. Rogers, M.D.; J. Scott, F.R.C.S.; W. J. Smith, M.D. (Weymouth); C. Taylor, M.D.; A. Wynn Williams, M.D.; A. Willshire, M.D.

**CLINICAL SOCIETY OF LONDON.**—The following are the names of the gentlemen who will be proposed for election as officers and members of Council for the year 1870. The gentlemen whose names are marked with an asterisk (\*) did not hold the same office during the preceding year. *President:* J. Paget, Esq., F.R.S. *Vice-Presidents:* H. W. Acland, M.D., F.R.S.; \*T. K. Chambers, M.D.; W. W. Cull, M.D., F.R.S.; Sir W. Jenner, Bart., M.D., F.R.S.; T. B. Peacock, M.D.; C. J. E. Williams, M.D., F.R.S.; Sir W. Ferguson, Bart., F.R.S.; J. E. Erichsen, Esq.; P. G. Hewett, Esq.; G. M. Humphry, M.D., F.R.S.; \*H. Lee, Esq.; John Simon, Esq., F.R.S. *Treasurer:* E. H. Greenhow, M.D. *Council:* \*A. W. Barclay, M.D.; J. S. Bristowe, M.D.; \*J. Hall Davis, M.D.; \*J. Langdon H. Down, M.D.; F. W. Pavy, M.D., F.R.S.; J. D. Rendle, M.D.; J. Burdon Sanderson, M.D., F.R.S.; F. Sibson, M.D., F.R.S.; R. Southey, M.D.; Hermann Weber, M.D.; \*J. Croft, Esq.; J. Cooper Forster, Esq.; G. G. Gascoyen, Esq.; C. Heath, Esq.; \*Berkeley Hill, Esq.; \*James Hinton, Esq.; \*C. Holthouse, Esq.; \*W. B. Kesteven, Esq.; C. F. Maunder, Esq.; Thomas Smith, Esq. *Honorary Secretaries:* \*T. B. Buzzard, M.D.; G. W. Callender, Esq.

**PATHOLOGICAL SOCIETY OF LONDON.**—The following officers and members of Council for the year 1870 were elected at the annual meeting on Tuesday evening. The gentlemen whose names are marked with an asterisk (\*) were not on the Council, or did not hold the same office during the preceding year. *President:* Richard Quain, M.D. *Vice-Presidents:* J. S. Bristowe, M.D.; \*Edwards Crisp, M.D.; T. B. Peacock, M.D.; S. Wilks, M.D.; \*John Gay, Esq.; T. Holmes, Esq.; John Simon, Esq., D.C.L., F.R.S.; Sir H. Thompson. *Treasurer:* C. Murchison, M.D., F.R.S. *Honorary Secretaries:* W. H. Dickinson, M.D.; J. W. Hulke, Esq., F.R.S. *Council:* J. Andrew, M.D.; F. E. Anstie, M.D.; H. Charlton Bastian, M.D., F.R.S.; T. Buzzard, M.D.; \*W. W. Cayley, M.D.; \*C. H. Fagge, M.D.; Wilson Fox, M.D.; W. Macet, M.D., F.R.S.; W. Moxon, M.D.; Hermann Weber, M.D.; J. Lockhart Clark, M.D., F.R.S.; \*J. Cooper, Esq.; \*J. Croft, Esq.; A. E. Durham, Esq.; J. Hinton, Esq.; \*C. Lawson, Esq.; C. F. Maunder, Esq.; \*T. P. Pick, Esq.; \*W. Potts, Esq.; \*W. Squire, Esq. The Report of the Council for the past year read at the meeting was most satisfactory.

**THE PARISIAN HOSPITALS.**—The last report of the Paris administration of the hospitals, hospices, and poor-law service (*compte moral*), published last year by M. Husson, and presented to the Committee of Surveillance, forms a volume of 267 quarto pages, and contains, in eleven chapters, data on the officers, medical and others, of the administration; the buildings and their furniture, the in- and out-patients, domiciliary visits, lunatic establishments, the treatment of children in the city and country, and very elaborate financial accounts. Five visitors were appointed by the administration to visit and report on candidates for admission to the hospices. They paid 3,099 visits to such persons during the course of the year. 14,749 convalescents were sent by the administration to the country asylums at Vincennes and the Vesines; 14,127 being hospital patients, and 622 sent by the *bureaux de bienfaisance*. The number of insane, including idiots and epileptics, was, on December 31st, 1866, 5,440. The number of beds in the general and special hospitals was 8,000; in the hospices, 10,000. The average annual cost of an occupied bed in the hospices was 498 francs; in the hospitals, nearly double.



## OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY.....Guy's, 1.30 P.M.—Westminster, 2 P.M.—National Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.

WEDNESDAY...St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.15 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—St. George's, 1.30 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.

THURSDAY...St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal College of Physicians, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.

FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.

SATURDAY...St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.—East London Hospital for Children, 2 P.M.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY—Medical Society of London, 8.30 P.M. Dr. Tilbury Fox, "First Lecture on the Epidemic."—Lecture.

TUESDAY—Ethnological Society of London, 8 P.M. Dr. Gustav Oppert, "On the Kitai and Karia-Kitai"; Mr. J. Bonwick, F.R.G.S., "On the Origin of the Tasmanians, geologically considered"; Dr. J. Haast, F.R.S., "On some Prehistoric Remains discovered in New Zealand." Royal Medical and Chirurgical Society, 8.30 P.M. Mr. A. Poland, "On Compound Fracture of the Patella."

WEDNESDAY—Hunterian Society, 7.30 P.M., Council Meeting, 8 P.M., Mr. Corner, "Cases of Injury to Skull and Brain"; Mr. Brownfield, "On a Case of Popliteal Aneurism."—Epidemiological Society, 8 P.M., Council, 8.30 P.M., "On Cholera in Senegambia," by Staff-Surgeon Gann. (Communicated by the Director-General, Army Medical Department.)

FRIDAY—Clinical Society of London, 8 P.M. Annual Meeting, Mr. Langton, "Case of Cancer involving the Left Half of the Soft Palate"; Mr. Thomas Smith, "Cases of Facial Carcinoma."

## EXPECTED OPERATIONS AT THE HOSPITALS.

GREAT NORTHERN HOSPITAL, Jan. 12th, 2 P.M. Removal of Tumour from Upper Jaw, Probable Amputation of the Leg—by Mr. T. Carr Jackson.

## NOTICES TO CORRESPONDENTS.

All Letters and Communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen Street, Lincoln's Inn Fields, W.C.

CORRESPONDENTS not answered, are requested to look to the Notices to Correspondents of the following week.

TO PURCHASERS.—To insure attention, it is requested that all orders sent to the Office for extra copies of the JOURNAL, be accompanied with stamps for the amount.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

M. B. M. A.—The result of the last Arts Examination at the Royal College of Surgeons cannot be known for some weeks, owing to the great number of papers sent in by the four hundred candidates.

THE WELSH FASTING GIRL.—In reference to a paragraph in last week's JOURNAL, we are informed that the London medical men who were consulted in the preliminaries of the case, did not directly communicate with their brethren on the Watching Committee, but transmitted their advice, on more than one occasion, to the gentleman who, we understand, originated the investigation. This "advice" was to the effect of the importance of frequent medical visitation.

## SYME FELLOWSHIP.

SIR,—I am surprised to learn from Dr. Murchison's letter in the JOURNAL of December 25th, 1869, that the Syme Fellowship is only open for competition to graduates in medicine or surgery of Edinburgh University. I think the object of this Fellowship, to perpetuate the name of Syme in connection with the clinical chair and surgery throughout the world, and to promote the advancement of surgical knowledge, would be best enhanced by opening the competition to all comers. I am told this is the case with Foreign Universities, and the Parisian Academy of Medicine, and if all the medical schools could act in a similar way, it would excite a spirit of scientific inquiry in relation to medicine amongst its followers that can scarcely be said to exist generally in this country, and would fit them as scientific men for the proper extension of their professional knowledge. There are some who have subscribed to the testimonial, and are not graduates, but would like to compete for the Fellowship. Moreover, it is probable there would be times of competition when none of the graduates would seem worthy of the Fellowship.

I am, &c.

CHLOROFORM ADMINISTRATION.—Dr. Edisson, of Leeds, writes to insist on the importance of the horizontal position, and directs attention to the number of cases of death from chloroform, when given for minor operations, dental and the like, in many of which the patient was probably sitting. "Position is undoubtedly of great importance in diminishing the risk of cardiac syncope." It is especially mentioned in our Memoranda.

ERRATA.—In our leading articles of last week, Dr. Lloyd Roberts of Manchester should have been mentioned as promising a contribution on Uterine and Ovarian Disease, and not Dr. William Roberts.—In our report on the Bath United Hospital, in the BRITISH MEDICAL JOURNAL for December 25th, 1869, it is stated that Dr. Barton is curator of the museum. It should have been Dr. Barber.

L.R.C.P.—Yes.

## PREVENTION OF SCARLET FEVER.

SIR,—I have read with great interest your article on the above subject in last week's JOURNAL, and cannot resist the temptation of writing a few lines, just to show that a like train of reasoning has been in operation in my own mind for some years past, assuming the limits of the great authority to scarlet fever, that the value of having it in childhood is undisputed; that, as far as my observation goes, the danger in adults is greater than in childhood, as shown by the question being asked by life insurance offices, the life being considered more valuable if that ordeal have been passed through; and I admit that we can prevent the spreading of the disease by means such as those recommended by Dr. W. Budd and others. But the object of the Profession is, I take it, to discover, if discoverable, the means of destroying, exhausting, or consuming the susceptibility of the individual to scarlet fever, as we destroy, or exhaust, or consume the susceptibility to small-pox by vaccination.

Now, Dr. W. Budd asserts that the desquamated skin *is*, (or, as I suppose he means, contains) the poison of scarlet fever. If such be the fact, ought we not to be able to induce the disease in those who have not had it, seeing we have the poison or virus in our hands? Reasoning thus, I may mention that the child nurse of our workhouse has two daughters, about twelve and fourteen years of age. The younger took scarlet fever and had her throat severely affected; the skin less so. This nurse is a widow; and felt the desirability of the other child having the disease at the same period, proposed to me to try to induce it. I procured of the child with some of the desquamated cuticle, to which she assented, and which I accordingly did on November 28th. I obtained some fine powder from the skin of another patient, in whom the skin had been more decidedly affected; and, having prepared a couple of times on one arm, I rubbed the powder on the other, with light scratching and scraping. I rubbed on the fine powder which I had brought from the other patient. She was allowed to go into the room where her sister was. Forty-eight hours afterwards she complained of a tenderness on the inside of the arm, running up towards the axilla. On December 3rd, she complained of sore throat, which I found red and turgid, the cervical glands being tumefied. Her mother put her to bed with her sister. When I saw her in bed on the 6th, I could discover no rash on her arm. The tongue did look a little suspicious; but finally I saw it was not. I shall see her again in the morning, and will do a postscript.

Of course, this case proves nothing; and I am not sure that the skin is the organ through which we are to introduce the scarlet fever poison. I think there would be a better chance of getting through the lungs, but I get very weary of the poison into such a state of inability that it can be respired—e.g., in a "respirator." There is the chance of giving it to the child by allowing it to go where scarlet fever is; and, years since, I stated that, if I had a family, I should have liked to give the child a chance of taking it, by sending him to a school, choosing, of course, a suitable time of the year—so great appeared to me the advantages of having it over. And the only conclusion at which I can arrive is, that, in default of being able to inoculate for the disease, and in default of refusing to the child a chance of taking it by exposure, we must, in the event of the disease, at shorter intervals, have an outbreak of the disease, and have to pay a heavy penalty in the death of some whose lives can ill be spared from amongst us.

I must apologise for not correctly observing your rule, "that you want *facts* (not opinions)"—still, I think my reasoning is a *fact*, at least, I hope you will construe it such.

Reading, December 8th, 1869.

P.S.—8th. To-day nothing is visible. The girl is ordered to get up.

F.R.C.S. Dr. A. M., and Mr. A. C., are *not* Fellows of the London College of Surgeons. The Secretary of the Edinburgh College of Surgeons will give you all particulars, including the amount of fees payable for the dissection.

THE SCARBOROUGH CONVALESCENT HOME AND HOMOEOPATHY.—Dr. C. B. Fox and other medical practitioners in Scarborough have forwarded us a long letter, with appendices, relative to the admission of a homoeopathy to the performance of duties in the recently instituted Convalescent Home, and the demands made on the abstract of the case. It appears that, on the establishment of the Convalescent Home, many of the medical men in Scarborough received an invitation to render professional aid to this, severely and, according to the readily agreed-upon terms, inserted in the prospectus; and among the names was that of Dr. Craig, a noted homoeopath. The other medical practitioners whose names were on the prospectus, with two or three exceptions, sent in their resignations. Thereon an "immediate prospectus" was issued, and Dr. Craig, in answer to it, stating that Dr. W. S. Craig had kindly consented to attend any of the inmates of the Home who might wish to be treated homoeopathically. (Each inmate can choose from the list her own medical attendant.) The issuing of this second prospectus was followed by the resignations of the medical officers, with the exception of Mr. Cooke, Mr. Teale, and Dr. Jackson.

We learn, further, that an apparent approval of the conduct of the three gentlemen who have not thought it right to resign their posts, has been obtained from the members of the hospital, and from the profession, and also from one of our contemporaries—a fact in which the organs of the homoeopathic press rejoice.

To express our opinion in full on the subject, would be only to reiterate what we have said in the pages of this JOURNAL. We would especially refer our correspondents to the second volume for 1861, pages 97, 113, 118, 150, 176; also to the copy of a letter from the late Sir Benjamin Brodie, published at page 269 of the same volume. Briefly, we would say that the connection with a place is assigned to a homoeopathy, with whom they are at any time liable to be called into consultation. On the other hand, those who have followed the opposite course have, no doubt, acted according to the principles of the profession. The "Home" partakes rather of the character of a hotel than of a hospital, is very fallacious. The "Home" is to all intents and purposes a hospital, with a staff of medical officers—to a choice of whom the inmates are invited to be treated. It can scarcely be otherwise, when they have the homoeopath as the practitioner who will meet with cases in which he may desire the advice of the other medical officers. We do not wish to make martyrs of homoeopaths; but we do not think that medical practitioners should be compelled or should consent to do anything which may have even the appearance of encouraging a delusion.





## REMARKS

ON

## THE PATHOLOGY OF WHITE LEG.\*

By F. BRITTAN, M.D.,

Senior Physician to the Bristol Royal Infirmary, etc.

HAVING very recently had under my care three cases in which "white leg" occurred, I was induced to look through the notes of similar cases which I have attended, and which, from some special circumstances, I thought worth while carefully to record; and the collation of them has appeared to me of so much interest, especially as bearing upon the modern views of blood pathology, that I now bring them before you.

I have adopted the title of "white leg" for my communication for special reasons: 1. because "phlegmasia dolens" is commonly understood to be a disease peculiar to the puerperal condition; 2. because the existence of "phlebitis"—if by this term be signified a primary or adhesive inflammation of the inner coat of the veins—is doubted and denied, and, indeed, as far as experiment can show, disproved; moreover, because, in three of my cases, there was evidence that the arteries were also plugged; and, lastly, because, though I believe that "thrombosis or embolism" would be the correct term for the disease, "white leg," as denoting a special form or localised manifestation of it, exactly describes the prominent and characteristic condition.

By "white leg," then, I need hardly say I mean that state in which we find the limb swollen, tense, firm, white, and somewhat shiny, with well-marked pain, hardness, and fullness in the course of the vessels. Sometimes, the whiteness is interrupted by patches of finely ramifying distended capillary vessels, as in five of my cases, or even by distinct blotches of lividity, as in two.

The remark which I made respecting phlegmasia dolens would lead you rightly to infer that I consider "white leg" and "phlegmasia dolens" to differ only in that the latter, belonging to the puerperal condition, perhaps involves the uterine veins—the sometimes supposed special affection of the lymphatics, being inconstant and secondary, and, moreover, equally to be found in non-puerperal cases. In fact, the consideration of my own cases, as of the many already on record, proves that "white leg" in no way, but as just indicated, differs from "phlegmasia dolens" either during life or in the *post mortem* evidences; and that it occurs not only in women who have never borne children, but even in men also.

Proceeding with these facts before us to consider the pathology of this disease, by whichever name we call it, the condition of the limb, the feel of the hardened distended vessel, and the uniform *post mortem* result, unequivocally point to the plugging of the vessels by coagula as its proximate cause; and the question we have to determine is the rationale of this plugging and coagulation.

In the first place, as to the vessel itself. When we remember that the internal coat of veins is entirely destitute of blood-vessels; that experiments uniformly fail to produce inflammation of this coat; and that, after death, there is no indication in these cases of the existence of inflammation—we are forced to conclude, with Cruveilhier, that the phlebitis is not the first change, at all events, but that the coagulation of the blood is anterior to it, and to look beyond the condition of the vessel itself for the real cause of the disease.

I would not, indeed, be understood to deny that local circumstances do, in certain conditions, produce morbid effects or inflammatory products in the veins. We see such when, in case of wounds involving the vein, the products of inflammation pass into the vein from the surrounding tissues; but, on the other hand, when in experiments the entrance of such products is prevented, no such results ensue. Nor would I say that, in particular states of the system, or, I should say, of the blood, external influences will not induce the plugging. For Dr. R. Lee showed that the presence of a malignant tumour on a vein was sufficient; and Bouillaud, whilst pointing out that he found that those who died from phthisis or cancer often suffered from the formation of clots in the veins, quotes one case in which the external iliac was filled with a coagulum induced by the pressure of intestine distended with feces; another, where the plugging of the vena cava was due to the presence of a tumour; and, a third, where a cancer, by pressure, caused plugging of the internal iliac vein. (Holmes's *System of Surgery*, vol. iii, p. 392.) Still farther, a case is recorded of a young man who had long been in St. Bartholomew's Hospital, dying of phthisis, with his thighs drawn up on his abdomen, in whom the femoral veins were found closed by coagula from the profunda to Poupard's ligament. The mere flexion of

the vessels, in such a condition as that of this patient, had determined the coagulation of blood.

Putting aside, then, the doctrine that the disease can be produced primarily by any condition of the vessels, we turn to that of the blood which coagulates in them; and we find ourselves at once entering on a wide subject, upon which modern pathological research has thrown much light, enough to indicate and illuminate, at least, if not to completely elucidate, the effect of morbid states of the blood; and we are involved in the contingent relations of the morbid conditions of the blood, and thrombosis, embolism, pyæmia, erysipelas, puerperal fever, etc.

It is not my object to enter upon this wide field. I shall only endeavour to show you how far my cases support the view that the proximate cause of this disease is to be found in the condition of the blood and not of the vessels.

For this purpose, it is not necessary that I should read them to you *in extenso*. I shall give you a short abstract of each, and then consider them in groups.

CASE I.—Mrs. H. sent for me a week after her confinement with her fourth child. Having a great aversion to be attended by a man, she had employed a nurse only. She lost much blood at and after delivery, and was, on the fifth day, attacked with white leg. There was no interference with the uterine discharges, nor with lactation.

CASE II.—Mrs. R., in her fourth confinement, lost much blood. I saw her ten days afterwards in consultation. She was then very blanched, and breathed with difficulty. She had white leg, with great hardness and tenderness in the femoral region. No pulsation could be felt. There were livid patches from distended capillaries about the thigh and buttocks. After some weeks of slow and precarious improvement, jaundice set in with enlargement and tenderness over the liver. At length she vomited and passed *per anum* a large quantity of pus, and rapidly recovered.

CASE III.—Mrs. R. was admitted at the Infirmary three weeks after her confinement. She was only 18, pale, anæmic. She suffered from sickness, want of appetite, and harassing cough. She had nursed her baby, but her milk was poor and scanty. She had the cough for several months (phthisis). A week since, the left leg began to swell, first in the popliteal, then in the femoral region. On the twenty-sixth day the swelling having subsided, except about the knee, a collection of pus broke at the back and outer side of the knee, and discharged several ounces.

CASE IV.—Mrs. H., aged 49, mother of several children, had had severe attacks of flooding for the last year. She was very anæmic, blanched, and waxy-looking. I saw her in consultation for white leg, the right being affected. She slowly recovered.

CASE V.—Miss R., aged 25, a tall, anæmic girl, had not menstruated for twelve months. She had had severe pain in the left popliteal space, then in the femoral vein. She now had well-marked white leg. Under treatment, she menstruated on the twenty-eighth day, and soon recovered.

CASE VI.—E. S., aged 22, a pale girl, generally healthy and active, menstruates regularly but scantily, has pleurisy in the right chest, and pneumonia at the base of the left lung. On the ninth day, there was loud pericardiac friction. On the eighteenth day, the pleurisy and pneumonia had nearly passed, but the cardiac friction remained intense and dry. On the twenty-fourth day, the pericardiac friction having much subsided, a rough systolic murmur was audible at the base of the heart; and, next day, white leg on the right side commenced. It lasted twelve days. She recovered; but with damaged heart.

CASE VII.—J. D., aged 22, single, was admitted to the Infirmary March 25th, 1869. She had had rheumatism three weeks. The attack began with pain in the right thigh, then in the left; then it passed to the shoulders, arms, and elbows. On examination, her breathing was short. She had white leg on the left side, with excessive pain and hardness up to and above Poupard's ligament, in the course of the veins. She menstruated irregularly and scantily. She did so a week ago. After five days, she had difficulty of breathing, with loud dry friction over a space of about three inches under the left mamma. On the fourteenth day after admission, no alteration of vesicular breathing and no dulness having been perceptible, the friction disappeared. The leg also was nearly well; but a loud systolic endocardiac murmur, audible at the apex, presented itself; and the right arm had begun to swell, and was very tender in the course of the vessels. [This patient died some days after the meeting. The subsequent history and *post mortem* examination were as follows.]

This condition of the right arm lasted five days, and then the left became similarly affected; both returning to their normal condition. Vomiting of their yellow fluid now set in, with some blood also; and she died exhausted six weeks after admission.

\* Read before the Bath and Bristol Branch



On *post mortem* examination, very little fluid was found in the pleural cavities. There were no adhesions nor lymph, nor roughness of the pleura pulmonalis or costalis, even where the loud rubbing had been audible. The lungs were emphysematous, otherwise healthy. There was a little fluid in the pericardium. The heart was sound, but for some small warty vegetations on the auricular surface and edge of the mitral valve. The stomach was very large, V-shaped, the limbs passing high up in each chest; other viscera healthy. The left femoral vein and the iliac vein, from the point where it joins the trunk, to the leg, was very small and agglomerated, as it were, with the tissues, from which it could not be cleanly dissected. Its calibre was occupied by a clot passing into its branches. The clot was firm; in some parts dark, in others rusty red; it was closely adherent to the wall of the vessel, yet easily separable, and, when separated, left the lining coat of the vessel smooth and glistening in most parts, but here and there deeply stained purple, with a somewhat sloughy look. The arteries were healthy. The uterus was very small and hard. The hymen was perfect.

CASE VIII.—M. K., aged 21, single, for six weeks had cough and palpitation after unusually hard work. She menstruated regularly but scantily; did so five days before admission. The day after her admission to the Infirmary, without assignable cause, "white leg" on the left side set in, with distinct cord-like ramification of the superficial veins. After a week, the left leg improving, the right began to swell, and was very tense, white, and shining, up to the hip. On the tenth day, a loud systolic *bruit* was audible at the apex of the heart and along the aorta and subclavians, with a cough and oppression of the chest (which, however, from her condition, it was impossible to minutely examine). She completely recovered.

CASE IX.—George H., aged 25, was admitted to the Infirmary, under my care, with ptosis on the left side, partial facial paralysis on the right, and impaired motor power and sensibility in both lower extremities, and the right upper. He was very dull and stupid. He had been a patient under me two years previously, with rheumatism. The heart was not then affected. For two months he had now suffered from severe pain in his head. For a month he was blind in both eyes. He was somewhat wandering and incoherent. He continued in much the same condition for a month after admission, with no cardiac, renal, or other perceptible cause. Then, his right leg swelled, with all the conditions of white leg, and no pulsation in the arteries. In four days, he suddenly became comatose and apparently moribund. The coma, however, passed off, convulsive movement in all the limbs ensuing. In seven days, pulsation was perceptible again, and the swelling began to diminish. He still wandered and talked incoherently, his hands being spasmodically clenched. In six days more, consciousness having returned, and the spasmodic condition passed, the right leg being well but for a numbness, the left leg began to swell, and went through just the same course as the right. The swelling subsided in six days, leaving only some oedema of the feet, and great want of heat and sensibility. He has since (for six years) been following his occupation as a porter, and has had no subsequent ailment, but is somewhat excitable and irascible.

To these cases I must add one which I find in the Proceedings of the Pathological Society of London, reported by Dr. Moxon. It is a case of thrombosis of the renal vein, from a man who died in a state similar to typhus, with albuminuria, and with white leg a few days' standing. After death, there was found to have been acute meningitis. The spleen was full of embolic patches. There was a clot in the femoral vein, and the veins of both kidneys were filled with thrombi. There was an excess of white corpuscles. Mr. Pick also showed specimens from a corresponding case, but with gangrene of the lungs and two pulmonary abscesses.

In analysing these cases, we find that three occurred in women after childbirth, with rather severe hemorrhage; two after severe hemorrhage; and the third hardly to be connected with any uterine condition, as it was three months after her confinement in a pithical patient. Four occurred in women anemic; one from constant flooding, the other three with scanty and irregular menstruation. In two, an endocardial *bruit* preceded the attack of white leg. In two, and probably a third, pleuritis without effusion occurred either antecedently or concurrently. In three, pulsation in the arteries was not perceptible. In six, the left leg was affected; in three, the right; in two, both.

I have already occupied too much of your time to venture upon any further remarks upon this analysis; and I refrain from doing so with the less reluctance, from the conviction that, considered with regard to what we do know of embolism, pyæmia, and septicæmia generally, and the more or less obvious mal-condition of the blood in each of these cases, they sufficiently speak for themselves.

## THE INDICATIONS FOR TRACHEOTOMY IN CASES OF LARYNGITIS AND DIPHTHERIA.

By GEORGE JOHNSON, M.D., F.R.C.P.

Physician to King's College Hospital; Professor of Medicine in King's College, London.

WHEN the symptoms of laryngitis, whether in a child or in an adult, continue and increase and threaten life, or when, in a case of diphtheria, the extension of the disease to the larynx causes the same threatening symptoms, we ought to have recourse to tracheotomy; and by this operation we may not unfrequently save a life which must otherwise inevitably be lost. The operation is more frequently successful in cases of simple laryngitis than in diphtheria—for the reason that, in the latter disease, the exudation often extends into the trachea and bronchi; so that an artificial opening in the windpipe does not counteract the cause of the apnoea. It is more frequently successful in adults than in children, and more frequently in older than in very young children. In adults, I have rarely failed to save life by the timely performance of tracheotomy; but in children I have rarely succeeded. In very young children, the trachea is so small that it is scarcely possible to introduce a metal tube; and the operation is, therefore, impracticable. The youngest child that I have seen saved by tracheotomy was one about two years old, who, while suffering from inflammatory croup, was operated on by Sir W. Ferguson.

Excluding those cases in which the operation is impossible on account of the small size of the trachea, the principles which should guide us in our determination to resort to tracheotomy are the same, whether the patient be a child or an adult.

In general terms, then, it may be stated that, when, in spite of prompt and judicious treatment, the obstruction in the larynx and the consequent dyspnoea continue and increase, and when there is commencing lividity of the lips and face, the time for tracheotomy has arrived. When a laryngoscopic examination is practicable, and when, by this means, we discover such an amount of structural change within the larynx as must obviously require several days, and perhaps even weeks, for its removal, the necessity for the operation will be still more apparent.

In considering the question of tracheotomy, it must continually be borne in mind that, if the operation be too long deferred, although it may remove the distressing sense of constriction in the throat, it will not save the patient's life. The reason is, that a prolonged partial apnoea gradually induces a condition of lung and of pulmonary artery which is irremediable and fatal.

The order of events appears to be this. The obstruction in the larynx limits the supply of air to the lungs; the blood in the pulmonary capillaries is imperfectly aerated; and some partially aerated blood passes on into the systemic arteries. At the same time, the minute pulmonary arteries, by their contraction, lessen the supply of blood to the pulmonary capillaries in proportion to the limited access of air. This contraction of the minute arteries is doubtless called into action by a nervous influence transmitted from the capillaries. A message is telegraphed to the arterial stopcocks, requiring a diminished supply of blood so long as the respiratory changes are partially suspended. The blood, therefore, accumulates in the trunks of the pulmonary artery, in the right side of the heart, and in the systemic veins. The distension of the superficial veins renders the lips and the skin more or less livid; while the retrograde engorgement of the bronchial veins and capillaries, which belong to the systemic venous system, results in a serous effusion into the bronchial tubes. This serous exudation gravitates towards the bases of the lungs, filling the air-cells and smaller tubes, and thus still farther impeding respiration. Meanwhile, the slowly moving, partially stagnating blood in the pulmonary artery becomes more and more viscid, and at length partially coagulates. Hence, on *post mortem* inspection, fibrinous coagula, which had evidently been in process of formation for several hours before death, are often found in the pulmonary artery. A state of partial apnoea, therefore, exceeding a certain limit in degree and in duration, results in oedema of the lung, and coagulation of blood in the partially obstructed pulmonary artery; and these changes in the lung and in the artery may, alone, suffice to destroy life. Tracheotomy, then, to be successful in rescuing the patient from fatal apnoea, must be resorted to before the lungs have become highly oedematous, and before the blood in the pulmonary artery has lost its fluidity.

When the laryngeal obstruction has been of recent origin and rapid in its course, it is the more likely that life may be saved by the prompt

performance of tracheotomy; but, when urgent dyspnoea has been of long duration, there will always be reason to fear that the lung and the blood in the pulmonary artery may have passed into the condition that I have described.

We may sometimes obtain more positive evidence as to the cedematous condition of the lungs. There may be dulness on percussion over the lower lobes of the lungs, and a fine moist crepitation over the same extent. As a rule, however, when there is great obstruction in the larynx, auscultation teaches us little as to the condition of the lungs. The loud laryngeal stridor completely masks the pulmonary sounds; which, besides, are very feeble, in consequence of the small volume and force of the tidal air in the lungs.

We may suspect that the blood in the pulmonary artery is coagulating, when, with increasing dyspnoea, there is a combination of pallor and lividity of the skin and lips, with extreme feebleness of the pulse. The lividity is a result of over-distension of the systemic veins, while the pallor and the pulselessness are due to a corresponding emptiness of the arteries; the venous fulness on the one hand, and the arterial emptiness on the other, being direct results of the obstruction in the pulmonary artery.

I have nothing to say as to the mode of performing the operation of tracheotomy. That is a purely surgical question, with which I do not meddle. But I must insist upon the importance of keeping the air of the room warm and moist so long as the patient has to breathe through the opening in the trachea. A neglect of this precaution might result in an attack of bronchitis or pneumonia.

Another point which deserves notice is that, while a patient is breathing through the artificial opening, so much is the reflex excitability of the larynx lessened, that, during deglutition, liquids sometimes enter the larynx, and then escape through the cannula. This may, to some extent, be prevented by directing the patient to close the tube with his finger during the act of deglutition.

A gentleman suffering from acute laryngitis, whom I attended with Mr. Heckstall Smith and Dr. Allfrey, and who was rescued from impending suffocation by tracheotomy performed by the latter gentleman, while he was breathing through the tube, one day got a piece of bone into his larynx from soup that he was drinking. The foreign body caused him much annoyance until it was expelled by a cough. The patient completely recovered, and returned to his work in India. The lesson taught by this and other cases is that, while a patient is breathing through an artificial opening in his windpipe, unless deglutition be performed with care, the food may "go the wrong way", and either lodge in the larynx, or passing through the larynx, it may enter the bronchial tubes.

## THERAPEUTICAL MEMORANDA.

[Under this head, we shall publish from time to time, as materials accumulate, short records of remarkable cases in practice which are sufficiently rare, interesting, or instructive, to deserve record, but do not call for lengthened statement or comment. Brevity and point should be the valuable characteristics of cases forwarded for this column.]

### CHLOROFORM IN THE TREATMENT OF BILIARY CALCULI.

By JOHN BARCLAY, M.D., Physician to the Infirmary, Leicester.

SEEING some reference in a contemporary periodical, to the proposed use of chloral as a solvent of biliary calculi, I crave space to state that I have met with very great success from the internal administration of chloroform in that disease.

I first used it in 1867, in the case of a cholelith, aged 58. He had suffered for twenty-three years from gall-stones; the peculiar pain, jaundice, with subsequent discharge, by stool, of the calculi, coming on so suddenly and without warning, as seriously and frequently to interfere with his duties. Just then, writing on alcohol, I had been studying the experiments of Lallemand and others, on the existence of alcohol unchanged in the blood. Knowing that ethers are solvents of cholesterine, I ventured, on his third attack in that year, to prescribe chloroform in doses of two or three drops, three or four times a day, on the chance of its reaching the calculi through the blood. To his surprise, and my gratification, pain, tenderness, distension and jaundice disappeared together, and in the eight years since elapsed, he has never had another attack. He keeps a bottle of "chloric ether" by him, for occasional use. I have found it to give invariably and permanent relief in many instances since.

The theory of thus dissolving the calculi *in situ*, followed by the disappearance of the symptoms, leads to a deduction that may be legitimate, that relief was obtained by their being so dissolved.

## ON THE PHYSIOLOGY OF EAR-COUGH.

By J. LOCKHART CLARKE, M.D., F.R.S., etc.

IN an interesting article, by Dr. C. B. FOX, on "Ear-cough and its Mode of Production" (BRITISH MEDICAL JOURNAL, December 18th, 1869), the author observes that "unanimity of opinion does not yet prevail as to the exact origin of the greater root of the fifth cerebral nerve."

Notwithstanding the discrepancy of opinion that has prevailed among different investigators upon this point, the question is now, beyond all doubt, completely set at rest. In several of my memoirs, published in the *Philosophical Transactions*, but more particularly in my last ("Researches on the Intimate Structure of the Brain", second series; *Phil. Trans.*, part I, 1868), I have shown that the greater root of the fifth cerebral nerve arises from the grey tubercle of Rolando in the fourth ventricle; or, in other words, from the upward prolongation of the caput cornu, or expanded extremity of the posterior horn of the spinal cord, from which the posterior roots of the spinal nerves take their origin. Of this fact, any one sufficiently skilled in anatomical manipulation may convince himself by making the dissection which I have described at page 292, and represented in fig. 47, plate xii, *Phil. Trans.*, 1868. In making this dissection, the observer will find at the side of the fourth ventricle, beneath the junction of the posterior with the middle peduncle of the cerebellum, a conical or nipple-shaped projection of grey substance, which may be distinctly seen by the naked eye to give origin to the large root of the trigeminus. By dissecting downwards, and by making a descending series of transverse sections from this point in a medulla hardened in chromic acid, the observer may again satisfy himself that the conical projection of grey substance which gives origin to the large root of the trigeminus is uninterruptedly continuous with the caput cornu, or expanded extremity of the posterior horn of the spinal cord; and that through this caput cornu in the medulla oblongata, and not through the restiform body, as hitherto described, the descending portion of the nerve is transmitted. Stilling referred the origin of the greater root of the trigeminus to the gelatinous substance. So far he was right, and the figures which illustrate his descriptions are exceedingly beautiful and correct; but he committed a great error in mistaking what I have shown to be the loop of the facial nerve for what he calls the "constant root" of the fifth, which in reality has no existence at all. As to Langenbeck and Förg, mentioned by Dr. Fox, they evidently knew nothing whatever about the origin of the fifth cerebral nerve. That which they considered as the origin, or nucleus of the greater root of this nerve, and which Stilling erroneously described as the nucleus of the glossopharyngeal nerve, I have shown to be really the inner auditory nucleus. The inner auditory nucleus gives origin to the posterior root of the auditory nerve, which winds round the restiform body to reach it (see fig. 36, plate xi, and fig. 43, plate xii, *Phil. Trans.*, 1868). The morphological changes by which I have shown it to be evolved out of other elements of the medulla oblongata are in the highest degree interesting, and have been confirmed by other anatomists both on the Continent and in America. I will now remark only that it is partly formed out of the nucleus of the vagus (see plates viii and ix, *Phil. Trans.*, 1868), and that the nucleus of the vagus forms one continuous column with the nucleus of the spinal-accessory, which supplies motor fibres to the inferior laryngeal nerve.

The outer auditory nucleus gives origin to the anterior division of the auditory nerve which runs beneath, or in front of, the restiform body. Both this nucleus and its nerve are intimately connected, by means of a beautiful network of fibres and small cells, with the posterior side of the grey tubercle, which a little higher up gives origin to the large root of the trigeminus, as well as with the descending bundles of that root which the grey tubercle contains (see fig. 46, plate xii, and its explanations).

With regard to the mode in which ear-cough is produced, I have no doubt that Dr. Fox is correct in considering the fibres of the fifth cerebral nerve distributed to the auditory canal as the starting-point in the circle of reflex actions. For, although the nucleus or central origin of the fifth nerve is some distance above that of the vagus, still, as I have already shown, it is directly continuous downward with the grey tubercle or expanded extremity of the posterior horn of the cord, and through the front of this tubercle the fifth nerve sends down a considerable portion of its sensory root. Now the nucleus or central origin of the vagus lies quite at the base of this tubercle, and is intimately connected with it; while the vagus-nerve, in passing inward to its nucleus, traverses the root of the fifth nerve contained in the grey tubercle in connection with small cells. I have also shown that the nucleus of the vagus is directly continuous with that of the spinal-accessory, which

supply the motor fibres of the inferior laryngeal nerve (see figs. 3, 12, and 14, plate 15, *Phil. Trans.*, part 1, 1866).

On account of its connection with the physiology of ear-cough, I may make the following quotation from my memoir of 1868 (*Phil. Trans.*, pp. 284-5). "In 1857 (*Phil. Trans.*, 1858), I pointed out the fact that the descending portion of the posterior root of the fifth nerve, instead of traversing the restiform body, as it was previously believed to do, runs down from the front of the grey tubercle. The transversely-cut ends of its longitudinal fibres are represented by the dark spots at c, fig. 10, plate viii. Moreover, I formerly showed (*Phil. Trans.*, 1858) that both the vagus and glossopharyngeal nerves, on their way to their nuclei, traverse the grey tubercle and pass through this portion of the nerve, while I have since had reason to think that some of their roots terminate in the grey tubercle as one of their centres of origin. This intimate connection of the sensory division of the fifth nerve with the vagus and glossopharyngeal nerves, as well as the connection, already shown, of its motor nucleus with the glossopharyngeal nucleus, with the returning fibres of the glossopharyngeal nerve, and with the fasciculus tricus (nucleus of facial), are facts of uncommon interest."

With regard to the anatomical connection and the mechanism by which I have shown that impressions made on the vagus and on the incident fibres of the trifacial and spinal nerves may call into action the whole class of respiratory muscles, see my memoir in *Phil. Trans.*, part 1, 1859, "Further Researches on the Grey Substance of the Spinal Cord," pp. 459-61.

## CASES OF SYPHILITIC AFFECTION OF THE THIRD NERVE, PRODUCING MYDRIASIS, WITH AND WITHOUT PTOSIS.\*

By VICTOR DE MÉRIC, F.R.C.S. (Hon.),

Surgeon to the Royal Free and German Hospitals, London.

**CASE IV. Distinctive Primary Symptoms. Generalized Syphilitic Severe Manifestations. Localized Affection of the Third Nerve with Pseudo-Syphilitic Syphilis Involvement of Cervical Gland.** The patient was a child in a commercial house, about 2 years of age, short, and of rather pure male. He was admitted into the German Hospital September 2nd, 1867, with inflammatory phlegmon, pressing into gangrene of the prepuce. He previously never had any ulceration about the parts of generation, and could only remember very slight gonorrhoeal discharge. Gross mismanagement had brought him to his present weak state; and, when I slit open the phimosed prepuce, through the opening of which a sanious discharge, mixed with blood, was issuing, I found the glans half destroyed by sloughing phagedenae. The body was covered with large patches of psoriasis, and the state of health very lamentable. In spite of the most active treatment, the phagedenic action continued, and destroyed the organ up to the pules. The secondary symptoms became, meanwhile, more aggravated, and were eventually subdued by the use of a mercurial course. The patient stayed about three months in the Hospital, and left in tolerable condition, after having suffered for awhile from severe inflammation of the right knee.

In February 1869, two months after leaving the hospital, his whole face became covered with rupial crusts, and the left eye presented symptoms of affection of the third nerve. There were mydriasis, ptosis, and paralysis of some of the recti muscles, as proved by the inability of the patient to overcome the powerful action of the external rectus. His face was really most repulsive with the rupial crusts, the fallen lid, and the iris almost lodged in the external canthus. The poor fellow was now treated as an out-patient, after the deeper portions of the globe had, as in the other cases, been examined by Dr. Burger and myself with the same results. The Calabar bean was used in this instance; but we relied principally on blistering behind the ear and the administration of large doses of iodide of potassium. Vision was, in this case, not only amblyopic, but decidedly diplopic; which latter circumstance must be attributed to the dragging of the globe by the external rectus.

By means of the treatment adopted, the ptosis gradually diminished, and the pupil began to act a little; but now came another complication, in the shape of enormously swollen glands in the anterior and posterior cervical regions. This complication I have observed in other rather weak subjects affected with syphilis, and shall publish the cases shortly. We now desired the patient to re-enter the hospital; where, in pursuing the line of treatment above indicated, the rupial crusts fell, and the integrity of the third nerve became re-established. The glandular masses

around the neck, which were of the size of several fist placed side by side, resisted, however; and the patient was advised to seek the air of his own country.

I saw him again in December 1868, three years after he was first seized with the primary symptom. He was then quite well, and had been so for at least one year. The affection of the eye required a treatment of fully six months.

**CASE V. Tertiary Syphilis: Affection of the Third Nerve: Mydriasis: Ptosis.**—In July 1865, I admitted into the Royal Free Hospital a man, aged about thirty, a native of France, whose whole body was covered with tertiary ulcers. The primary symptom had appeared full three years before, and the succession of manifestations had been of the ordinary kind.

As happens in the case of debilitated patients, there was here a large suppurating halo on the right side. This being freely laid open, and the numerous ulcers treated by red precipitate ointment, there was, in about six weeks, great improvement. The internal treatment consisted principally of iodide of potassium in large doses, and the liberal administration of tonics and stimulants.

The patient was discharged after six weeks' stay in the hospital, and called upon me about one month afterwards, complaining of pains in his head. He also stated that he saw double; and I perceived that the upper lid of the left eye had fallen. On examination, I found mydriasis of the same eye; but the globe moved pretty freely, and followed the fingers in various directions. The patient wished to return to Paris, where he probably underwent an appropriate treatment. When I saw him again, accidentally, some months afterwards, the ptosis had disappeared.

**CASE VI. Affection of the Third Nerve: Mydriasis: Ptosis.** This case refers to a lady, aged about forty, of a very nervous temperament, and is mentioned, not because a distinct syphilitic history could be made out, but on account of the rapid improvement obtained by the use of mercury.

The patient requested my advice in July 1866. She had been married fifteen years, and had no family. Once famous in the artistic world, she still possessed attractive features, and had enjoyed good health, save the numerous discomforts connected with a highly susceptible nervous system. After fits of vomiting for several days, the patient became convalescent and listless, speaking slowly and with some effort. Appropriate remedies did not improve her state; and, after about a month had elapsed, I found the left eyelid drooping, and the pupil dilated. On inquiry, the amblyopia described in the preceding cases was complained of. I of course suspected some cerebral mischief, and ordered blistering on the nape of the neck, and rather large doses of iodide of potassium. The listlessness and somnolence diminished considerably; and, though anxious to know more of the history, I did not feel called upon to make very minute inquiries into the past. The eye moved freely in all directions, save upwards; the dilatation of the pupil was considerable, and not affected by a strong light. The deeper portions of the eye were not examined in this case. I now determined to bring the patient under the influence of mercury; and succeeded, by means of calomel (though not dropping the iodide of potassium, nor allowing the blisters to heal), to affect the gums to a rather high degree. From this moment the improvement began; and the joy of the patient on recovering power over the upper lid, the ugly effects of ptosis having been deeply deplored, was very great. The circular fibres of the iris gradually recovered their tone, and the eye was quite restored six weeks after the calomel had been first administered.

There is no evidence of the syphilitic nature of the affection of the third nerve in this case; and it is reported merely to prove the power of mercurial action. This action is frequently so malignant, that I am anxious not to lose an opportunity of giving it a good word.

**REMARKS.**—In reviewing the facts mentioned in the preceding cases, we find that the patients all recovered, if not a completely normal, at least a very good, use of the affected eye. Hence we may, in such cases, offer a rather favourable prognosis. The result was not so satisfactory in Case III; but, when we consider the amount of disease of bone with which the orbit became involved, it is surprising that the eye did not suffer more. In this same case, there was hardly any confusion of vision when both eyes were used—probably because the globe was quite fixed on the affected side. Nor could it be asserted that, in this case, the third nerve will not in time, in the absence of debilitating causes, recover a portion of its integrity.

We all know that the motor oculi nerve may, in otherwise healthy individuals, have its functions disturbed by inflammation, the pressure of tumours, abscesses, or clots, or through the rheumatic diathesis. Such cases as have just been related prove that syphilis may act in the same manner. A certain amount of doubt might be thrown on the first case, for the evidence of a syphilitic taint is not very decisive. Still we may,

\* Concluded from page 51 of last number.



without training, and the only one which I have observed, as the result of a primary syphilitic taint. I do not seem to deny, however, that in this case, and even in other cases where the existence of the syphilitic poison is evident, such causes as rheumatism or cold air may lie at the bottom of the mischief. It is, however, fair to conclude, from the facts mentioned in Cases I, III, IV, and V, that generalised syphilis was the cause of the phenomena about the motor oculi. In these four cases, there is no doubt concerning the syphilitic contamination of the organism; and the diagnosis may be legitimately settled in the manner I have done. Many cases of this kind have been put upon record; but it is worthy of remark that, as a general rule, they are rare. In a special public and private practice of twenty-three years, I have not observed more than three cases of this kind. I exclude the sixth, as there is no positive evidence of syphilis. I have, however, in my notes, one more case of the syphilitic kind; but I have not included it, because the mydriasis depended more on retinitis than on a *bonâ fide* affection of the third nerve.

It will be noticed that, in Cases I and III, there was no ptosis. In the first, in fact, it would seem that the mischief lay principally in the lenticular ganglion. I may here quote Mr. Wharton Jones's own words: "When dilatation of the pupil occurs, unaccompanied by ptosis and incapacity to turn the eye except outwards and a little downwards, it is owing to paralysis of that branch only of the nerve of the third pair which goes to the lenticular ganglion." In this first case, there was simply mydriasis, and no affection whatever of any muscles which move the globe of the eye; so that we are inclined to suppose that the short ciliary nerves, arising from the fore part of the ganglion, were exclusively affected. It is not clear, in the third case, how the levator palpebre escaped paralysis, whilst all the other muscles supplied by the third pair had lost their contractility.

From the facts elicited by the five cases which I have put upon record, we may infer that the third nerve may be affected as well in very slight as in aggravated cases of syphilis. The first and second cases were extremely mild, whilst the three others were very severe. The latter were in the *bonâ fide* tertiary stage; the former, in the secondary period of the disease.

I have already said that the prognosis is favourable, this opinion being based on my cases, and on many others which have been published; but it may also be asked on which therapeutic agent we should rely in the treatment. Now I must state that I have not, like some of my professional brethren, lost all faith in remedies; and I shall ever be ready, when the syphilitic nature of the affection of the third nerve is clearly made out, to advise the use either of mercury or of iodide of potassium, according to the stage of the disease on which the patient has entered. Indeed, it may be seen by the sixth case how beneficially mercury does act, even where the complaint is not proved to have its origin in the syphilitic taint.

It is but seldom that we have opportunities of ascertaining the exact pathology of this nervous complication by autopsies. There is, however, a very instructive *post mortem* examination mentioned in Gros and Lancereaux's book on *Syphilitic Nervous Affections* (Case 121, p. 242). There was, however, hemiplegia in that case; and the affection of the third pair was only a slight consequence of extensive ventricular effusion and meningeal exudations, which had given rise to other and very formidable symptoms. I am rather inclined to suppose that the sheath of the nerve suffers in syphilis, as it is by Mr. Soelberg Wells supposed to suffer in rheumatism. Permanent exudations, pressure from tumours, are hardly likely to have any share in the mischief. It is, in all probability, the sheath of the nerve which becomes thickened in the syphilitic diathesis, as happens with other fibrous textures under the influence of the same disease. It has been doubted by some ophthalmologists whether the Calabar bean should be used in these cases; but the favourable results which I have obtained will show that there is some advantage in exciting the circular fibres of the iris, were it merely for the sake of keeping them engaged whilst we hope, by internal means, to favour the absorption of such adventitious structures which may thicken the sheath, or perchance press upon the nerve. I was glad to be supported in my view by so eminent an ophthalmologist as Mr. Wordsworth.

I have every reason to be satisfied with the results obtained by the electric current; the improvement was very evident, and acknowledged by the patient himself. I regret that it was not used with the other patients; and I hope that the cases just related, and the remarks which I have ventured to offer, will prove of some use in the practice of our art.

Since reading the above paper at the Leeds meeting, I have been favoured with the following case by Mr. Soelberg Wells. I am happy to be supported in my views by so able an ophthalmologist.

Last January, the patient had a very severe attack of neuralgia in the left side of the head; but sight remained quite unaffected. The at-

tack lasted for about fourteen days. In March he contracted syphilis, and two months afterwards he was troubled with *unusce volantes*, his vision becoming somewhat impaired and misty, although he could still see small print. At this time the pupil was also somewhat dilated. The patient never saw double, so that in all probability none of the muscles of the eyeball were affected: they were certainly quite free from any paralysis in September last. The pupil of the left eye was then somewhat dilated (to a medium extent), and almost immovable. The patient could see small print, showing that the ciliary muscle had escaped. Mr. Wells prescribed iodide of potassium and a blister behind the ear, upon which there was some improvement, although the left pupil is still larger than the right, the dilatation becoming particularly marked at night. He does not remember having caught a severe cold just before he noticed the dilatation, so that mydriasis is most probably due to syphilis.

Mr. Lawson Tait, of Wakefield, has kindly placed in my hands a case bearing upon the subject of my paper. Here, it would appear that the syphilitic taint had the effect, not of paralyzing the iris, but, on the contrary, of producing myosis, the patient not having had any attack of iritis.

Harriet E., aged 30, came to Mr. Tait July 22nd, 1869, for a tumour on the clavicle: this he recognised as a node, and, on inquiry, obtained the following history.

Eleven years ago her husband contracted a chancre and communicated the disease to his wife. A few weeks after she felt the sore, she was covered with a roseola rash, and had sore throat, with periodical pains. These lasted a long time, and she underwent no treatment. Within four years after the disappearance of the rash, she had five consecutive miscarriages, varying in period from the third to the sixth months. Three years ago, she suffered severely from photophobia, which did not appear to have been iritic, as there were no adhesions. The left pupil was much smaller than the right, and was very sluggish in action, whilst the right was not so. The right eye was moderate in size; the left was affected with ptosis, the patient saying that the latter affection had been in existence since midsummer 1868. In January last she suffered from severe neuralgia of the malar branch of the left ophthalmic nerve, which was relieved by hypodermic injection of morphia, the syphilitic history not having been elicited by the medical man who then had charge of her.

Mr. Tait ordered ten grains of iodide of potassium three times a day. On August 6th, there was slight improvement of the ptosis, the node of the clavicle, and the nocturnal pains.

August 27th. The improvement continued, but there was no alteration in the relative sizes of the pupils.

September 3rd. Atropine paper was put into both eyes; the two pupils dilated freely and regularly, but the left still remained less in diameter than the right. Ophthalmoscopic examination showed that the fundus was normal in both eyes. A blister was applied on the left temple.

September 13th. The effect of the atropine had gone off, and the left pupil had again resumed its myotic condition; the ptosis was much less; the clavicular node had disappeared; and the general health was much improved.

October 7th. The myosis had given way, and the patient was now perfectly well. She was ordered to report herself once a month.

## EAR-COUGH.

By WILLIAM BISH, Esq.

(Continued from page 52.)

DR. CORNELIUS B. FOX, in a paper inserted in the JOURNAL of December 18, 1869, enumerates a variety of causes of cough, the last of which, he states, is "irritation of the auditory canal, and that only in some people, to which I have given the name of ear-cough." Dr. Fox adds: "I should not have presumed to name it, were I not pretty sure that this kind of cough has hitherto escaped description and even recognition in our text-books. And the fact is the more singular, inasmuch as the sympathy between the auditory canal and the larynx was well known to the older writers, although apparently lost sight of by modern authors." Dr. Fox, however, a little further on, adduces proofs from Dr. J. B. Williams's *Principles of Medicine*, and from Tymbbee's work on *Diseases of the Ear*, as well as from Kramer and Roemeyer, which clearly show that these writers, though of modern date, had not lost sight of the fact that foreign bodies sometimes give rise to cough. Allow me to add another authority. Dr. Archibald Billing, in the third edition of his *Principles of Medicine*, at page 273, says: "I have been consulted for severe coughs of some duration, in more than one instance, which I discovered to depend upon a cause at first sight in-

significant, as a chronic inflammation, with hardened wax in the ear; and, though most persons are acquainted with the fact that irritating the internal part of the ear will produce coughing, these cases had passed through the hands of several medical men previously without this cause being detected, although there was a degree of deafness, which attracted my attention to it.<sup>3)</sup>

In confirmation of Dr. Billing's experience, I may mention a case that came under my observation about twenty years ago. I was summoned to a poor patient living about two miles off. I found him suffering from a most troublesome dry cough, of a convulsive character. I examined his chest (stethoscopically) and the throat, and could not find the slightest trace of disease in either of these regions. Noticing that he was somewhat deaf, I was induced to examine his ears, which I found stuffed up with hardened cerumen. Having now fully satisfied myself of the cause of his cough, I told him to call on me the following morning, and I would cure it. I need hardly say that the syringe removed the wax; and he returned home perfectly free from cough.

### CASE OF IDEAL PARALYSIS.

By ROBERT S. TURNER, M.A., M.B., Keith.

HAVING read with great interest Dr. Russell Reynolds's paper on "Paralysis and other Disorders of Motion and Sensation dependent on Idea," in the BRITISH MEDICAL JOURNAL of November 6th, I think that, in connexion with it, the following case, which I have just seen, may be worthy of record.

November 24th. Mr. M., aged 60, a respectable grocer, while working yesterday with a carpenter's awl (which, he said, was dirty and covered with verdigris), punctured slightly the ball of his left thumb. Soon afterwards, he became faint, and had a slight rigor. I saw him in the course of a few hours, and found the part swollen and painful, the pain extending up the arm, but without any constitutional symptoms. The patient and his friends were very much afraid that he would take "lock-jaw." I tried to laugh them out of the idea, telling the friends that his thinking about this state was the most likely thing to bring it on. Before I left him, he was quite cheerful, and seemed to have got rid of his fears. In about two hours, however, a message was sent that he had fainted, but was again a little better. My father, Dr. Turner, who saw the messenger, ordered a draught of morphia and ipecacuanha. He slept well during the night, but in the morning the hand was still very painful. Two or three hours after he awoke, his sight suddenly began to get dim, and he said he was going to have another fit. He felt cold also, and shivered. He rapidly became worse, and in a short time was unable to speak. I saw him, along with my father, soon after the attack came on. He was lying in bed, in a very agitated condition, and sobbing violently whenever he looked towards his wife or daughters, who were standing about the room crying and in a state of great alarm. His mouth and throat were filled with mucus, which he could not get rid of; and he was unable to swallow or articulate; but at the same time he could open his mouth and put out his tongue quite freely. In his restlessness, the injured arm was tossed about, while the opposite one lay almost motionless by his side. He could grasp well enough, however, with his hand; and, when his attention was not fixed on it, the arm was observed to move sometimes. The leg of the side opposite the injured hand also was not moved so freely as the other. There was nowhere loss of sensation. When told confidently that he was not in a dangerous state, the patient gradually began to articulate a little, so that in about half an hour he could speak pretty distinctly; and, after a few attempts at deglutition, he was able to swallow a tablespoonful of a mixture of bromide of potassium (3j to 5j), and a pill containing three grains of colocyth and hyoscyamus pill, with a drop of croton-oil. He was ordered to be kept quiet, and to have a tablespoonful of the mixture every hour. After the second dose of the mixture, he vomited a large quantity of mucus tinged with bile, and all the paralytic symptoms disappeared as rapidly as they came on. When visited in the afternoon, his expression was natural, and there was no appearance of paralysis. He was ordered to continue the mixture every fourth hour. In the evening, he complained of slight headache. The hand was not so much swollen, and less painful.

Nov. 25th. The headache was gone, but he had slight giddiness on attempting to rise. The hand was still somewhat painful. He was ordered poppy-head fomentations and the mixture twice a day.

Nov. 26th. He continued better, and was allowed to rise for a short time.

Dec. 1st. The patient was now quite well, and going about his usual avocations.

This appears to have been a case of what Dr. Reynolds speaks of as "ideal paralysis"; and the patient seems to have been as truly mesmerised as if he had been in the hands of a "professor" of electro-biology; the subject which fixed his attention being the pain in the hand, and the predominant idea the fear that tetanus would come on. If I might carry the comparison a little further, I would liken the physical exertion of vomiting to the clap of the hands or the reverse passes which the mesmeriser uses to rouse his subject. The symptoms did not, I think, indicate any lesion of the brain.

### CLINICAL MEMORANDA.

#### PROBABLE RUPTURE OF THE BLADDER: RECOVERY.

By HERBERT THOMPSON, Esq., Sevenoaks.

E. O., aged 32, a waggoner, was taken into the Countess De La Warr's village hospital. While he was walking by the side of his team, a restive horse in the shafts had knocked him down, and the waggon, heavily laden with chalk, passed over his body. When I saw him, he was in a state of partial collapse, continually groaning, and complaining of pain in the abdomen, with great desire to pass urine, but complete inability to do so. There was a considerable contusion, with some abrasion of the skin over the lower part of the abdomen, with great tenderness. I could not detect any fracture of the pelvis. I passed an elastic catheter, and drew off about two ounces of deeply bloodstained urine, but without giving any relief. Hot fomentations were applied to the abdomen, and a full dose of opium was given. On the second day he was much the same; he had still great desire, but inability to pass urine; pain and swelling of the abdomen, with occasional vomiting. I drew off about two ounces of bloody urine, without any relief. On the third day he passed a pint of dark muddy urine, without the catheter. On the fourth day acute abdominal inflammation set in, with great pain and tenderness, dry brown tongue, rapid pulse, and most obstinate and incessant vomiting. He passed urine naturally; it was free from blood. The treatment was, half a grain of opium every four hours, a poultice to the abdomen continually, and a small quantity of beef-tea and milk frequently. On the sixth day the inflammatory symptoms began to subside, and he then made a very slow convalescence between eight or nine weeks. At this time he had a sudden attack of retention of urine. A catheter was passed, as the bladder was evidently much distended. A little urine came away and then suddenly stopped; and on withdrawing the catheter, a piece of firm yellowish-looking slough followed, fixed in the eye of the instrument. About two inches of this slough hung from the orifice of the urethra, and would not separate with pulling, but seemed to have a firm deep-seated hold. By holding this piece of slough in a pair of forceps, I managed to introduce a smaller catheter by the side of it, and drew off a large quantity of urine, with great relief to the man. It was necessary to use the catheter for the next two days, when, with a little pulling, the remainder of the slough, between two and three inches in length, came away. It appeared to have formed a complete plug to the urethra; and, as soon as it was removed, the man was able to pass urine freely, and made a complete recovery.

Considering the separation of slough in connection with the earlier symptoms, hæmorrhage and inflammation, is it not highly probable, that there was a rupture of the bladder with escape of its contents, and that by the third day, when urine was passed naturally, the wound might have become sufficiently adherent to surrounding parts to prevent the further escape of urine into the peritoneum or cellular tissue?

#### THREE FORMS OF NERVE-PAIN.

We may conveniently recognise three forms of pain beginning in nerves ("neuralgia"). In the first, it begins *peripherally*; i.e., in the papillæ or other special organs in which nerve-tubes terminate. These are all very sensitive, and their normal state of mere readiness to perceive may easily be changed into one of inability to originate sensation, at any rate of exaggerating it enormously. The second form is that of pain induced by irritation to a *nerve-trunk*; and in this case, as far as physiology has yet gone, the pain ought to be felt in the part to which the nerve is distributed, and little, if at all, in the trunk at the seat of pressure. Lastly, we have the important and probably very common form of neuralgia in which it originates *centrally*—that is, in which some altered state of the nerve-cells of the brain or spinal cord causes painful sensations, which latter ought, of course, to be referred to the parts with which the affected cells are in communication.

## REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN  
THE HOSPITALS OF GREAT BRITAIN.

## LONDON HOSPITAL.

## NOTES OF VARIOUS CASES.

*Recovery from Pyæmia.*—There is a man, aged 41, now in Cambridge Ward, under the care of Mr. Maunder, who has recovered after symptoms most probably due to pyæmia. He was admitted September 11th for a laceration of the forehead, on the right side, laying bare the bone. Erysipelas of the head and face followed; afterwards, the whole of the right upper extremity became much swollen, but no abscess formed. The left thigh also swelled much about the same time, and a large abscess formed and was opened. Just before this swelling came, he had two or three well-marked rigors, and he sweated a good deal after each one. The abscess began to discharge freely, the swelling of the right arm diminished, and no further serious symptoms arose.

*Paralysis with Hypertrophy.*—There is now, in George Ward, under the care of Dr. Down, a very well-marked example of the disease known as Duchenne's paralysis. The patient is a boy. The case will be published in detail.

## PATHOLOGICAL DEPARTMENT.—DR. SUTTON.

We cannot introduce our readers to the Pathological Theatre of the Hospital without remarking on its commodiousness and the excellence of its fittings. Thanks to the liberality of the House Committee, and the representations of Dr. Sutton, great alterations have been introduced. The table is so constructed that the direction of its surface can be altered at will by means of a ball-and-socket-joint; and the "bodies" can be weighed while lying on it.

Not only is instruction now given at the time of the *post mortem* examination, but systematic courses of lectures are delivered during each session. We believe that in a short time these courses of lectures are to be placed on a footing independent of the other lectures or of the Hospital Practice, so that, on payment of a fee, they will be open to any students or practitioners in the neighbourhood.

*Purification of Intestines, the Result of Severe Laceration.*—At a recent visit, we saw the examination of the body of a man who had been admitted under the care of Mr. Maunder, for suspected strangulation of a hernial tumour. The man had long been ruptured on both sides, and had worn a truss quite comfortably till the other day, when he had a severe fall, and the truss was driven against his belly. Pains in the abdomen and vomiting came on, and he was brought to the Hospital. Mr. Maunder used the taxis under chloroform, and satisfied himself there was no strangulation of either hernial tumour to be detected. The vomiting and pain in the belly continued, and the man died about sixty hours after the accident.

On inspection, no wound, or bruise even, of the abdominal wall could be seen. When the abdomen was opened, evidences of suppurative peritonitis were found. Lying over the upper part of the ileum, there was some fluid fecal matter, and a little was also seen on the peritoneum as soon as the abdomen was opened. The lower coils of intestine were glued together, and the visceral peritoneum was very vascular. No opening could be seen in any part of the intestines while they were *in situ*; but, on slitting them up, after their removal, an opening, about the size of a sixpence, was discovered in the upper part of the ileum. The edges were rounded and everted; there was a little evidence of swelling and some firmness to the touch, but nothing like fibroid or chronic induration. The mucous membrane immediately around the ulcer was slightly abraded, and there was also a minute superficial ulceration on one side of it, to the extent of an eighth of an inch; but it was so superficial that it was only by very careful examination that the valvula conniventes could be seen to be interrupted at this spot. The peritoneal surface, around the external opening of the ulcer, was injected, and there was a quantity of dirty-yellow, fecal-stained lymph adherent to the peritoneum for some distance above and below it. The ulcer was on the free border of the intestine.

In connection with this case, Dr. Sutton remarked, that experience has shown that internal organs may be lacerated, by a blow on the surface of the body, without the skin or integuments being wounded, there being little or no external signs of injury. For instance, a blow on the chest has been known to rupture the posterior wall of the aorta. He well recollected a case he had seen at Guy's Hospital, in which, after death, a rupture of the small intestine was found; and the only history

obtained was, that vomiting, etc., had come on immediately after violent efforts to lift a barrel full of beer. There was no external sign of injury.

*Chronic Rheumatic Arthritis.*—The same day, there was an interesting pathological specimen obtained, of commencing chronic rheumatic arthritis (so called). Mr. Maunder had amputated the right arm for severe injury; and when the elbow was opened, in the theatre, marked changes were found in the articular surfaces. There were within the joint several of the bony growths known as osteophytes, and one or two of them were loose. The cartilage, where subject to pressure, had atrophied, and the bone underneath was much indurated, and becoming porcellaneous. The left elbow was now examined, and found to be affected in a similar manner, but not so extensively. Dr. Sutton drew especial attention to the state of the synovial membrane, in which in this and in another similar case, he said he had not found any appreciable change. The left hip-joint was examined, and the slightest possible change, at the seat of pressure, was commencing. The specimens are preserved.

In connection with this case, Dr. Sutton mentioned that of a female, under the care of Dr. Head, who had complained of great pain in the left elbow and wrist-joints, accompanied by the history of "rheumatic pains" at various times in nearly all her joints. She had had a fit, and the arm and leg on that side had been more or less paralysed. There was tenderness, on pressure, over the affected joints, but no appreciable effusion or thickening. The patient died; and, when the elbow-joint was laid open, the cartilage over the trochlea of the humerus and the olecranon process of the ulna was found to have been almost entirely removed, as it was, also, from the portion of external condyle subject to the friction of the radius. The edge of the cartilage towards the bare bone was irregular and bevelled off. There was no appreciable change in the synovial membrane.

*Intestinal Obstruction.*—A few days ago, a man was in the Hospital, under the care of Dr. Clark, with well-marked evidence of obstruction of the bowels. Five days after the bowels had ceased to act under the influence of purgatives, vomiting came on, and continued till his death, forty-eight hours after admission. Dr. Sutton saw him on the morning before death; he was then almost pulseless, his voice was very weak, his hands and tongue were cold, his lips were livid, and his breathing quick—all the symptoms, in fact, of collapse. Dr. Sutton was so fully impressed with the probability of the obstruction being due to an internal strangulation by a band, that Mr. Hutchinson was sent for; but, unfortunately, death ensued just before he reached the bedside.

At the *post mortem* examination, a fine band was found passing from the abdominal wall in the right iliac region to the cæcum, and a knuckle of the lower part of the small intestine had worked its way behind the band; and, probably, by becoming distended, had been tightly constricted.

Dr. Sutton remarked, that the position of the band might have been not unreasonably inferred, during life, to be low down, from the fact that the vomiting had not come on until five days after there was evidence of irremovable constipation; and the abdomen was but moderately distended, not rising more than an inch above the level of the sternum as the man lay on his back.

This case contrasted very well with another instance of obstruction of the bowels seen some time ago, in which the stricture was lower down. A man was admitted, moribund, under the care of Mr. Curling. His abdomen was very much distended, and its walls were very tense. The vomiting had not come on till three weeks after the obstinate constipation. The seat of obstruction was in the sigmoid flexure, and was due to a band just at the level of the crest of the ilium.

A third case occurred only a short time ago. A man was admitted with strangulated inguinal hernia, under Mr. Couper's care, and was operated on. The tumour was reduced without opening the sac, and a distinct "gurbling" was felt. The vomiting and pain in the belly continued, and the patient soon died. At the *post mortem* examination, just within the internal ring, a firm band of tissue was found passing across the ileum, just above the cæcum, from the abdominal wall to the mesentery, causing strangulation. There was also a claret-coloured knuckle of intestine, which had probably been contained in the sac.

*Wounds from Lacerated Wounds.*—A few days ago, we were present at the *post mortem* examination of the body of a man aged 24, who was admitted, on Nov. 19th, under the care of Mr. Maunder, for a lacerated wound of the buttock, produced by a fall on a hook. There was no injury to the bone. In about twelve hours he had a severe rigor, and his temperature rose to 103.4. The rigors were repeated on succeeding days, and he perspired freely. He became very weak, and a low form of delirium set in. He complained of severe pain in the left shoulder-joint, but no swelling could be seen. He died on the twentieth day after the accident. The lungs were found to be studded



with very dark patches, looking just like pulmonary apoplexies. They were of all sizes; some of them showed signs of breaking down in the centre; many of them were situated just beneath the pleura. The disease, as Dr. Sutton remarked, was in too early a stage for abscesses to be found in the viscera. The spleen presented similar changes to those in the lungs. The liver and kidneys were unaffected.

Some of the most interesting pathological changes, however, were found in the left shoulder-joint. On making an incision to examine the joint, out came a fair quantity of a grumous mixture of blood and pus, which was infiltrated amongst the tissues around the joint. The cartilage was exceedingly thin on that part of the head of the bone in contact with the glenoid cavity. There were no patches of removal of cartilage, with vascular synovial fringes filling up the pits, such as are very generally seen in strumous arthritis.

Dr. Sutton also mentioned a well-marked case of softening of the right lobe of the cerebellum recently at the *post mortem* table. The case is reserved for detailed publication.

#### ST. MARY'S HOSPITAL.

WE saw, a few days since, an autopsy made by Dr. Payne on the body of a servant aged only twenty-six, in which advanced contracted granular kidney was found. The patient had been admitted about a fortnight previously, under the care of Dr. Sibson, with considerable albuminuria, no anasarca, and a moderate quantity of urine, in which no casts were found. Her manner while in the hospital was peculiar, and her speech at times almost incoherent. She was seized with convulsions, and died shortly afterwards. There was no history whatever which pointed in any way to renal mischief. She had been a patient in the Brompton Consumption Hospital for a cough some years before, and suffered from occasional headaches, but had otherwise enjoyed excellent health. After death, the kidneys were found very small, weighing less than two ounces each, and in a state of advanced granular disease. They also presented slight evidences of amyloid disease, a solution of iodine bringing out a few well marked and deep red patches in the cortical substance. There was little or no hypertrophy of the left ventricle of the heart, as is almost invariably found in advanced contracted granular kidney; nor was there any appearance of atheroma of the cerebral or other vessels. An atheromatous patch in the anterior flap of the mitral valve was the only morbid sign of disease in the heart.

#### KING'S COLLEGE HOSPITAL.

OPERATION DAV, JAN. 1, 1870.

MR. H. SMITH straightened the knee-joints of a young woman suffering from Contraction of both knees and of both elbows. He left the elbows for a future occasion. The Knees gave way with audible "cracks"; and Mr. Smith remarked that those who were not familiar with such cases were astonished that bones were not broken when these reports were heard. Such accidents, however, ought never to happen with proper care. He had recently straightened the hip-joints, where there were very firm adhesions, with great success. Dr. Garrod considered the young woman on whom he had just operated to be suffering from rheumatoid arthritis.

MR. WOOD operated, for the second time, on a lad suffering from Extroversion of the Bladder. On a previous occasion, he had taken flaps from the tissues of the abdominal wall, one from each side (with the skin-surface next the opening), and one from above, which he turned down on the other two, its raw surface being in apposition with the raw surfaces of the others. The lad was in good health, and, so far, everything had gone well. Mr. Wood now proceeded, by making flaps from the lower part of the abdomen and the scrotum, to cover in the remaining part of the opening, and form a roof to the penis. He removed the scrotum in one flap, exposing the tunica vaginalis testium.

The latter were covered from the thighs and under surface of the penis. A little difficulty was met with; but Mr. Wood remarked that experience had shown that the testes were well protected by the overhanging pubes, and would soon be covered with granulations. Mr. Wood mentioned the anatomical conditions met with in these cases of epispadias, and pointed out the developmental changes going on in the foetus at the time when the arrest probably occurs (about the second month), and gave his experience of his operation for the relief of the deformities. He had now operated on ten cases; in all of them, with the exception of two, great benefit had resulted. In one case, that of a young girl, after a comparatively slight plastic operation, uræmic poisoning followed, and the child died; afterwards, the kidneys were found extensively diseased, and one ureter quite blocked up. In the other case, after operating, the child had violent fits of coughing, and the stitches

gave way. He thought it better to defer proceedings till the child had more self-command. As regards the frequency of ectopia vesicæ in females, he had met with it in the proportion of about one in twenty. He thought its infrequency very remarkable. Possibly a certain number of cases in females were carefully concealed from observation. He had been represented as attempting to form a perfect bladder which would retain urine in the upright posture of the body as well as when lying down. This was manifestly impossible. The dartos of the scrotum would never make a voluntary muscle. He had, however, accomplished this much, that, when the patients were in bed, a certain amount of urine gravitating to the fundus of the bladder would be retained; and, at all times, a simple instrument only was required to be worn, instead of a very elaborate one. Some males were compelled to wear "petticoats", on account of the malformation of parts; this, of course, was obviated. Mr. Wood illustrated the steps of his operation on the black board.

#### SOUTH DEVON AND EAST CORNWALL HOSPITAL, PLYMOUTH.

THIS hospital was built in 1840. It contains 110 beds, but at the time of our visit (December 20th) there were about 60 in-patients. The building seems rather cramped for space, and the central shaft is small, and partly occupied by the "lift"; while the passages struck us as insufficiently supplied with light and air. The wards, however, are well-ventilated; the new children's ward is particularly cheerful and bright; it is heated by hot water pipes in addition to the open fireplace. The ward floors are washed, not waxed. The majority of the cases are surgical, and there is no separation of medical from surgical beds. One day in the week is set apart for operation. There is no maternity department, and comparatively few out-patients attend. A house-surgeon and two non-resident dressing pupils act under the staff. There is no museum.

The house-surgeon, Mr. Thomas, showed us several good cases of surgical disease.

An old man, aged 70, had (?) epithelioma of the left side of the face and ear. An irregularly circular patch, nearly as large as a penny-piece, involved the front of the ear. Its edge was hard and nodulated, but not formed of distinct tubercles; the surface was irregular, and showed several rather distinct nodules, but was nowhere raised above the surface of the surrounding skin. There were no enlarged glands. It began four years ago, and had not been painful. It was being treated by carbolic acid lotion. Was it not rodent ulcer?

A young man had been operated on for a bony growth from the left side of the pelvis (probably the os pubis). The growth was attached by a cartilaginous pedicle to the os innominatum, and it contained a nutrient artery. It was of considerable size, and projected forwards to an inconvenient degree. About two years and a half ago, the patient (then a soldier) struck himself on the pommel of his saddle; and, several months afterwards, the tumour began to grow at the seat of the injury.

A little girl presented a tumour as large as half one's fist, inside the right thigh. It had been growing for three or four years. It was quite moveable, and apparently superficial to the deep fascia. Its surface was irregularly lobulated, and it felt cystic, some of the most prominent parts having somewhat the colour of a varix. It was proposed to make an exploratory incision, with a view to ascertaining the desirability of removing the growth altogether.

We saw a good many patients suffering from chronic diseases of joints, and necrosis of various bones. Venereal cases, as such, are not admitted.

#### ROYAL ALBERT HOSPITAL AND EYE INFIRMARY, DEVONPORT.

THE oldest part of this hospital has not yet seen ten years; it was begun in 1861, but the greater part of the lock-ward accommodation has been added since. It is situated on the side of a hill in a large open space, and there is a garden or lawn in front of the building. There are two distinct departments in this hospital. A part is supported by voluntary contributions, and devoted to general medical and surgical patients; this portion contains about 50 beds, and includes an out-patient department and a dispensary. The rest of the building, containing 162 beds, is under Government support and control, and is devoted exclusively to female lock patients. The wards, in both parts of the hospital, are large, wide, high, and lighted on both sides by plenty of windows; each ward is heated by a single large central square stove, one side of which forms an open fireplace. The lock wards contain 22 beds each, and are very large, so that the one stove is not

always enough to keep them properly warmed. One end only of each block of wards is attached to the main building, and at the unattached end are the baths and water-closets.

### LEEDS INFIRMARY.

HEMICHOREA.

(Under the care of Dr. CLIFFORD ALLBUTT.)

A CASE of this interesting affection has lately been under Dr. Allbutt's care. The patient, a little girl nine years old, came into the Infirmary on November 23rd. She was completely palsied on the left side, was unable to speak, and was idiotic. Her mother stated that the affection had commenced with "St. Anthony's dance" on both sides, but more especially on the left side, a fortnight before. The spirit failed as the total hemiplegia set in, and the mental faculties became obscured at the same time.

On admission, there was occasional chorism on the right side; and this could be excited to a certain extent also by moving the palsied left arm and leg. Besides the speechlessness and idiocy, there was extreme nervous prostration; so much so that Dr. Allbutt put the patient at once upon generous dieting, with ammonia. As the general condition became less alarming, she was given citrate of iron mixture. In a few days there seemed to be little change, but in about ten days the child could say "yes" or "no," and could move the leg and forearm slightly. In about three weeks she sat up, and soon afterwards left her bed. The mental state had brightened up very much, and she could walk with help. On December 20th, she could walk easily, and could put her left hand upon her head promptly. There were some occasional choreic movements. On December 24th, she was tolerably active and intelligent, and talked a little when not shy. Her articulation was hesitating and choreic; but she used the right words.

REMARKS.—Dr. Allbutt said that this case had a remarkable bearing upon the supposed causation of chorea by embolism. No case could appear more in support of this hypothesis than the present case on admission. But surely the subsequent history was utterly opposed to it. Dr. Allbutt pointed out two other cases of undoubted vascular occlusion—the one by embolism, the other by syphilitic disease of the right middle cerebral artery. The former remained much palsied after months of careful treatment; and yet the extent of the suffering was far less than in the case of hemichorea, for in him speech was but little affected, and mind not at all. In the woman, suffering from syphilitic arteritis, the sudden improvement in her symptom during the first three weeks of specific treatment, led Dr. Allbutt to think that the artery or some correlative nutrient vessels had become permeable; yet she had now become stationary again, and had remained so for some weeks, the injury to the starved centres being too serious for quick repair. The rapid recovery of the little hemichoreic patient from such extensive central failure is, however, very difficult to explain on the embolic theory, whether we suppose the emboli to be one or many.

### BIRMINGHAM GENERAL HOSPITAL.

OPHTHALMOSCOPIC APPEARANCES IN TWO CASES OF CHRONIC RENAL DISEASE.

(Under the care of Dr. RUSSELL.)

THE ophthalmoscopic examinations in the following cases are described by the Resident Physician, Dr. Welch.

The first case was that of a man aged 29. He first came under notice in January 1867, when his symptoms were of six months' duration. They were not permanently relieved till the end of the year, and again manifested themselves in October 1868, after a period of fair health. He was again admitted in January 1869, and died on June 2nd. His kidneys presented a rather early stage of the granular fatty degeneration of Johnson, presenting single coils of tubes filled with oil, and hypertrophy of the small arteries. He had epistaxis at an early date in his disease, and again the day after his second admission in January 1869. He first observed his sight to be impaired at the end of 1863. His work, being of a very delicate character, afforded him a fair test. He found that the point of the pens on which he was operating looked twisted. It, however, appeared that faulty accommodation was concerned in the defect, as his surgeon, Mr. Figgins, always found his pupils much dilated, and was able to improve his patient's vision by employing the Calabar bean. The same condition of pupil was apparent at his admission, with very defective sight.

Examination, January 21st, 1869.—The outline of the disc was indistinct; the vessels diminished in number; the veins rather full. There were many small patches of extravasated blood in the superficial and deep layers of the retina. Shining white spots, irregular in size and

shape, were scattered over the retina, and there were also patches of degeneration.

Examination, May 20th.—There was hemorrhage beneath the conjunctiva of the right eye, covering half the globe. The optic nerve was whiter than natural. The arteries were small; the veins full. The white glistening specks were especially abundant around the yellow spot.

CASE II.—A man, aged 34, was admitted Feb. 1869, with symptoms of four months' duration, dating from an attack of scarlatina. He continued under care till the end of September, when he left improved. His symptoms were, anæmia, considerable anasarca, with tendency to effusion into the cavities. The urine was copious, at times reaching seventy ounces; specific gravity 1012-20; the albumen from one-fifth to two-thirds the bulk of the urine. The urine presented sometimes intracellular transparent casts; sometimes a copious deposit of fibrinous casts of small and full size, with numerous free fat-cells. At his admission, he read Jäger's No. 1 brilliant.

Examination, March 20th.—The retina was bluish white and cedematous. There were several small glistening specks around the yellow spot. The veins were tortuous and swollen.

April 24th. The changes in each eye had advanced considerably, especially in the left, where the disc was scarce distinguishable, except by the entrance of the vessels. There were a few minute hemorrhages, and white glistening spots, chiefly around the yellow spot and the entrance of the optic nerve.

May 10th. The outline of the left optic disc had cleared, but that of the right eye was so obscure, that it could scarcely be made out. There were blood-specks and white spots.

Sept. 13th. Both discs were obscure; the veins full and tortuous. The left retina was so much flecked with small glistening white specks as to seem dappled. Here and there were traces of old extravasation.

### SALOP INFIRMARY.

CASE OF TRAUMATIC TETANUS. TREATMENT BY CALABAR BEAN AND DIVISION OF THE POSTERIOR TIBIAL NERVE: RECOVERY.

(Under the care of Mr. SAMUEL WOOD.)

THIS very interesting case was read before the Shropshire Scientific Branch at the recent annual meeting.

J. E., aged 60, was admitted on May 6th, 1869, with compound fracture of the proximate phalanx of the left great toe, caused by a cut with an axe. It was a clean cut, nearly severing the toe. He had lost a considerable quantity of blood when admitted. The parts having been brought into apposition, the wound was dressed with water-dressing. He was ill-nourished, having gained a precarious living by begging, and, at times, had been in the habit of drinking freely. He went on well without a bad symptom until the 25th, three weeks after the injury, when he first complained of stiffness about his jaws, and difficulty in opening his mouth. His countenance was pinched and anxious. He was ordered a dose of turpentine and castor-oil, and put upon milk, beef-tea, and wine. On May 27th, the symptoms were more marked; there was pain in the nape of the neck, and rigidity of the abdominal muscles. He could only open his mouth slightly, and swallowed with difficulty. He was then ordered a twelfth of a grain of extract of Calabar bean, every four hours, by the mouth.

On the 28th, the symptoms were most urgent. The dose of the extract was increased to a quarter of a grain every four hours. He could only swallow liquids, and that with difficulty, and small quantities at a time.

On May 29th, he had more difficulty in swallowing. The symptoms came on in paroxysms; there was opisthotonos. He was ordered brandy and beef-tea enema three times a day, and a third of a grain of the extract dissolved in eighteen minims of water, to be injected under the skin every three hours. This was followed by considerable relief; and, after four injections, he was well under its influence.

May 30th.—He passed a tolerable night; but, the effect of the bean having passed off, the symptoms returned, as severe as ever. The wound was looking healthy. There were cramps in the legs. The posterior tibial nerve was divided behind the inner malleolus, and the subcutaneous injections were ordered to be continued.

On the 1st, 2nd, 3rd, and 4th June, the symptoms continued as aggravated as ever, except whilst he was under the influence of the bean. While under its influence, the paroxysms almost disappeared, and, in about an hour after its administration, he was able to take copious draughts of milk, beef-tea, and wine, although immediately before he was unable to swallow at all without bringing on an attack.

June 5th.—He was much better; no paroxysms. He complained chiefly of pain and some cramp in the legs. One-third of a grain was injected night and morning.



June 6th.—The pupils were greatly dilated. He was delicious; he passed his motion under him. The wound was looking healthy. One-third of a grain was injected at 4 a.m. Half-an-hour after the injection, the pupils were contracted almost to a point. As the hypodermic injections had given rise to several abscesses, and had caused great irritation, they were omitted; and one-and-a-half grain was administered as a suppository at 5 p.m. and 10 p.m. He was also injected with half a grain of acetate of morphia at 9 p.m. and 11 p.m.

June 7th.—The rigidity and delirium were less; the pupils natural. The suppository was repeated at 10 a.m. and 6 p.m. He passed a quiet day.

June 8th.—He passed a good night. Another suppository was administered at 11.30 a.m.

June 9th.—He was quiet and comfortable. There was slight rigidity. The patient still passed motions under him; he, however, was not unconscious of the act, but was afraid to use the bed-pan lest it should bring on an attack. The suppository was repeated night and morning.

June 10th, 11th, and 12th.—He was going on well.

June 13th.—He had diarrhoea; which was checked with compound kino powder.

June 15th.—The morning suppository was omitted. From this time, the tetanic symptoms gradually disappeared, but his recovery was retarded by the appearance of whitlow symmetrically on both hands, running up into the fore-arms. He was discharged convalescent on the 27th July, 1869.

## REPORTS OF SOCIETIES.

### CLINICAL SOCIETY OF LONDON.

FRIDAY, DECEMBER 10TH, 1869.

JAMES PAGET, Esq., President, in the Chair.

MR. JOHN CROFT related the particulars of a case of Tumour removed from the Orbit. The patient was 49 years of age, and, when first seen, had been suffering for three weeks from pain between the globe of the right eye and the inner part of the roof of the orbit. The lids were pushed forward, especially the upper; the ball of the eye was displaced forwards, outwards, and downwards. The conjunctiva was slightly œdematous, but no conjunctivitis or sclerolitis existed. Strong light excited lachrymation, but vision was not all impaired, nor were the movements of the globe arrested in any direction, though motion caused slight pain. On passing the finger over the upper eyelid, the patient winced slightly, and a small lump was perceptible under the skin, about midway between the inner angular process of the frontal bone and the ball of the eye. On close examination, a short vertical linear scar was discovered between the end of the eyebrow and the median line of the forehead. The patient, when about fifteen years of age, was struck on the forehead by a cricket-bat, and had since felt that his eye was being depressed and protruded, with occasional attacks of pain. He consulted various eminent surgeons and oculists, with little or no benefit, and was eventually brought to Mr. Croft, who recommended an exploratory incision, which was, after consultation with Mr. Paget and Sir W. Jenner, ultimately resorted to. An ill-defined matrix was reached, from which was enucleated a small hard body about the size of a cherry-stone. The matrix consisted of a soft material of a buffy colour, like partly decolorised fibrine; the wound healed rapidly, the pain was relieved, and, a few days ago, the eyeball was almost on a level with that of the opposite side, and a very trifling induration only could be felt in the cicatrix. The foreign body was laminated in structure, and consisted of more or less perfect lamellæ of light buff colour, alternating with more abundant white material of which the centre and bulk of the concretion were composed. Under the microscope it exhibited a fine granular structure, which, on the addition of hydrochloric acid, dissolved with brisk effervescence, leaving an extremely delicate film of organic matter. The lamination of the mass itself, and the colour of the lamellæ, tended to show that the concretion originated from a coagulum of blood; that it was more probably due to the result of concussion than to a phlebotomy; that it was not likely to have been a vein-stone, because there was no venous obstruction; and that the coagulum formed thirty years before by the blow on the forehead did not undergo resolution, but in course of time calcified into the little mass that was enucleated.—MR. CHRISTOPHER HEATH said that the clots in horses' hoofs, which were called corns by veterinary surgeons, showed an analogy to the case of Mr. Croft.—MR. CROFT stated, in answer to Dr. Murchison, that Mr. Stewart and himself had been unable to find in the tumour any foreign body forming a nucleus.

MR. COOPER FORSTER read a paper on Torsion. Having been selected by the Council of the Society as one of a Committee to report upon the relative advantages of this procedure and accupressure, and no report having been made in consequence of the death of one of the Committee, he felt it right to offer the Society his individual opinion. Having made some remarks upon the advantages of accupressure, the speaker remarked that he had lost two cases from bleeding when the pins were removed, and that these accidents occurred after considerable personal experience in the practice. He considered accupressure valuable, but claimed for torsion precedence over all other modes of arresting hæmorrhage, because it did not leave any extraneous body in the wound. He read several cases of amputation, having occurred under his own care, in which torsion alone was employed for arresting hæmorrhage. In addition, Mr. Forster mentioned that he had excised the elbow-joint once, the knee three times, and the hip four times, during the last few months, besides performing other operations (about forty in number), in all of which torsion of arteries was exclusively employed. He had read with surprise, in Mr. Nunneley's able address to the British Medical Association, remarks to the effect that "he (Mr. Nunneley) could not twist a large artery and rest comfortably in bed, lest the elastic artery should untwist itself, and the patient bleed until he slept to wake no more." Mr. Forster was convinced that, had Mr. Nunneley perused carefully an account of the manner in which vessels were closed by torsion, the notion of an artery untwisting itself would seem to be an impossibility. Drawings were shown representing the two femoral arteries of a double amputation hardened in spirit, and divided sectionally by Mr. Howse. The twisted part showed no signs of death, though the patient from whom the preparation was taken did not die until thirty-six hours after the operation. In no single case recorded, or at any time under his care, had secondary hæmorrhage occurred; and the conclusion at which he had arrived was, that the greater security of torsion arose from the reduplication of the middle and internal coats, thus affording a mechanical impediment to hæmorrhage, which impediment increased day by day. But in accupressure, as he had shown in the fourteenth volume of *Guy's Hospital Reports*, the clot which formed above the pin was the only safeguard against hæmorrhage. As the removal of the pin in a day or two subsequent to the operation was necessary, it must always be a matter of some uncertainty as to whether the clot was sufficiently adherent to afford the necessary security against bleeding. By torsion, a vessel is made secure at the time of twisting; that is, bleeding is arrested with certainty, and there is no chance of its recurrence. But, in cases where accupressure or the ligature is employed, there must always be some anxiety on the part of the surgeons as to the removal of the pin in the one case, or the separation of the ligature in the other. Since February 1867, he had never used a ligature to restrain bleeding from an artery.—MR. FORSTER exhibited the forceps which he had always used, and explained the manner in which he applied torsion. In answer to Mr. Croft, he said that, so long as he obtained a good hold of the vessel, he considered it of little consequence whether the vessel were cut obliquely or not.—MR. BRAYNE had for two years applied torsion, and given up the ligature. He had used it for the femoral artery five or six times, the brachial twice, and for many other arteries, with success. His observations agreed with those of Mr. Forster as to the mode in which the hæmorrhage is stopped. He considered that the external coat should not be twisted off, as recommended by Dr. Humphry, as the support to the inner incurved coat is thereby diminished; but thought that the vessel should be twisted until the inner coat gives way, which is easily felt by the vessel grasped by the forceps becoming loose.—MR. DURHAM also had adopted torsion, but preferred to use a pair of forceps expanded and square at the ends. He considered that the care and time taken to apply torsion afforded an explanation of the fact that the house-surgeons at Guy's Hospital had not been called up so often for secondary hæmorrhages as before.—MR. J. D. HILL had found torsion answer well in the few cases in which he had tried it.—MR. MAUNDER asked why torsion, which was described by Cælius, had become disused. Occasionally, torsion did not answer.—MR. GASCOYNE failed to see that the success was greater with torsion than with the ligature. An objection to torsion was the length of time required for its application—a matter of importance, as the patient's vitality would become depressed.—MR. CHRISTOPHER HEATH considered that torsion had been given up because of the length of time required in its use—a matter of importance when chloroform was unknown; and, besides, good eyesight was required.—MR. C. H. MOORE thought that the results of torsion would require to be good if they were better than accupressure. He said that Mr. De Morgan had been in the habit of passing ligatures through the neighbouring skin, and not through the wound, with good results. The objection to torsion was that, when large vessels are atheromatous, they could not be so effectually treated as by accupressure and with the



ligature, where the neighbouring tissue could be included.—Mr. CROFT considered that there was no difficulty in performing the operation, but that it involved more care.—Mr. CALLENDER remarked that small vessels could be twisted perfectly well by an ordinary forceps.—Mr. ARNOTT had found that the arteries occasionally untwisted themselves.—The President said that, at Hamburg, torsion had been practised for fourteen years, exclusive of the ligature; but it had been given up, partly from its tediousness, and partly from increasing want of confidence. He thought well of accupressure. In the practice of Drs. Keith and Pirrie, no case of secondary hæmorrhage had occurred. He considered the ligature valuable in respect of its security. Unless the ligature comes out as the best mode after a fair trial, it would not keep its place. This was to be determined by inquiry.—Mr. FORSTER did not wish to compare the ligature, but accupressure, with torsion. All three plans were admirable for arresting hæmorrhage at the time; but, with accupressure, in his hands, secondary bleeding had occurred in several cases, and, every one would allow, also with the ligature. He considered torsion to be easier than ligature.—Mr. CALLENDER said that secondary hæmorrhage was one of the rarest things at St. Bartholomew's Hospital. Out of forty or fifty capital operations performed during the year, it had not occurred once.

Mr. CLOVER exhibited a pair of Forceps which, he said, when heated by gas to a brown heat, arrested hæmorrhage very completely.

## PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, JANUARY 4TH, 1870.

RICHARD QUAIN, M.D., President, in the Chair.

A REPORT was read by Dr. Moxon from the Morbid Growth Committee on Dr. LEARD'S case of Cancer of the Lung. It was a specimen of sarcoma, and arose from the deep part of the thoracic wall.

A report was also read by Mr. Arnott and Mr. Bellamy, bearing on Mr. MAUNDER'S case of Ovarian Tumour. Colloid matter was found in the cyst.

Dr. PAYNE exhibited a specimen of Cerebro-spinal Meningitis, from a man aged 27, who died in St. Mary's Hospital an hour after admission. He had been a habitually hard drinker. He had suffered from headache five days before admission, and three days afterwards was picked up in the street. He then had vomiting. When admitted, his limbs were paralysed, and he died in convulsions. The subarachnoid space was filled with firm and greenish lymph around the vessels, forming a sort of broad network. The pia mater was greatly injected. The medulla oblongata and spinal cord were affected in a similar manner to the brain. The kidneys were in a state of acute nephritis. Probably the disease was produced by the state of the kidneys, which prevented the alcohol from passing off in the urine.—Dr. DICKINSON related a similar case in his experience. He thought that cerebro-spinal meningitis would be found more frequently if the brain and cord were more often examined. Several cases had lately been observed at the Children's Hospital.

Dr. CLAPTON showed a specimen of Rupture of the Right Ventricle of the Heart, from a woman aged 61, who had enjoyed good health until twelve months before death, when she suffered from purpura. Last August, she had jaundice for a week. On September 22nd, she was attacked by precordial distress and palpitation. There was scarcely any trace of a bruit. She died apoplectic, in a state of coma. Two ounces of clear serum were found in the pericardium. In the right ventricle, stretching parallel to the tricuspid valve, was found a rupture through the endocardium and most of the muscular tissue. On microscopic examination, fatty degeneration of the muscular fibre of the left ventricle was discovered.

Dr. SEMPLE exhibited a specimen of Congenital Malformation of the Heart, from a child ten months old. The body was thin and emaciated, but the only morbid appearance discovered was some red hepatisation of the lower lobe of one of the lungs. The heart presented the following conditions. The right and left auricles communicated by a patent foramen ovale. The left ventricle was small, and presented two openings; namely, the auriculo-ventricular, and a round opening through the septum ventriculorum. This latter opening was of about the size of a large goosequill, and situated at the upper part of the ventricular septum. The right ventricle was larger than the left, and presented three openings; namely, the interauricular opening first described, the auriculo-ventricular opening, and the opening, most be regarded as the aorta. The contraction, position, and relations, must be regarded as the aorta. The ascending aorta was dilated, and the convexity of the arch of the aorta gave off the innominate, and the left carotid and left subclavian in their usual order; but from the concavity of the arch there proceeded downwards the ductus arteriosus quite patent, giving off a pulmonary

artery on each side; but, instead of communicating with a pulmonary arterial trunk, the ductus arteriosus continued its course obliquely downwards, and terminated in a pointed *cul-de-sac* at the base of the heart, near the origin of the aorta.

Dr. JOHN MURRAY exhibited a specimen of Extreme Chronic Aortic Valvular Narrowing, from a patient aged 60, who was admitted into the Middlesex Hospital with pneumonia, general bronchitis, and slight oedema of the legs, and died on the following day. The heart was found generally hypertrophied and dilated, and the aortic opening reduced to a mere chink: still the patient, who had suffered, when young, from acute rheumatism, had enjoyed excellent health, with the exception of cardiac palpitation, until two years ago, when he began to be troubled with frequent attacks of syncope. The specimen showed the extent to which aortic narrowing might occur and yet be compatible with life.

Dr. DICKINSON brought forward a case of Pyelitis. The patient, two years ago, had been passing a purulent creamy fluid in his urine, and he suffered from dull lumbar pain. The pus disappeared, but it reappeared shortly before death. The right kidney was found healthy, but the left was dilated, and presented scarcely any secreting tissue. The upper one-and-a-half-inch of the ureter was dilated, and several minute and black oxalate of lime calculi were found adhering to the vascular membrane, the remains of the kidney, which was pouring out pus. The ureter had probably been blocked up for a time by a small calculus.—Dr. MURCHISON was of opinion that the absence of pus for a time from the urine was in opposition to the idea of tubercle.—Dr. MOXON expressed his surprise that the patient should have died with one healthy kidney remaining.

The officers and members of Council for the year 1870, a list of whom we published last week, were elected. The Annual Report was read: it was very satisfactory. The Treasurer's account showed a surplus, instead of a deficit as last year.

## MEDICAL SOCIETY OF LONDON.

DECEMBER 20TH, 1869.

PETER MARSHALL, Esq., President, in the Chair.

Dr. SANSON exhibited G. P., aged 42, who had applied at the Royal Hospital for Diseases of the Chest, on October 16th. He suffered from swellings of the knees and ankles, pains in the chest, and cough, with yellow sputa. He had been ill two months, and, after much exposure during his work, he suffered from rigors, and febrile symptoms, cough following. The physical signs were those indicating pleuritic effusion at the base, and pneumonic consolidation of the middle lobe of the right lung; vesicular murmur being clear in the upper lobe. The general nutrition of the patient was good; he presented none of the appearances of ordinary phthisis, and there was no history of hereditary tuberculosis. Dr. Sanson diagnosed the case as one of a late stage of pneumonia and pleurisy, without tubercle. He was admitted as an in-patient on October 18th, and was at first treated by effervescing alkalies, with iodide of potassium, and quinine. On the 21st, purpura appeared over the legs; the lung-consolidation increased, involving the upper lobe; and, on November 3rd, moist *râles*, some very coarse, were found in the internal part of the subclavian region. Since the 30th of October the treatment was altered to cod-liver oil, with sulphocarbonate of soda. On November 10th, though the patient since his admission had gained six pounds in weight, the upper lobe was breaking down, and there were signs of a cavity.

Mr. R. W. DUNN exhibited a patient whose whole body was covered with Psoriasis, which in some parts resembled eczema. He had been under all kinds of treatment for years, without benefit.—Dr. TILBURY FOX, after diagnosing the case as one of psoriasis, spoke in favour of the sulphur and bismuth ointment, and of the packing in wet sheets, and the use of the bromo-iodine waters.—Dr. SIMMS had given copious with good results.—Mr. DUNN had not met with success from copious. He was treating his patient by bran baths and iodide of potassium.

Dr. FARQUHARSON read a paper on the Influence of Athletic Sports on Health. Exercise was necessary, not only to preserve the balance between body and mind, but to promote the functions of life. It might, however, be potent either for good or evil; and damage was often done by persons of sedentary habits indulging, without due preparation, in such exertions. Dr. Richardson had, in the *Social Science Review*, drawn attention to the dangers of volunteering in this relation. The nervous system had, even in repose, a heavy strain to bear; and if to this any sudden addition were made, the destructive processes were apt to ensue, and those of repair. The influence of the mind was, however, necessary for beneficial exercise; and athletics seemed best to supply this combination. The Germans, French, and Americans were behind us in this respect. Dr. Farquharson then showed that muscular

degeneration was the result of excessive, as well as of deficient work. It was not likely that such results would follow our present system of sports; but there was reason to fear the danger of their being carried too far in our public schools, and thus checking mental progress, and dulling the clearness and sharpness of the brain. He next referred to the sports in detail. Rowing had been condemned by Mr. Skey and Dr. Richardson; but Dr. Farquharson endeavoured to show that, from the great care exercised in picking and training crews, boating was less dangerous than these eminent authorities supposed. Gymnastics must be cautiously used when the frame was consolidated. Our public school boys or university men required valuable moral as well as physical training. It was argued that, if the education of girls was eventually to be assimilated to that of men, they must also graduate in manly sports. In the treatment of the insane, active employment was most beneficial. An interesting letter from Dr. Langdon Down was read, showing the remarkable results which had obtained with idiots at Earlwood Asylum. As regarded the proper dose of exercise, every one must be his own physician under ordinary circumstances; but Dr. Farquharson believed that he had seen cases of irritable heart improved by a moderate amount, and quoted a case by Dr. Stokes in which relief from violent cardiac dyspnoea was only obtained by running. While serving in the Coldstream Guards, he had met with several cases of dilated heart in recruits from over-exertion. He condemned running; cricket he considered harmless. As to football, Dr. Farquharson's experience had been derived from Rugby; and, although the game was apparently played there with great violence, an accurate list of the casualties during the past two years showed that it was comparatively harmless. One case of serious injury to the spine had occurred, and steps were taken to remove the apparently objectionable features of the game. It was not unreasonable to suppose that, although permanently serious results did not often follow that game of football in which the ball was carried by the player, necessitating falls on the head and in the spine, the sharpness and clearness of the mind must be blunted; and he quoted the opinion of an eminent educational authority to this effect.—A discussion followed, in which Drs. Richardson, Simms, Burke, Syme, Thompson, and Mr. R. W. Dunn, took part.

#### OBSTETRICAL SOCIETY OF LONDON.

ANNUAL MEETING, WEDNESDAY, JANUARY 5TH, 1870.

GRAILY HEWITT, M.D., President, in the Chair.

DR. G. C. P. MURRAY exhibited a Fibroid Tumour of the Ovary, which had occurred in the practice of Mr. J. L. Probert, and gave the details of the case.

A Cephalotribe, which had been presented to the Society by Dr. George Kidd, of Dublin, was exhibited, with four casts of foetal heads, which had been crushed and delivered by it.

DR. BALLARD exhibited the Ovary of a patient of Dr. Gibbon, in which death had occurred from pneumonia, after an attempt at producing abortion. In the ovary was what Dr. Ballard believed to be a true corpus luteum, though the uterus exhibited no signs of pregnancy. —Several Fellows, believing that the specimen was only a ruptured Graafian follicle, after menstruation, the ovary was referred to a committee, consisting of Dr. Braxton Hicks and Dr. Madge, in conjunction with Dr. Ballard.

DR. F. H. DALY read a paper on the early use of the Long Forceps; relating two cases in which he had applied the instrument. In the first of these, the forceps was used at a very late period; the mother died, but the child lived. In the second, the forceps was applied much earlier, and both mother and child were saved. Dr. Daly expressed his opinion that practitioners, as a rule, delayed much too long before applying the forceps.

DR. SANSON read a paper on the Sulphocarbolates in the treatment of certain Diseases of Children. He described the chemical properties of sulphocarbalic acid, and of its compounds with sodium, potassium, ammonium, calcium, zinc, and copper. The active agent in these salts is carbolic acid. The salts themselves are much inferior as direct antiseptics to the less stable carbolates; and, when administered internally, they are apparently absorbed from the stomach without decomposition, and give off their carbolic acid in the tissues. They are exceedingly soluble, by no means unpleasant to the taste, and never seem to produce toxic effects. Dr. Sanson then described the various cases in which he had used the salts, giving abstracts of many. Those in which he had found them most serviceable were zymotic diseases, especially scarlatina, measles, and diphtheritic sore throat. In all of them he had met with strikingly beneficial results. In these he had chiefly employed the sulphocarbolate of sodium in doses of from five

to ten grains every four hours. In rachitis, mal-nutrition, and diarrhoea, he recommended the sulphocarbolate of calcium.

*Election of Officers and Council.* The list of office-bearers, recommended by the Council, was unanimously adopted. The income of the Society for 1869 was stated by the auditors to be £748 : 19 : 6, and its expenditure £632 : 10 : 4; leaving a balance of £115 : 9 : 2. The Society had invested in 3 per cent. annuities the sum of £119 : 6 : 8. A vote of thanks to the officers of the Society, mentioned in the retiring officers, Dr. Meadows, Dr. Murray, and Dr. W. S. Playfair, was proposed by Dr. Hicks, seconded by Dr. Madge, and carried by acclamation. DR. MEADOWS, DR. MURRAY, and DR. PLAYFAIR returned thanks. The President, DR. GRAILY HEWITT, then delivered the Annual Address. He congratulated the Society, now terminating the eleventh year of its existence, on its continued prosperity. The Society now numbered 600. During the past year forty-three new Fellows had been elected. An obituary notice relating to the Fellows deceased during the past year, followed, including the names of Dr. Eastlake, Mr. Ewen, Mr. Crossland Richards, Mr. Somerville, Dr. Johnson, Mr. Mills, Mr. Russell, Dr. Locking, Dr. Dyer, and an honorary fellow of the Society, Dr. Charles Meigs of Philadelphia. The President remarked on the very high character of Dr. Meigs's work and professional labours. The financial position of the Society was extremely satisfactory. The attendance at the meetings during the year had exceeded the average. The library, reading room, and museum had been largely used by the Fellows; and, as all the new and standard works were carefully added to the library, it would shortly become an obstetric library worthy of the name. The services of Dr. W. S. Playfair, who had organised and arranged the reading room, were referred to, and warmly acknowledged. The papers read at the meeting during the past year were of great interest, and many of them had been the means of introducing to the profession innovations and improvements in obstetrics. The report of a Committee, appointed at Dr. Farrer's suggestion, to consider the causes of infantile mortality in England, had been received, and valuable information elicited. The report, drawn up by Dr. Gervis, would shortly appear in the *Transactions*. Further work in the same direction would probably be done by the Committee. The President referred to the discussion on puerperal fever in the Dublin Obstetrical Society, during the past year; he considered it destined to exercise great influence in the future. The discussion was a most important contribution to the history of puerperal fever in Dublin, with the opinions and criticisms of the eminent obstetric practitioners in that city; and was characterised by an exhibition of brilliancy, pungency, profundity, and wit, such as could be witnessed nowhere but in the Irish metropolis. Ovariectomy had penetrated to Stockholm, where Dr. Skoldberg had seventeen successful cases out of twenty. The President remarked with satisfaction on the resolution of the College of Surgeons to examine all its members on obstetrics. This was a matter on which the Society memorialised the Medical Council as long ago as 1859. A further and necessary step would be to procure a representation of obstetrics in the General Medical Council. With this view, a deputation from the Obstetrical Society waited on the Home Secretary in May last. The subject of the proposed amalgamation of the principal Medical Societies in London was next referred to; and the President stated that the delegates appointed by the Obstetrical and other Societies had met; but the discussion had as yet reached no definite stage. In the present position of the Obstetrical Society, hardly earned and fought for as it had been, care must be taken that future interests be not imperilled; but no unreasonable opposition should be offered to well considered projects for the elevation of the profession as a whole. The success of this Society had been admitted on all hands. Indeed, some critics and friends of the Society had appeared to come to the conclusion that, because the mine had been so diligently worked, it must be nearly exhausted. It might be true, that certain of the great principles already grasped appeared little likely to undergo change; but the mode of application admitted of infinite improvement, each step being the saving, probably, of many lives. The unceasing advances in physiology, dietetics, and epidemiology, find appropriate adaptations in obstetric practice, which the Society would constantly have to make available. The diseases of infants had, until quite recently, occupied comparatively little attention. Again, the discoveries already made had to be disseminated, and the rising generation of practitioners educated. The Society was eminently an educating Society, offering an opportunity for the correction and verification of individual experience. The President expressed his thanks to the Secretaries, Drs. Murray and Gervis, for the able manner in which they had aided him in carrying out his duties.

A vote of thanks to the President for his admirable address was proposed by Dr. TILT, seconded by Dr. BALLARD, and carried unanimously.



## REVIEWS AND NOTICES.

DAS ENDRESULTAT DER RESEKTIONEN IM KRIEGE 1864 IN DEN UNTERKLASSEN DER DANISCHEN ARMEE. Von Professor Dr. ADOLPH HANNOVER. Copenhagen: 1869.

The remarks of Professor HANNOVER of Copenhagen, on the final results of the resections of joints performed on Danish soldiers during the war of 1864, are calculated to excite the serious attention of surgeons. It appears that, during the war between Germany and Denmark in 1864, as many as eighty resections of joints were performed by the Prussian surgeons—thirty-two among their own troops and forty-eight among wounded Danes. All, with one exception—a resection of the knee—were resections of the two large joints in the upper extremity. The Danish prisoners who were operated upon remained for certain periods in the Prussian hospitals; and when it was supposed they were in a fit state for bearing the journey, those who survived were sent back to their own country. There they have remained as pensioners, under the observation of Danish surgeons, who have had to examine them, and to give certificates once every year as to their condition, in order to enable them to draw their pensions. One of the members of the Pension Committee is Professor Hannover, and the pamphlet before us consists of a *resumé* by him of the observations made on these annual inspections. His account of the cases and their results, when compared with the reports of them published by the Prussian surgeons, is sufficiently startling—so disparaging, indeed, that, were we to come to a conclusion solely on the evidence before us, without reference to other cases, we must, with Professor Hannover, condemn resection of joints for injury altogether, at any rate in military practice, and invariably resort to amputation instead.

Dr. Hannover reprints Professor Langenbeck's and Dr. Löffler's accounts of the cases when they were first treated, and also the latest observations of these surgeons respecting the results of the operations at the time when the patients left their hands. He then brings forward evidence to prove that the sanguine reports of the Prussian surgeons as to their success have in no respect been confirmed after five years of observation. He states that, in the majority of instances, the patients reported to be cured were left with useless dangling limbs; and that the Danish surgeons, as well as the patients, both agree that amputation would have been preferable, for it would have saved the latter from being burdened with limbs which are not only cumbersome and powerless, but also sources of frequent pain. Atrophy of the extremity in which the resection has been performed, coldness, numbness, contractions, are among the other unfavourable conditions brought to notice in these cases.

Several circumstances cannot but occur to the mind on considering the sweeping condemnation of resection as an operation for injuries to joints which Dr. Hannover has deduced from the cases which occurred in the Danish war of 1864. Most surgeons must be familiar with some cases in which not only full use of the hand and fingers has been retained after resection of one of the larger joints of the upper extremity, but considerable power in certain movements of the whole limb. Even one such successful instance is sufficient to annul a general condemnation of the operation itself. A number of unsuccessful results after resection proves little as to the inefficiency of the operation itself, as the absence of success may be due to many causes; while one successful case proves, by obvious facts, the intrinsic value of the operation as compared with total removal of the extremity by amputation. Some of the unfavourable conditions noticed in Professor Hannover's cases naturally lead to the inquiry whether important nerves may not have been injured at the time when the wounds were received; for, if so, they cannot be accepted as having been fit cases for the operation of resection. Other subjects of inquiry might be mentioned, but want of space prevents us from entering upon them. Professor Hannover's strictures will, no doubt, excite considerable controversy in Germany, and will, doubtless, elicit some comments from the eminent surgeons whose names are connected with the early histories of the particular cases under notice. It is the first time that the final results of so many instances of resection of the shoulder and elbow occurring together have been so critically and fully examined. Such results of the operation of resection of joints for traumatic causes as have been published in this country have generally been drawn from observations made within one or two years of the date of the injuries for which the operations were performed. It is very desirable now that the final results in these cases, and of those which have occurred in other countries, should be carefully studied and made known, so that they may be compared with the results brought to notice by Professor Hannover. Sufficient materials exist for complete observations on this important subject.

## INVENTIONS, &amp;c.,

IN  
MEDICINE, SURGERY, DIETETICS, AND  
THE ALLIED SCIENCES.

## LAMINARIA STRICTURE-DILATOR.

Mr. H. A. REEVES, Assistant-Surgeon at the London Hospital, has devised the instrument shown in the appended woodcut, which appears to offer important advantages in the use of laminaaria.

This instrument consists of a small catheter (A), which is probe-pointed, and has but a slight curve. About two inches from its distal end is a hollow nut, into which the bevelled end of the laminaaria (C) fits. B is a tube which slides over A, and is grooved to receive the proximal bevelled end of the laminaaria. To this tube at right angle is attached a screw, which fixes it to the catheter, so that both may be withdrawn together. The laminaaria is of various lengths, and hollow, so as to slide over the catheter. The object of this instrument is safely, speedily, and equally on all sides, to dilate urethral strictures, without incurring the risks, however small, of splitting, internal division, or caustics. The inconveniences hitherto attending the use of laminaaria are obviated by the construction of the instrument, as the laminaaria is withdrawn with it, and there is no danger of its breaking off. After being left in from one to two hours—rarely more—it will dilate to No. 10 or 12, when a catheter can be passed and retained. The few cases that Mr. Reeves has already had at the London Hospital have all been successful; and he intends shortly bringing the subject, with accumulated experience, before one of the societies.

Two cases of organic stricture, the one in an in-patient, the other in an out-patient, were dilated in less than an hour from No. 3 to No. 10. A silver catheter of that size was retained for two hours in the case of the in-patient, and he was discharged the following day, when No. 10 passed easily. He has since attended twice a week, and No. 11 can be introduced with ease. A purulent condition of urine, from which he suffered, has now disappeared, and the irritability of his bladder is now almost *nil*. It would appear that by this means patients need not be detained in Hospital more than two days. Of course, the data are as yet very insufficient, and very many more cases will be required to test the treatment.

The details to be observed in the use of the instrument, with other particulars and more cases, will be published by Mr. Reeves in due course.

## EUSTACHIAN ENDOSCOPE.

The instrument delineated below has also been devised by the same surgeon.

A is a tube of the size of a No. 8, 10, or 12 catheter, with an expanded end (D); B is a smaller tube, about one inch long, to pass into the Eustachian tube; C is a mirror to reflect the image of anything visible. By applying a magnifying lens, or an endoscope, to the expanded extremity, the image will be enlarged. The smaller tube is made to unscrew, so that, by passing the larger one through the anterior nares, and



illuminating either directly or through the mouth, the condition of the posterior part of the pharynx and the faucial orifice of the Eustachian tube can be made out. Mr. Reeves intended to look into the tympanum, but the difficulty was too great to be at present overcome. Both these instruments are made by Messrs. Mayer and Meltzer, Great Portland Street.



## NOTICE.

THE ANNUAL SUBSCRIPTIONS TO THE BRITISH MEDICAL ASSOCIATION FOR THE YEAR 1870 ARE NOW DUE: and it is a matter of great convenience to the Association, and conduces to the efficiency of its working, that they should be paid promptly.—Members of Branches, and all others who usually receive circulars at the beginning of the year from the local Secretaries, will greatly oblige, and will prevent trouble, by PAYING THEIR SUBSCRIPTIONS TO THE LOCAL SECRETARIES, AND NOT TO THE GENERAL SECRETARY.—All other members should pay their Subscriptions without delay to the General Secretary, T. WATKIN WILLIAMS, Esq., 43, Newhall Street, Birmingham.

Members of the Association residing in the counties of Middlesex, Essex, and Hertfordshire (except those belonging to county Branches), should pay their Subscriptions to Dr. A. P. STEWART, 78, Grosvenor Street, W.C.; or Dr. ALEXANDER HENRY, 16, Great Coram Street, W.C.

## BRITISH MEDICAL JOURNAL.

SATURDAY, JANUARY 15TH, 1870.

## UNDISCOVERED EXANTHEMS.

THERE are few questions of more importance in the practice of medicine than that which we have suggested by the above title. Have we amongst us specific febrile diseases which as yet we do not recognise, and to which we have given no distinctive names? If a reply in the affirmative would be true, it is clear that the subject requires most careful investigation; for our want of knowledge must be leading us into very frequent errors. If there be an exanthem which is like measles in almost every feature, but is not measles, and has really no connexion with that disorder, it is very certain that the existence of the counterfeit must cause many blunders in diagnosis, attended not unfrequently with loss of professional reputation. In order to approach the subject with a mind freed from the tendency to put implicit faith in present knowledge, it is well to remember that formerly small-pox, measles, and scarlet fever, were all classed as varieties of the same malady, and that it is within a century that we have come to recognise the essential distinctness of the latter two one from the other. If, so lately as 1760, observant men had failed to notice the facts which prove that measles and scarlatina are not the same disease, nor, indeed, varieties, but wholly distinct exanthems, it is within easy credibility that we are still in the dark as to other subdivisions which ought to be made.

It will facilitate a clear understanding of the subject if we attempt to define an "exanthem," and to state the facts which imply distinctness in the several maladies so named. It would, we think, be greatly for the convenience of the profession, if the word "exanthem" and "specific eruptive fever" were used as synonymous. An exanthem is a febrile disorder attended by a rash; or, in more strict use of words, it is the rash which attends a specific febrile disorder. All true exanthems agree in the following features: that they observe stages of incubation, efflorescence, and decline; that in all the eruption is symmetrical; that their various stages subside spontaneously, after certain definite periods; that they can be produced only in one way—i.e., by communication from a person already affected; and, lastly, that one attack protects, with greater or less certainty, from a second. In order to determine whether or not any one exanthem is distinct from the others, we have chiefly to ascertain its protective power. So far as we know at present, the different exanthemata afford no degree of protection whatever from each other. A patient who is just well of measles may catch small-pox, and will have it in precisely the same way as if the measles had never occurred. It seems even to be possible for two exanthems to occur together, and to produce mixed symptoms. There is no motive for using the term "hybrid" in reference to cases in which the phenomena of two diseases occur simultaneously, since the result is simply a double malady, and we have no reason to believe that the one modifies

the other. Thus, so far as we know, a patient who has measles and scarlet fever together is protected from both, just as if he had them at different times. The doctrine of true hybridity in specific diseases must be very carefully examined before it is admitted; and it is greatly to be regretted that the term "hybrid" should be used under circumstances which do not justify it. It is far from being synonymous with the simultaneous occurrence of two different things; nor is it applicable to any third malady wholly distinct from two others, but presenting features of resemblance to both.

We have been induced to make these remarks on the present occasion by the letter of a correspondent given in another part of this week's JOURNAL. The writer, a well known practitioner, states that two young children, who had last summer an attack believed to be measles, have recently again had the same disease; and that four other children, who were exposed on the first occasion and did not take the disease, have had it on the second. From this he infers that the first disease was not true measles, and that it had no kind of protective power in reference to that exanthem. He adds two facts which make his narrative the more interesting: that, at the time of the first attack, "measles" was prevalent in the neighbourhood; and, secondly, that the eruption had scarcely any catarrhal complications. Here we have it further suggested that the eruption which looks exactly like measles, but which is not so, is a true exanthem, which can spread by contagion, and become epidemic. We need not repeat that the determination of this question is of very great importance, since we must be constantly liable to give erroneous opinions to our patients, and to make false inferences as to the occurrence of second attacks.

Most English works are very vague on the question in debate, and we do not know a single English systematic author who has written with confidence and precision. The result of conversation with at least a dozen of our experienced professional friends during the last week has been, that about half have referred us to "roscola" as a distinct malady, and the other half have mentioned "a hybrid between measles and scarlet fever," or asserted that it was often almost impossible to diagnose measles from scarlet fever. Of those who have suggested "roscola," few or none would venture an opinion as to whether that eruption should count as an exanthem, and whether it can spread by contagion. In this dilemma, we were fortunate enough to receive for review the American edition of Professor Vogel's work on *Diseases of Children*, and to find noted as a novelty in this edition the clinical distinction between "morbilli" and "rubeola". In English custom, these terms have as yet, we believe, been employed as synonymous with "measles". Vogel holds that measles is "morbilli," and that "rubeola" should be kept as the name for an exanthem which is wholly distinct from it. It is clear, from the context, that Vogel uses "rubeola" much as we should use "roscola" in England. He asserts, however, distinctly, that the eruption is a contagious one, differing in no respect from that of measles, but having no distinct premonitory symptoms, but little fever, and no catarrhal complications. Vogel himself has seen but few cases; and the best evidence is given by Röstlin of Stuttgart, who witnessed an epidemic of it which lasted five or six months, during which the disease, though mild, was extremely infectious. The eruption is of shorter duration than that of true measles; and, as soon as it fades, the patient is well. Vogel writes, as regards diagnosis, "Although, along with an intense eruption of the exanthem in the face, the eyelids swell up and the conjunctivæ are somewhat injected, still bronchial catarrh is uniformly absent, which in morbilli, on the contrary, is a *pathognomonic, never-failing symptom*." This last remark suggests the possibility that what has been known as *rubeola sine catarrho* is, in fact, never really measles. On this point, Dr. Aitken, after quoting the opinions of Willan and Rosenstein that second attacks of measles never occur, writes: "One variety of this disease—namely, the *rubeola sine catarrho*—is supposed to afford no protection against an attack of the *rubeola vulgaris*." Without intending it, Dr. Aitken here gives a strong reason for holding that the two diseases are distinct. Unfortunately, Vogel has overlooked the importance of obtaining evidence as to the protective

power of what he calls *rubeola* (= *roscola*) against *morbilli* (= measles); but we are left to infer that it has none.

If, then, we accept the fact that there is, in addition to measles and scarlet fever, another exanthem of the same family, but totally distinct, it becomes important to give it a name, alike for professional and for domestic use. It seems unadvisable to call one *morbilli* and the other *rubeola*, since these words have long been regarded as synonyms. Perhaps the best plan would be to exalt *roscola* from the present indefinite position which it occupies to that of a true exanthem; and one great convenience of this plan would be, that in "the rose" or "rose-rash" we should have a name ready coined for nursery use, which *rubeola* does not offer. Before deciding this point, however, it would be well to ask dermatologists whether they can conveniently relinquish the word to physicians. It is undoubted, that it has been applied to rashes of a different nature—such, for instance, as "syphilitic *roscola*," and the "*roscola*" caused by *copaiba* and other drugs; but in these instances the addition of the second epithet would always prevent confusion. On the whole, it may be doubted whether any real inconvenience would result from defining *ROSCOLA*, when used without any qualifying addition, to mean "an infectious exanthem resembling measles but quite distinct from it, milder, of shorter duration, and unattended by catarrh." Several interesting points would still remain for debate respecting this newly christened exanthem, more especially as regards its laws of contagion. Possibly it is not so infectious as measles; for, in the cases mentioned by "F.R.S.," four children out of six escaped; and Vogel mentions its prevalence on only a limited scale. Is it protective against second attacks? Röstlin mentions that, during the epidemic which he observed, the same children in several instances suffered twice. Thus there is sufficient work for observers; and probably some very interesting facts will be made out.

The intricacies as to the diagnosis of measles would, unfortunately, not end with the recognition of *roscola* as an exanthem. The malady which has been described as "the mixed disease" is clearly not the same as Vogel's *rubeola*. This malady is described in detail by Dr. Aitken, who, following Dr. Heim and Dr. Paterson, asserts that it "has every right to be considered as a distinct affection." Of this disease it may be briefly stated that, in addition to the symptoms of measles, there is always a troublesome sore-throat; that the eruption may remain out from four to six or ten days; and that death from coma, or from throat or lung disease, occasionally happens. These features distinguish it most definitely from *roscola*; and it is much to be regretted that Drs. Vogel and Aitken claim for the two the same names—*rubeola* or *Rötheln*. We do not know whether any evidence has yet been collected as to the protective power of "the mixed disease" in respect to measles and scarlet fever; and it is very desirable that this point should be determined, since it is, as it appears to us, the only way in which identity or non-identity can be proved. Dr. Aitken does not allude to it; and, although he applies to it the term "hybrid of measles and scarlet fever," yet we infer, from his assertion that it is "a distinct disease," that he uses the word "hybrid" only to denote double resemblances. If further investigation should confirm the malady as a distinct exanthem, it would appear desirable, in giving it a name, to denote the fact that sore-throat is its invariable companion.

The two exanthems to which we have alluded, and respecting each of which there appears good reason to think that it is a specific malady distinct from all others, might perhaps be correctly described as half-discovered. Undiscovered, in a sense, they certainly are not; but unrecognised, as regards the bulk of the profession, they certainly are. No two authors agree respecting them, and their names are used with the most provoking want of exactitude. The problem for the discoverer is to define them, and make what is vague accurate; and possibly to correct some misapprehensions. In the mention of these two maladies, we do not, however, by any means conclude all that might be said on the subject. It is very possible that there exist other specific maladies which ought to be called exanthems, and which are as yet, in a more strict sense, undiscovered.

## THE SANITARY STATE OF WAKEFIELD.

THE sanitary state of Wakefield has recently been the subject of an inquiry by Mr. J. N. Radcliffe, one of the Inspectors of the Medical Department of the Privy Council Office; and we now have before us his report upon the manner in which sanitary matters are there carried out. A worse maladministration by a local authority of the Sanitary Acts of Parliament entrusted to it is scarcely possible to conceive.

The mortality of Wakefield has, as may well be supposed when its state is taken into consideration, considerably increased of late years. Thus the mortality, which in 1854 was 20½ per 1,000, in 1855 was nearly 25, and in 1856 was 19½ per 1,000, was 29½ in 1864, nearly 28 in 1865, and 50½ in 1866. But this is scarcely to be wondered at, when we consider the state of the town, which has led Mr. Radcliffe to report that "the least unfavourable conclusion which could be arrived at would be, that the health-condition of the population has not improved during the last thirty years." How can it be otherwise, when it is reported that the storage of excrementitious matter in the midst of dwelling-houses is as great now as at any time during the past quarter of a century, and the means for its removal are not a whit better now than at any previous period within the modern history of the town? It is not necessary to give a minute account of the state of the cottages; suffice it to say that they are described as ill-constructed and ill-arranged originally, and ill-tended subsequently, having deteriorated so as to become, in too many instances, hardly fit for human residences. The privies and midden-beds, which form the staple conveniences in the town, are, it is stated, in comparison with the already condemned cottages, "worse constructed and worse placed, are saturated with their excrementitious contents, and give off incessantly offensive and noxious effluvia." The above, though given as the description of one locality, may be taken as pretty generally applicable to the cottages and their surroundings.

The following judgment on the conduct of the Local Board is passed by the Inspector. "The Local Board of Health has failed to perceive that its bye-laws relating to the cleansing of privies and middensheds compel it itself to perpetuate the gravest sanitary evil from which Wakefield suffers; to become active, in other words, in propagating an evil of which the removal was specially one of its duties."

Space will not permit our going more fully into this report; but there is one other point to which we feel we must call attention, for it is one which cannot fail to have a great influence, and, in all probability, does exercise a great influence on the mortality of the town; and that is the water-supply. Mr. Radcliffe calls attention to the large proportion of fever and diarrhoeal deaths; but it is scarcely possible to be otherwise, when we read that "the town of Wakefield obtains its principal supply of water, through the agency of a private company, from the Calder"—a river which "is, in fact, the common sewer of Wakefield." The river, which was, thirty years ago, transparent and swarming with fish, is now "opaque, leaden-coloured, fetid, and forsaken by fish." It is also the common channel to which converge the different systems of drainage of the towns and villages which occupy its basin. But this is not all; for Mr. Radcliffe states that "the pollution of the stream arising from the refuse of manufactories is almost incalculably greater than that caused by excrementitious matter"; and Wakefield itself adds "a not inconsiderable quota of abominations to the already offensively defiled stream." The result of this is, that many of the inhabitants have an insuperable repugnance to use for drinking purposes water taken from the river four miles only below Wakefield Bridge.

Taking this report as a whole, it is perhaps scarcely possible to believe that there could be found any other town in the kingdom where the Local Board had so neglected the duties imposed upon it by the Legislature. Of what use is it to give to Local Boards powers to provide for the health and comfort of the inhabitants, if such conduct as that which this report reveals is allowed to be persevered in? Not only has the Local Board omitted to provide for the proper removal of home-refuse, but, according to the report, it has actually framed regu-

lations which have for their effect the prevention of the removal of such refuse.

With this report, by one of their official Inspectors, before the Government, we hardly see how the Government can hesitate for one moment to put into immediate operation the powers which it possesses for compelling defaulting local authorities to perform their duties; and, with such a death-rate as Wakefield has, it is high time that some one interfered for the protection of the inhabitants.

#### THE AMALGAMATION OF THE LONDON SOCIETIES.

THE Committee of delegates representing the various Societies have at length agreed upon a scheme for the union of the London Medical Societies, which will be finally considered at a meeting on Monday week, and in due course be formally presented by the Presidents to the individual Societies for their decision. The main features of the scheme are the following.

The existing privileges of the Fellows and Members of the various Societies will be preserved as far as possible. The President and office-bearers shall be elected by the general body of Fellows of the Societies; the President to be chosen from among the previous Presidents of Sections. Each Section shall have its own President, Officers, and Council, elected by the general body of members belonging to that Section. The Presidents of Sections shall be *ex officio* Vice-Presidents of the Society, and shall be entitled to a seat in the General Council. Each Section shall send two representative members to the Council, to be elected by the members of the Section.

All Fellows and Members of the present Societies shall be original Fellows or Members of the Society of Medicine. The system of admission-fees will be discontinued. The Fellows of the Society shall pay three guineas a year for the privilege of belonging to any one of the Sections and for the use of the Society's library; and every Fellow shall pay one guinea extra for each additional Section which he may wish to join. But any individual who does not wish to have the use of the library may become a Member of any one Section by paying the sum of one guinea. A distinct advantage is, therefore, offered to future Members and Fellows. The loss to the funds of the Society by discontinuing the entrance-subscriptions will, it is expected, be made up by the economy in management resulting from the amalgamation of the Societies.

The members of the Obstetrical Society, which has already a library of its own, shall be admitted without further payment than the usual annual subscription, and shall be allowed to use their own library.

The property of the various Societies will become merged into a common fund, to which the Royal Medical and Chirurgical Society will subscribe, to speak roughly, eight or ten thousand pounds, the Obstetrical about one thousand, the Pathological several hundreds, and the Clinical about a hundred pounds.

Each Section shall be entitled to spend three-fourths of its income in defraying the cost of its Transactions, and towards meeting the other expenses of the Section. The other fourth will be devoted to the common fund of the Society.

Such is a rough outline of the scheme which has been agreed upon by the delegates, and which will shortly be submitted to the various Societies for their approval or disapproval. It resembles in the main that recommended by the Royal Medical and Chirurgical Society; but differs somewhat, chiefly in the financial details. Although it offers several points open to objection, still the scheme appears to us, on the whole, to be an excellent one, and presented in a form very likely to meet with favour among the Members and Fellows of the different Societies. The proposal to amalgamate the chief Societies has been long entertained and advocated by the bulk of the leading men in the profession in London; and there can be little doubt of the benefit to medicine which would result if the proposal were carried out. The present scheme has been agreed upon by the chosen representatives of the various Societies, who have been, we understand, nearly unanimous in

their deliberations. It is, therefore, to be anticipated that, when brought before the different Societies for consideration, it will be treated in the most catholic spirit; and that all petty jealousies will be laid aside.

DR. POTTER has been appointed Assistant Obstetric Physician to the Westminster Hospital.

BY the death of Sir William Charles Hood, M.D., at the early age of forty-five, the office of Medical Visitor of Lunatics is at the disposal of the Lord Chancellor. The salary is £1500 a year.

PROFESSORS CAPUANO and DE MARTINO of Naples, who attended the Princess Margherita in her recent confinement, have been made Commanders of the Order of St. Maurice and St. Lazarus.

FEVER has become very prevalent at Ripley, Yorkshire, and the neighbourhood. The churchwardens have made arrangements to supply nourishment upon the presentation of a certificate from a medical man.

A CHEMIST has been fined (at Marlborough Street) forty shillings for infringing the provisions of the Act for the regulation of the sale of poisons. He had sold both strychnine and oxalic acid, and had neglected to enter the name of the purchaser in a book, as well as to label the poison with his own name and address.

A CHRISTMAS TREE, furnished with a large number of elegant and many useful presents, was given, on New Year's Eve, to the patients of the East London Hospital for Children, Ratcliffe Cross. There were many other amusements kindly furnished for the children by the friends of the hospital.

THE next meeting of the Association of Medical Officers of Health will be held this (Saturday) evening, at the Scottish Corporation Hall, Crane Court, Fleet Street, at 7.30, when the discussion on Mr. Acton's paper on the Introduction of the Contagious Diseases Act among the Civil Population will be resumed.

#### LECTURES ON HYGIENE AT KING'S COLLEGE.

DR. GUY has issued a prospectus of his first course of lectures as Professor of Hygiene in King's College. It comprises eight lectures, and deals chiefly with the history of the great epidemics which have occurred in England from the earliest times to the close of the eighteenth century. By "history" we mean all the chief phenomena of each epidemic, including new methods of treatment, and especially of prevention, which have been discovered from time to time in connexion with the various outbreaks. The first lecture will be given on the 31st inst., at 8 P.M.

#### THAMES SEWERAGE.

WE understand that the Board of Conservators of the River Thames intend to apply to Parliament next session for power (amongst other things) to prohibit the discharge of solid matter into the River Thames from the sewers and drains of the Metropolitan Board of Works at Barking and at Crossness, and from any other sewers or drains belonging to them or any other body of persons; and to compel the Metropolitan Board of Works to deodorise or otherwise render innocuous the effluent waters or other liquid matters allowed to flow into the river.

#### THE RANK OF VOLUNTEER SURGEONS AT WIMBLEDON.

THE following appears in the *Annual Report* of the National Rifle Association, just issued. It shows the order of rank in which the Council of the Association considers that volunteer medical officers should take. "In Charge of Hospital: Surgeon-Major Wyatt, Coldstream Guards, Hon. Surgeon, N.R.A. Assistant-Surgeons: Staff-Assistant-Surgeon Morgan; Surgeon Lavies, M.D., Queen's Westminster; Assistant-Surgeon Pearce, M.D., Queen's Westminster." Unless satisfactorily explained, we shall consider this seemingly unfair arrangement a direct insult to the volunteer surgeons.



## ST. BARTHOLOMEW'S HOSPITAL.

THERE will be no contest for the appointment of Physician to St. Bartholomew's Hospital, caused by the retirement of Dr. Frederic Farre. Dr. Southey will be appointed full Physician in rotation.

## A VALUABLE PRIZE.

THE Riberi triennial prize of 20,000 *lire* (£800) will be awarded in 1871 by the Royal Academy of Medicine in Turin to the author of the work printed or written in 1868, 1869, or 1870, or of the discovery made during the same period, which work or discovery shall be deemed to have contributed most to the progress and advantage of medical science. The works must be in Italian, Latin, or French; copies of the original must accompany translations. The last day for competition is December 31st, 1870. Authors are invited to denote the more important points in their works.

## "DEATH FROM NATURAL CAUSES."

THIS verdict was given about ten days ago at an inquest held at West Hartlepool, on the body of a man who died under circumstances which, to us, seem to have required at least a *post mortem* examination. The man, stated to have been often drunk before, was found apparently insensible from drink, in a taproom, about 7 P.M., and shortly afterwards he died. Some one had treated him to a pint of beer in the afternoon, and it seems that soon afterwards he became noisy, and was, at the barmaid's request, put out of the bar by two strange men. He was not seen again until he was found insensible. The medical man who had been called in, and who gave his evidence gratuitously, had applied a stomach-pump, but said there was nothing in the stomach. There were some marks of violence on the nose and mouth, but these might have been produced by his falling. The deputy-coroner, a medical man, thought it would be an unnecessary expense to call medical evidence, or to have a *post mortem* examination; and his opinion, ultimately, so influenced a justly sceptical jury, that the above-mentioned verdict was returned.

## INCREASING USE OF NITROUS OXIDE GAS AS AN ANÆSTHETIC.

FROM inquiries, we have been able to ascertain that the use of nitrous oxide gas, as an anæsthetic, continues steadily to increase over the country, and that the amount made by manufacturers in London, chiefly by Messrs. Coxeter and Sons, and George Barth and Co., cannot be much under 60,000 gallons per annum, representing on the rough the production of anæsthesia in about 15,000 individuals. This increase arises almost entirely from its popularity among dentists. The gas has received comparatively little encouragement from surgeons. This may be easily explained by the great expense of the gas in even slightly prolonged operations, and the cumbersome nature of the apparatus required for its use. Its undoubted safety and rapidity of action, as compared with chloroform and other ethers, and the minimum of annoyance resulting from its after-effects, have been duly appreciated and practically recognised by dentists.

## PUBLICANS' BEER.

THE analysis of various kinds of malt liquor contained in the reports published in the BRITISH MEDICAL JOURNAL during the last few months show, among other things, that there is a great difference in the strength of the beer sold at the same prices. In the case of bitter beer, for instance, one sample\* sold at fourpence per pint as the produce of a leading brewery, was no better than table-beer costing only threepence per quart. Moreover, the quantity of malt used per barrel, as indicated by the computed original gravity of the wort, was found to bear no uniform proportion to the price of the beer. This is probably in some measure due to the use of sugar in lieu of malt, which is now permitted; but that practice will not account for such a fact as that mentioned above. We have also been informed that some of the samples of pale ale referred to in a former report† were not the pro-

duce of the firm whose name they were sold under. Without attaching much credit to the strange forms of adulteration said to be practised with beer, there can be no doubt that in too many cases the quality of beer sold at publichouses is far from being in due relation with the price charged for it.

## ANTI-VACCINATION AT NORTHAMPTON.

"IN 1865, of the 6,411 deaths from small-pox which occurred in England, . . . more than one-fifth were among the . . . inhabitants of fourteen towns." "At the head of these towns was Northampton." In December 1869, Dr. Stevens was sent down to urge upon the Guardians the necessity of enforcing the Act. Mr. Newton, one of the Guardians, took a very prominent part in the discussion—a part which, while it showed a laudable desire for instruction, lamentably displayed his ignorance. Another enlightened individual "thought that fathers and mothers were the best judges as to what they ought to do." Ultimately, an amendment "that the Act be not enforced" was carried by ten votes against eight.

## BRITISH MEDICAL BENEVOLENT FUND.

AT the annual meeting of the Medical Benevolent Fund, held on Tuesday last—Dr. G. C. Jonson presiding—the modification of name, by prefixing the word "British", was unanimously decided upon, confusion having frequently arisen from the similarity of names of this and another well-known institution. The Report—some of the details of which have recently appeared in our columns in a letter from the officials appealing for assistance—was adopted, and, with the financial statement, was ordered to be printed for distribution. Votes of thanks were passed to the Treasurer, to the Honorary Secretaries, to Mr. Churchill for his kindness in giving the use of a room for the meeting, and to the medical press for their advocacy of the claims of the Fund.

## KING'S COLLEGE HOSPITAL.

A CHRISTMAS-TREE entertainment was lately given to the children in King's College Hospital. The Nightingale Ward was beautifully decorated for the occasion with flags and evergreens, and the tree lighted at four o'clock P.M. After the presents had been distributed to the children, a magic lantern exhibition was given by the resident medical officer, the entertainment lasting about two hours. Over two hundred and fifty people were present, chiefly visitors and parents of the children, who seemed thoroughly to enjoy the amusement provided.

## THE PRESERVATION OF MEAT WITHOUT COOKING OR SALTING.

ON Wednesday, the 5th inst., we had an opportunity of seeing in operation Mr. John Gamgee's new method of preserving meat for a long time in a fresh state. The essence of the process consists in gradually displacing the oxygen contained in the blood by carbonic oxide, and afterwards slowly impregnating the meat with sulphurous acid gas. Carcasses thus treated will keep in the open air, it is said, for three months. The steps of the process are, shortly, as follows. The animal is killed by the inhalation of carbonic oxide, and rapidly bled and dressed. The carcass is then allowed to cool and become stiff or "set", and is next hung up in a chamber capable of being made air-tight. Here it is subjected for *several hours* to the action of a stream of mixed carbonic oxide and nitrogen. These gases are then replaced by sulphurous acid; and the meat is allowed to remain in the sulphurised atmosphere for a *number of days*, varying from seven to twenty, according to the thickness of the carcass and the time it is intended to keep. When removed from the air-tight chamber, the carcass is perfectly fresh and odourless, and its interior of bright red colour. We saw one of the chambers packed with freshly killed carcasses of beef; and we hope to be present when these are removed for inspection, in about ten days' time. We propose, in a future number, to report more fully on the condition of the meat and the different parts of the apparatus employed. In the meantime, we wish Mr. Gamgee all success in this important scheme.

\* See No. 5 of the Table, BRITISH MEDICAL JOURNAL, No. 452, page 245.

† *Ibid.*, Nos. 3, 4, and 5, in the Table.

## THE POOR-LAW INQUIRY AT ST. PANCRAS.

THE inquiry into the charges preferred by the guardians of St. Pancras against Dr. Ellis was commenced last week (on Friday), and continued on the following day, by Mr. Montague Bere, Q.C., and Dr. E. C. Seaton, the Special Commissioners appointed by the Poor-law Board. Mr. Poland and Mr. Thomas appeared for Dr. Ellis, and Dr. Edmunds on behalf of the guardians. The following are the charges which were made against Dr. Ellis: That he, at the commencement of November, caused the ventilating arrangements of the Infirmary to be stopped up, either wilfully, or by such negligence as to constitute a grave charge against him; that he had, either wilfully or negligently, detained many patients in the Infirmary who might have been removed into the infirm wards of the workhouse; that he had caused inquests to be unnecessarily instituted, for the purpose of disseminating slanders against the guardians, and misrepresenting the condition of the Infirmary wards; that certain patients suffering from contagious diseases were received by Dr. Ellis into the Infirmary, and detained there unnecessarily; that he had behaved improperly in the case of Mary Allen, in obtaining what purported to be death-bed depositions; and that in that case he had given before the Commissioners sworn evidence which was untrue. Evidence was then taken on these charges, and a number of witnesses were called by Dr. Edmunds in support of them; no new information was, however, elicited beyond what has been already made known in the daily papers. The chief evidence was that by Dr. Edward Smith, Poor-law Inspector, who thought the system of ventilation bad, and considered the guardians responsible for the defect. The investigation was ultimately adjourned until yesterday (Friday).

## THE EPIDEMIC AT SPINKHILL.

WE learn from the *Sheffield Telegraph* that the ratepayers have taken into consideration the best method of draining the hamlet of Spinkhill. Dr. Thorne Thorne, who was sent down by the Privy Council, had stated in his report that the system of drainage was imperfect, and that a continuance of the fever was to be expected, unless proper and effective hygienic measures were adopted. The meeting accordingly resolved to take immediate steps for improving the drainage, and the money required is to be borrowed from Government. We have since learned that an abatement in the fever has taken place, no doubt from the precautionary measures taken. It now remains for the authorities to complete their new system of drainage without loss of time.

## POISONING BY CYANIDE OF POTASSIUM.

A MAN and his wife were going to spend the evening with some friends at Newcastle-under-Lyne, and took with them a small bottle containing gin, as they thought. The husband, in the course of the evening, had some "gin and water"; and, it is said, "it was then found that the bottle contained cyanide of potassium." Notwithstanding the use of emetics, the man soon died. The bottle had been accidentally left by a photographer, with some others, belonging to the deceased. Only one draught was taken, and part of this was spat up almost immediately. Very free vomiting occurred, and probably hastened his death. He was fifty-six years of age. The jury expressed their opinion that all bottles containing poisons for photographic purposes should be labelled as such.

## THE SULPHOCARBOLATES IN MEDICINE.

AT the last meeting of the Obstetrical Society, Dr. A. E. Sansom read a very interesting paper on these curious salts, with a detailed account of their use in some of the diseases of children. Our readers are probably aware that the direct compounds of carbolic acid are very unstable, unpleasant, and for the most part insoluble; but, when equivalents of carbolic acid and sulphuric acid are mixed, a new acid—sulphocarbolic acid (or sulphophenic acid,  $C^6H^6SO^4$ )—results, which unites with basic oxides of the metals, to form compounds remarkable for their beauty, stability, and solubility. Of these, Dr. Sansom has procured those of sodium, potassium, magnesium, calcium, iron, copper,

and zinc, of which he exhibited some fine specimens, made by Mr. Barnard of St. John's Road. A simple test for these salts is found in the addition of solution of perchloride of iron, which strikes a ruby or violet tint if they be present. Dr. Sansom has, he says, met with much success in the treatment of sloughing sore-throats, malignant scarlatina, and quinsy, by the sulphocarbonate of sodium; and has used the calcium salt (which is one of the most soluble known) in rickets, and the pretubercular stage of phthisis, and also in the diarrhoea of tubercular children, with uniformly good results, in doses of three to five grains or more. He has given a drachm of the sodium salt to an adult, and believes that the sulphuric acid and soda are eliminated by the kidneys, and the carbolic acid by the lungs.

## ZOOLOGY AT LIVERPOOL.

WE are glad to observe that a Zoological Society is likely to be established at Liverpool. At the meeting held to consider the proposal, several speakers urged the advantage which was likely to accrue to the Medical School as one amongst other reasons for its adoption. Mr. R. Harrison, who spoke on behalf of the School of Medicine, referred to the introduction of Comparative Anatomy into the curriculum of medical study, and expressed his belief that such a society would prove of great advantage to the medical students of Liverpool. It would also, he said, promote what was very much needed—"a love of science for its own sake." As it would appear that the proposers of the new society look for special support to those concerned in the School of Medicine, it would perhaps not be unfair to ask that some advantages should be secured to the latter, such as, for instance, free admission of all medical students to the gardens and meetings. We hope, also, that Comparative Pathology will not be lost sight of, and that arrangements will be made for *post mortem* examinations of those animals that die, and for proper records of the same. These would be best conducted at the Medical School.

## SCOTLAND.

## FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

THE Honorary Fellowship has been conferred on Mr. Syme and Dr. James Henderson, Inspector-General.

## SCARLATINA IN DUNDEE.

AT a recent meeting of the Police Commissioners of the town, it was stated that about 600 children had died from scarlatina during the past year. After some discussion, the matter was referred to the Sanitary Committee to consider what means could be adopted to prevent the disease from spreading.

## UNIVERSITY OF EDINBURGH: THE MATRICULATION.

THE total number of students who have matriculated this session at the University is now 1670, including as many as 486 medical students. Of these latter, 181 have entered for their first year against 138 last year, when there was also an increase over the previous year.

## THE LORD RECTORSHIP OF THE ABERDEEN UNIVERSITY.

THE Lord Chancellor has given his decision, as it was expected he would do, in favour of Sir W. Stirling Maxwell, who polled the minority of votes. Sir William, in a letter to the Secretary of Mr. Grant Duff's Committee a few days ago, observed:—"The Chancellor of the University will no doubt act as seems to him best for the interest of the University. But I have taken the liberty of expressing to his grace my hope that he will give effect to the wishes of the majority of the students." We hear with satisfaction that the scheme proposed by Mr. Grant Duff, for the Extension of Compulsory Subjects in the Arts Curriculum, has been considered favourably by a majority of the members of Senatus.

## IRELAND.

## DEATH OF DR. CROKER.

We regret extremely to record the death of Dr. Charles Phillips Croker, ex-President of the King and Queen's College of Physicians, Physician to Steevens's, St. Patrick's, and the Incurables Hospitals, which took place on Tuesday last, at No. 6, Merrion Square West. No one was more universally respected for amiability and benevolence.

## ROYAL COLLEGE OF SURGEONS.

On Monday, a special meeting of the Fellows was held to receive a reply from the Council to a recommendation passed at the last meeting that the subjects of a new charter, and the propriety of ceasing to pay councillors for attending examinations, should be considered. The reply stated that, in view of the impending medical legislation, it was inexpedient to seek a new charter, and that the payment of councillors had been efficacious in procuring their attendance at examinations, which was believed to be very advantageous. A resolution declaring this reply to be satisfactory was passed almost unanimously.

## HOSPITAL FOR INCURABLES.

An election of Surgeon, in room of the late Dr. Geoghegan, was held on Saturday, and Mr. Wharton, Surgeon to the Meath Hospital, was chosen by a large majority of the Governors and Governorsess present. It would have been impossible to have chosen a Surgeon more distinguished for ability, zeal, or kindness, than the officer who will now direct the admission of applicants to this noble refuge.

## THE COLLEGE OF PHYSICIANS.

The remarkable event of the week was the visitation of this ancient body by the Lord Chancellor and the three other chief judges, which commenced on Friday. The Solicitor-General, Mr. Butt, Q.C., and Mr. Griott, appeared for Dr. McSwiney, who had been rejected for the Fellowship in October, eighteen Fellows having voted for him and nine against. A bye-law, passed in 1862, ordained that one black bean in five was sufficient to reject; but the Rev. Dr. Haughton had urged that this bye-law was repugnant to the Charter of William and Mary, which declared that all elections should be ruled by a majority; and he contended that Dr. McSwiney was, therefore, elected. The question involved the rejection of other very eminent members of the profession—Drs. John Hughes, J. A. Byrne, and T. M. Madden. The Solicitor-General commented on the foregoing facts very fully and learnedly. Dr. Ball, Q.C., and Mr. Fitzgibbon, appeared for the College, and argued that the question was one purely legal, and that the Fellows had a perfect right to frame the bye-law under which Dr. McSwiney sought election. That gentleman had become a Licentiate in 1854, and applied for the higher rank with full knowledge of the terms under which it was conferred. Dr. Ball further contended that there should be a new election after a mode prescribed by their lordships. On Saturday, some reference having been made to the bye-laws, the Chief Baron said he would not adjudicate on the case, and on the question raised by it, till there was the fullest information before him by evidence of the whole of those bye-laws from the earliest period down to the present. It appeared they were without information from 1761 to 1822. After some remarks on the matter, Chief Justice Whiteside said there was one thing that struck him. It would appear that all the members, not only of the Scotch Universities, but of the Continental and American Universities, could be admitted to the membership of the King and Queen's College of Physicians. That, certainly, was an alarming fact. Chief Justice Monahan said if a majority of this body chose to admit them it was all right. The Lord Chancellor, after consultation with the other members of the bench, announced that the case should stand adjourned till Friday, the 21st instant, at eleven o'clock. The evidence should all be ready by that time, and the arguments of counsel could then proceed.

## STATE MEDICINE IN IRELAND.

A MEETING of the medical officers of the counties of Sligo and Leitrim, was held on December 18th, Dr. W. K. Hamilton in the chair, for the purpose of considering the presentation of an address to the Right Hon. C. P. Fortescue, M.P., Chief Secretary for Ireland, on the improvement of the public health organisation in that part of the United Kingdom. An address, drawn up by Dr. J. Tucker, of Sligo, who acted as secretary, was unanimously agreed on. The following abstract contains the chief points.

"SIR,—We, the medical officers of the counties of Sligo and Leitrim, beg to solicit your attention to the following review of the public health, and to the means we respectfully suggest for its preservation in Ireland. Several sanitary laws were enacted during the last twenty years, but, except the Medical Charities' Act, and the Compulsory Vaccination Act of 1863, none of them have been successfully administered. The Bath and Wash-house Act of 1846, and the sanitary code of 1866, have been but very partially put in operation in the provinces. This neglected state of sanitary action must continue until a more complete and compulsory system of sanitary legislation be enacted, as the Medical Officer of the Privy Council in London suggests. Anything short of this would be trifling with the lives of the people who are being prematurely killed in thousands annually by preventable diseases, which the bills of mortality tend to show.

"We therefore respectfully submit that the surplus revenues of the Irish Church, which were placed last session at the disposal of parliament for Irish purposes, could not be better applied than in putting the sanitary laws into compulsory operation. . . .

"A complete code of Sanitary State Medicine is required to inquire into the causes of disease and of deaths, of adulterations of food, of drinks, and of drugs, of foul water, foul air, deficient ventilation, nature of occupation, amount of electromuscular exercise, sanitary state of domestic dwellings, of schools, of prisons, of workhouses, of workshops, of hospitals, of lunatic asylums, of barracks, of ships, and of medico-legal inquests. . . .

"The British Medical Association recommended in 1865 that baths be established in every city, town, and village. The commissioners of poor laws, in 1866, recommended that disinfecting chambers be established. Pestilential foul clothes saturated with infection are sold in the public streets, and all sorts of contagious diseases propagated therefrom. Sir James Simpson, M.D., Edinburgh, shows how pestilential diseases may be stamped out by isolation, disinfection, and baths, but as yet nothing has been done. We, therefore, suggest that a bath, a disinfecting chamber, a cottage hospital, and a suitable residence for the medical officer be provided at each dispensary, and that competent nurses be also appointed to attend midwifery cases, and to cook suitable regimen for the sick poor. There can be no more powerful medical adjuncts than baths, which are urgently required for the successful treatment of many diseases, without which medicines are comparatively useless.

"The medical officers of Ireland are a well educated and organised staff, fully qualified to administer the comprehensive system of state medicine that we suggest. . . . Lord Longford declared in the House of Lords last session, on the superannuation pension debate, that the medical officers of Ireland were 'a deserving body, who did good service in return for a starvation allowance.'

"The Venerable Archdeacon Goold suggests that a portion of the surplus revenues of the Irish Church might well be applied in providing salaries of from £300 to £600 a year for the medical officers of Ireland, when they are liable to be called at all hours, night and day, to save human life, frequently at the sacrifice of their own lives. The medical profession are deeply indebted to Archdeacon Goold for the following remarks in support of our claims:—"My respect for and admiration of this noble profession, pleads my apology for devising means to better its condition, and to elevate its status in our native land."

"The time has come to increase the field of usefulness of medical officers in Ireland, and their means of living. . . . The medical officers of Ireland might be regarded as a well skilled staff for stamping out preventable diseases, and to have the sanitary laws more strictly observed, and human life more carefully preserved."

The address having been adopted, a resolution was proposed by Dr. Wilson, (Keadue) and seconded by Dr. Palmer, (Dromahair) conveying the thanks of the meeting to Lord Longford and Archdeacon Goold, for their very complimentary remarks in reference to the dispensary medical officers of Ireland.



## REPORT

ON THE

## MALT LIQUORS SOLD IN THE UNITED KINGDOM:

WITH ANALYSES AND COMMENTS.

## IV.—MILD ALE AND OLD ALE.

THE kinds of malt liquor represented by the analytical results given in the following table differ very much from what is commonly known as pale ale or bitter beer treated of in the former report,\* independently of actual strength or of the peculiar flavour and bitterness given to pale ale by the large proportion of hops used in brewing it. Mild ale is generally characterised by a sweetness more or less decided, indicating the presence of sugar. In old ale, this character is less obvious—partly owing to the presence of free acid, which masks the sweet taste. The difference between pale ale and these two kinds of beer is further indicated by the amount of extract in mild and old ale being, as a rule, larger, relatively to the alcohol, than it is in pale ale. This difference is chiefly due to the way in which the fermentation of the wort has been conducted, and to its being carried further in one case than in the other.

In regard to the actual amount of alcohol in beer of this kind, it

varies in mild ale from 4.41 to 7.34 per cent. by weight, or from  $1\frac{1}{10}$  to  $1\frac{1}{2}$  fluid-ounces of absolute alcohol per pint, the average alcoholic strength being decidedly above that of ordinary bitter beer. In old ale, the amount of alcohol is still larger, varying from 6.2 to 8.41 per cent. by weight, or from  $1\frac{1}{2}$  to  $2\frac{1}{2}$  fluid-ounces per pint of the beer.

The amount of extract in mild ale varies from 3.58 to 6.81 per cent. by weight, or from  $\frac{3}{4}$  to  $1\frac{1}{2}$  oz. per pint of the beer; and in old ale it is from 4.56 to 13.32 per cent. by weight, or from 1 to  $2\frac{1}{2}$  oz. per pint.

The amount of free acid taken as acetic acid is in mild ale from .13 to .28 per cent. by weight, or from 10.5 to 24.7 grains per pint; in old ale, it is from .16 to .56 per cent. by weight, or from 14 to 49.4 grains per pint of the beer.

The quantity of malt used per bushel in the brewing of these samples of beer, as indicated by the estimated original gravities of the wort, varies in mild ale from 1.77 to 3.2 bushels per barrel, and in old ale from 2.69 to 4.5 bushels per barrel.

From the great alcoholic strength of some samples of old ale, they partake more of the nature of wine than of beer, in the usual sense of the term. They are, in fact, quite equal in that respect to most of the cheaper wine imported from France, Germany, and Italy; while, in flavour and general character, old ale such as that brewed at Burton and in Scotland is far superior to any wines of the kind referred to, which can be sold here at a price double that of the best old ale. This kind of beer, however, is but rarely sold at public-houses.

Table of Analyses of Old and Mild Ales.

Kind of Ale.	Obtained from	Price per imperial pint.	Specific gravity.	Per centage of		Acetic acid.	Original gravity of wort.	Malt per barrel.	Contents per pint.		
				alcohol.	extract.				Alcohol fl. ozs.	Extract czs.	Acid grs.
OLD ALE.											
1. Old Burton Ale. Brewed March 1869 .....	Messrs. S. Allsopp and Sons, Burton-on-Trent ...		1040.38	8.25	13.32	.32	1121.63	4.50	2.16	2.77	29.12
2. Ditto .....	Feathers Tavern, Hand Court, Holborn .....	6d.	1030.11	8.32	11.14	.25	1111.45	4.11	2.16	2.29	22.53
3. Bass's Barley Wine .....	The Holborn Tavern .....	5d.	1032.31	8.41	11.75	.23	1114.78	4.25	2.18	2.42	20.77
4. Roy's Scotch Ale .....	The Mitre Tavern, Chancery Lane .....		1037.84	7.43	12.91	.20	1111.46	4.12	1.81	2.60	18.16
5. Truman, Hanbury, & Co. ....	Bedford Tavern, Bedford St. ....	4d.	1020.81	6.76	8.00	.16	1084.95	3.14	1.71	1.57	14.29
6. Bass's .....	Three Cups Tavern, Gray's Inn Passage .....	4d.	1014.91	8.08	7.02	.18	1091.47	3.38	2.04	1.43	15.88
7. Allsopp's .....	69, Long Lane .....	4d.	1008.61	8.31	4.56	.56	1086.40	3.20	2.10	.91	49.42
8. Kennet Ale—Butler's .....	56, Museum Street .....	4d.	1012.31	8.13	6.27	.36	1090.03	3.33	2.05	1.27	31.88
9. Charington's .....	160, Gray's Inn Road .....	4d.	1017.08	7.50	7.52	.26	1089.16	3.30	1.90	1.53	23.14
10. Ditto .....	92, King Street, Smithfield ...	4d.	1013.90	6.20	6.06	.28	1073.27	2.71	1.57	1.22	24.83
11. Elliott, Watney, & Co. ....	The Bull's Head Tavern, 1, Hyde Street .....	4d.	1007.93	6.75	4.81	.28	1072.81	2.69	1.71	.96	24.69
MILD ALE.											
12. Truman, Hanbury, & Co. ....	Truman, Hanbury, & Co. ....	3d.	1010.76	6.54	5.40	.22	1073.41	2.72	1.66	1.09	19.45
13. Ditto—Summer Brewing ..	Ditto .....	2d.	1010.30	5.62	5.01	.19	1064.63	2.39	1.44	1.01	15.80
14. Usher's Strong Scotch Ale ..	22, Waterloo Road .....	bottled.	1011.00	7.34	5.88	.18	1081.09	3.00	1.87	1.19	15.93
15. Crowley's Alton Ale—Mild x x x .....	260, Holborn .....	4d.	1027.34	6.16	9.50	.14	1086.36	3.20	1.59	1.97	12.58
16. Scotch Ale—Campbell's Brewery .....	Blanchard's Restaurant, Beak Street .....	5d.	1009.40	5.90	5.05	.28	1066.86	2.47	1.50	1.02	24.73
17. Stogumber Ale .....	Bliss Bros., 21, Upper Seymour Street .....	bottled.	1008.51	5.90	4.69	.28	1065.62	2.43	1.50	.93	24.71
18. Edinburgh Ale—Wm. Younger's .....	The National Stores Tavern, 79, Farringdon Street .....	4d.	1006.63	4.41	3.58	.19	1048.38	1.77	1.12	.72	16.73
19. Combe, Delafield, & Co. ....	White Hart Tavern, Chancery Lane .....	4d.	1015.56	4.84	6.05	.14	1061.85	2.29	1.22	1.22	12.44
20. Bass's .....	The Holborn .....	2d.	1016.67	5.07	6.33	.22	1065.69	2.43	1.29	1.28	10.57
21. Goldsmith's .....	Bedford Tavern, Bedford St. ....	2d.	1013.15	5.45	5.61	.21	1065.67	2.43	1.28	1.13	18.62
22. City of London Brewery .....	Three Cups Tavern, Gray's Inn Passage .....	2d.	1016.26	4.57	6.05	.13	1059.56	2.20	1.16	1.22	10.56
23. Charington's .....	160, Gray's Inn Road .....	2d.	1013.31	5.15	5.50	.20	1062.57	2.39	1.31	1.11	17.73
24. Thornton's .....	133, Gray's Inn Road .....	2d.	1013.17	5.22	5.48	.21	1062.75	2.32	1.32	1.11	18.62
25. Combe, Delafield, & Co. ....	Yorkshire Tavern, 29, Gray's Inn Road .....	2d.	1015.69	4.91	6.00	.18	1062.61	2.32	1.25	1.21	17.99
26. Elliott, Watney, & Co. ....	Bull's Head Tavern, 1, Hyde Street .....	2d.	1018.70	4.66	6.81	.19	1063.76	2.36	1.20	1.38	16.93
27. Allsopp's .....	69, Long Lane .....	2d.	1014.78	4.43	5.56	.22	1057.33	2.12	1.12	1.12	19.53

\* See BRITISH MEDICAL JOURNAL, No. 452, page 245.

## MUSEUM NOTES.

THE MUSEUM OF THE RICHMOND HOSPITAL,  
DUBLIN.

No one who visits the Dublin hospitals should omit a detailed inspection of her museums also. That of the Richmond Hospital has the advantage of being in a small compass, and is especially rich in good specimens. That of Trinity College also contains much of the greatest value. At Richmond Hospital, the visitor should not restrict himself to the shelves, but should ask to see also the valuable portfolios of drawings.

We had ourselves the advantage of an introduction to this museum by a member of the hospital staff, who finally left us in charge of the museum porter, who had instructions to show us everything—a commission which he fulfilled with the greatest zeal. Amongst the chief objects of interest here are the preparations, drawings, and casts, which were used in Dr. R. W. Smith's magnificent work on *Neuroma*. These are now so well known, that we need not attempt to describe them, but may proceed to matters of less interest, but which have, at the same time, been less completely investigated.

In one of the portfolios is a portrait of Mary King, aged 25, the subject of *Molluscum Fibrosum*. The tumours are numerous, and many of them pedunculated, exactly like those of molluscum pendulum. Many others, however, are sessile and subcutaneous. This portrait may be compared with interest with Plate XVIII of the New Sydenham Society's *Atlas*, and with Hebra's Plates, described at page 70 of this JOURNAL. Only the trunk appears to be affected. Under the armpit is a portion of skin which is diseased in a different way, showing a large patch of small, closely set, papillary growths. There two drawings of immense growths of *Molluscum Pendulum*, which may be contrasted with Plate XII of Hebra. In one of these (*C. d. 1*), the tumour is attached in the popliteal space by a narrow peduncle; it is as large as two fists, and is ulcerated at one part. The notes state that it was twelve inches in circumference, and of twelve years' growth; and that in structure it consisted of firm adipose tissue. The patient was a woman aged 50, under the care of Mr. Robert Adams. In a second portrait, a pedunculated tumour of similar nature, from the inner part of the left thigh of a man aged 48, is shown. The patient was under the care of Mr. Fleming; and the disease is designated as *Pedunculated Adipocellular Tumour*—a name which is quite equally appropriate with that of molluscum. These tumours always consist of cellular and adipose tissue; as do also those found in *molluscum fibrosum seu simplex*. The occasional coincidence of the subcutaneous, sessile, and pedunculated—the latter occasionally of considerable size—sufficiently indicates their common origin and sameness in nature. We must again refer to Hebra's portrait for confirmation.

*Keloid of Scar*.—Another portrait in the same portfolio is that of Richard Walsh, aged 22. There is no number or reference; but it is well executed, and easy to recognise. There are numerous patches of cicatricial keloid, of irregular shapes and various sizes, most of them not larger than shillings; they are elevated, florid, and glossy. They are surrounded by brown discoloration of the skin; and, in the absence of history, it may be conjectured that they occur in the scars of a syphilitic eruption. The second portrait of cicatricial keloid shows a large thick patch in the scar of a burn. The patient was a girl aged 19. The keloid induration in this instance appears to be nearly half an inch thick.

*Mercurial Eczema*.—The portrait of Mary Dwyer, marked "Mercurial Eczema," shows a fearfully severe eruption. The entire surface of the arms, face, and trunk is red and raw; and large portions of epidermis are peeling from the hands.

*True Leprosy*.—There is a good portrait of a boy aged 12, Edward Fitzgerald, the subject of true leprosy, in the mixed anæsthetic and tuberculated forms. On the face are tubercles and bossy masses of skin, producing considerable deformity; whilst on the arms there are white patches on a dusky erythematous ground.

*Leucoderma*.—There is a remarkable portrait from a patient of Dr. Gordon's, showing leucoderma of the face. The patient was a man aged 20, of dark complexion and blue eyes. The white patches are very abruptly margined. Only the face is shown.

*Echthyosis*.—A sketch of the leg of George Duggan, aged 20, well illustrates the common form of ichthyosis (xeroderma of Wilson). The condition is, as is usual, most advanced in front of the knee and on the dorsum of the foot. It appears to avoid the popliteal space and the sole of the foot.

*Pachydermatocœle*.—Under this name is given the portrait of Mary

Dermody, aged 20. It shows the side of the face, neck, and chest, of a dark-complexioned, cachectic woman; the skin is inflamed, and thrown into bossy folds, which are much indurated, and in parts ulcerated. It looks much like a peculiar form of chronic scrofulous inflammation of skin, with subcutaneous burrowing of pus. Another portrait shows the same portrait after the cure, livid scars only remaining.

*Pemphigus*.—This disease is illustrated by several portraits, the most characteristic of which represents an arm of Laurence Twiney, aged 28, which is covered with bullæ. The designation "Pemphigus Diutinus" is appended. The portrait of Patrick Coyne, aged 42, with the same diagnosis, is less characteristic. There is some ulceration in connection with the bullæ, suggesting the possibility of syphilis. The portrait of a baby, marked "Pompholyx," also shows a disease about the diagnosis of which there might be some dispute. There are no good bullæ, the eruption looking not unlike the vesications of porrigo. The portrait of a girl aged 18, who was under the care of Mr. Hutton, is interesting on account of the enormous size of the bullæ. The girl's legs are cedematous, and congested as if from exposure to fire; on the right is a tense bulla nearly as large as a tea-cup, and on the left there is a commencing one as big as an egg. No name is given to the disease, nor is there any history.

There are two portraits representing *Pemphigus Gangrenosus*. In one, that of a female child, it is stated that purpura was present also. There are patches of purpura hemorrhagica on the limbs and trunk, and on the labia are bullæ, at the bases of which the skin is gangrenous. The bullæ occur only close to the gangrenous parts. Another portrait shows the state of things in a boy aged five years, on whose face, arms, and trunk, are gangrenous patches, with inflamed areolæ; the first stage would appear to be the formation of a bulla.

*Fatal Syphilitic Phagedæna*.—As might be expected, in the Museum of the School at which Carmichael taught, there are important delineations of the rare forms of syphilis. One which most interested us showed phagedæna of the female genitals, the labia being wholly destroyed. The patient, Eliza Lambert, aged 21, died of the disease. We recollect an almost precisely similar case, which also ended fatally, under the care of Mr. Stanley, twenty years ago, in St. Bartholomew's Hospital. In it also, as is usual in the severe forms of phagedæna of the female genitals, the patient was quite young.

We were shown also the portrait of the last patient whom Mr. Carmichael sent to the artist. "It's venereal, sir," said our guide, in a whisper; "he was a terrible man for venereal, sir, Mr. Carmichael was."

[To be continued.]

## EDINBURGH ROYAL INFIRMARY.

THE annual meeting of the contributors was held in the Council Chambers on Monday, Jan. 3rd. We give some extracts from the report read by the Secretary.

"The following is an abstract of the daily register of patients admitted during the year, from 1st October 1868 to 1st October 1869, showing the result of the cases:—

Patients remaining in the hospital at 1st October 1868 .....	300
Patients admitted from 1st October 1868 to 1st October 1869...	4342
Of these, there were—	
Dismissed cured .....	2680
„ Relieved .....	845
„ With advice, or at their own desire .....	31
„ Irregular or improper .....	92
„ Incapable of further benefit .....	244
Died in hospital .....	434
	— 4326

Patients remaining in the hospital at 1st October 1869 ... 316

"Of the cases treated to a termination during the year, 2 were cases of small-pox, 417 were cases of fever, 2,094 were ordinary medical cases, and 1,813 were surgical cases. The average number of patients in the house during the year, according to the returns of the weekly census, was 400; the greatest number at any one time, 459; the lowest, 304; and the average time each patient remained under treatment was 31.1 days.

"Of the cases treated to a termination during the past year, there were: from Edinburgh, 2,422; from Leith and Newhaven, 286; from the country and other places, 1,618.

"The managers have to report a very slight decrease in the number of patients as compared with that of the year immediately preceding. It is interesting to observe that there have only been two cases of smallpox in the Infirmary during the past year, while there were only three in the

year preceding, which seems to indicate a favourable result from recent legislation on the subject of vaccination.

"The ordinary revenue for the past year amounted to £15,361 : 16 : 3, and the ordinary expenditure to £14,579 : 3 : 2½."

"The managers have the pleasure of reporting very favourably of the Convalescent House. Another year's experience has tended to confirm the high opinion they had formed of the value of that institution; and they sincerely trust that the subscriptions and donations received in support of it will soon more nearly approximate to the expenditure necessary to maintain it in active operation.

"The managers have, on this occasion, to report the retirement from active duty in the Surgical Hospital of one with whose name and fame it has been long associated. The contributors will readily believe that the managers were most unwilling to think of the long-continued connection betwixt Mr. Syme and the Royal Infirmary coming to an end, and they have very great pleasure in reporting that he has agreed to continue on their staff as one of their consulting surgeons. They cannot, however, report his retirement from active duty without expressing their deep sense of the invaluable services he has, during so many years, rendered to the Royal Infirmary, and of the great advantages conferred on so many patients by his eminent surgical skill and unflinching resources. Nor can the managers forget that they owe Mr. Syme a deep debt of obligation for much important advice rendered to them on many occasions when the exigencies of the Royal Infirmary led them to consult their medical and surgical officers; and it is a great satisfaction to them still to be able to regard him as a counsellor to whom they may apply on any question of difficulty.

"The managers have prepared and advertised the necessary Parliamentary notices for a bill to be brought into Parliament to carry out the new plans on the new site. The bill has been drafted and lodged in due time. A copy of it is laid on the table. It is hoped that this bill will pass through Parliament in the ensuing session without any material opposition.

"There is one source of obstruction still remaining—viz., an application to the Court of Session for an interdict against the sale of Watson's site. This question is still *sub judice*, but will be, the managers hope, decided speedily and in favour of the sale. Interim interdict has been refused.

"The managers, meanwhile, are anxiously conferring with their architect regarding plans for the new building, and already considerable progress has been made, but they beg to assure the contributors that these will not be hastily determined on, nor before they have been submitted to their medical and surgical officers, and have obtained the approval of some of the highest authorities on the construction of hospitals.

"It will gratify the contributors to know that the subscriptions to the building fund now amount to upwards of £75,000; that of this sum only a small amount is likely to be withdrawn because of change of site and plans; and that upwards of £61,000 has already been paid into bank."

Professor Syme gave notice of the following motion for next meeting:—"That the architect for the new hospital shall be selected by limited competition, and that the plan chosen shall be submitted to the Court of Contributors for final approval."

The meeting was then adjourned to Monday the 17th instant.

## NOTE ON THE METEOROLOGY AND PUBLIC HEALTH IN 1869.

(From the *Birmingham Daily Gazette*.)

THE year 1869 was meteorologically remarkable in several particulars, and some of the peculiarities of weather coincided with unusual changes in the death-rate and in the characters of the prevailing diseases.

The first two or three months were unfavourable, not from the temperature being low, for it was high in January and February, but from excessive rainfall, which favoured the occurrence of fever in many damp houses.

April, May, and June were cold (there was *snow on June 16th*), and, during part of the time, very wet. A month of dry and hot weather in June and July accompanied the lowest death-rate for the year. The drought continued, but the temperature underwent the most unusual fluctuations during July and August, and once the thermometer sank twenty-eight degrees in a single day.

The epidemic of scarlatina began during this extraordinary weather, and continued to increase in severity during the somewhat colder weather of September, October, and November. October and November experienced somewhat the same excessive changes of temperature as were observed in August. One result of these fluctuations in the later autumn months, was a great increase in deaths from bronchitis, at least in London.

In ten large towns, between the middle of August and the end of December, nearly ten thousand persons died of scarlet fever, and three thousand of these belonged to London.

Among other towns, Sheffield and Birmingham stand at the two extremes of the list as regards death-rate; and the former did justice to its bad character by contributing largely to the deaths from small-pox in the spring, and from scarlatina in the autumn.

Birmingham shows a lower death-rate than any other of the ten towns taken for comparison. It appears, however, that even this town has extensive pest spots, districts in which the mortality, especially among children and in summer, is still very high.

The water supply of Birmingham is defective in two particulars: it is in the hands of a private Company, and it is said that the water-rates are, in consequence, excessive; secondly, the supply is drawn from streams in the neighbourhood of the town, all of which are, or soon will be, contaminated with sewage. It is believed that certain springs near Barnt Green are capable of furnishing a copious supply of good water.

## THE NEW FASCICULUS OF HEBRA'S ATLAS OF SKIN-DISEASES.

To the lover of dermatology, a new fasciculus from Hebra is a sort of God-send. His graphic plates go much further than any written descriptions could in illustrating this difficult and complicated subject. The seventh fasciculus of his *Atlas*, comprising twelve plates, has just reached us. As regards general execution, they do not equal his earlier productions, but they are sufficiently well done to be of very great value. As, on account of their expense, they are not likely to come under the eyes of any large number of our readers, we will briefly enumerate their subjects, with a few words of commentary.

Plate I shows the face of a young adult man severely affected with common Acne. The acne is pustular, and occurs chiefly on the cheeks and forehead. The occurrence of conspicuous black dots inside the ears, from the distension of sebaceous follicles, which is so common in acne, has not been omitted. It is a curious fact, that in the ear the follicles scarcely ever suppurate.

The next Plate is an example of the same disease, but in far greater degree of severity; the entire face is covered, and there are numerous spots on the neck and chest. The escape of the eyelids, even in the severest cases of acne, is to be noted in this portrait. These two plates offer an interesting instance of the difficulty of using names, the first being called *Acne disseminata vulgaris*, and the second, *Acne disseminata indurata*; whilst, clearly, their only difference is as to the abundance of the pustules; and, if it be not hypercriticism, we might suggest that acne is always disseminate, and that the introduction of this epithet is useless.

Plates III and IV illustrate the disease commonly known in England under the names Sycois and Mentagra. The plates comprise parts of the face from four subjects, in each of which the chin is covered with pustules; in three, the upper lip and the whiskered parts of the cheek are invaded; a fourth shows well the author's accuracy of observation, depicting sycois affecting, as it sometimes does, the eyebrow and eyelashes. The name employed for this disease is *Sycosis*, viz. *Acne mentagra*. Hebra, as is well known, does not believe that the disease conventionally known as sycois is of parasitic nature. The parasitic variety, which appears to be fairly common in Paris, seems to be very rare both in Vienna and in London. The question may be held to be quite settled that the disease commonly called "sycois" in England, figured under that name by Mr. Wilson and others, and now illustrated by Hebra, is not parasitic. It is an inflammation of hair-follicles and their appended glands, similar in nature to the common ophthalmia tarsi, and not without a certain degree of relationship, as suggested by Hebra, to pustular acne.

The name given to Plate V is, we think, not a good one. The portrait shows the face of a young man with spots of common pustular acne on the cheeks, nose, and forehead, at the base of which there is diffused redness of the skin. This redness is held to justify the name of *Acne Rosacea*. Our notion of the disease to which this adjective is applicable, is, an eruption scarcely ever met with short of middlelife, characterised by persistent red papules which scarcely ever suppurate.

Portrait No. VI comes much nearer to what in England is known as *Acne Rosacea*, but in this case, also, there are some pustules. It illustrates, also, under the name of *Rhinotryma*, a horrible example of carbuncled nose; the carbuncular nodosities being as large as a child's fist. A story is current that Mr. Liston, sitting at dinner next to a gentleman the subject of this disease, when warmed with wine, could resist the temptation no longer, and suddenly seizing his neighbour's excrescence,



sliced it off. Had he come near Hebra's patient, the act would have been commendable, though not so easy of achievement.

Portrait VII, under the name of *Aene Cachectiorum*, exhibits an eruption of which we have no knowledge. The patient's back, buttocks, thighs, and arms, in fact all parts seen in the portrait, are covered with pustules and the scars left by them.

Plate VIII contains three subjects. The child's face shews small spots of White Aene, or lichen, the true nature of which Hebra distinctly recognises, but for which he prefers the old-fashioned names, *milium seu grutum*. The forehead of a leg on the same plate shews iodine aene, *Aene ex Iodo*. The front of a girl on the same illustrates the pustular inflammation of sebaceous follicles resulting from tar, *Aene a Pice*.

Portrait IX is an excellent delineation of *Lichen Plavus*, the arm and leg of an adult being covered by black spots produced by coiled-up hairs. There is no inflammation—no papule whatever—simply hairs imprisoned under the epidermis and coiled round on themselves. A sketch illustrating precisely this condition of things was taken at the London Hospital a year ago.

Plate X has three subjects. First is a very good portrait of the face of an elderly woman, the subject of *Vitiligoidea Plana* of the eyelids, *Xanthelasma* of Wilson. The two other portraits on this sheet represent *Molluscum Contagiosum*, and are, we believe, the first illustrations of that disease published out of England; one of them, very accurately done, shows the penis and scrotum of an adult covered with the molluscous spots; the other, much less effective (even to the extent of being of doubtful diagnosis), shows the same disease on the neck of a young person.

Plate XI is a splendid example of *Molluscum Fibrosum*, or *Fibromatosis*, as Hebra gives it. Those who possess the New Sydenham Society's *Atlas* may consult plate xviii, which illustrates precisely similar conditions. Hebra's patient is an elderly man; but in all probability the disease had been present from childhood.

Portrait XII shows the same disease on the back and sides of a woman. The fibroma lumps are very well characterised, and there are many of them. All excepting one are of small size; this one has developed into a pendulous tumour bigger than a fist, which is inflamed and ulcerated. A really extraordinary mistake occurs in the naming of this plate, which is called "*Molluscum Contagiosum, Pustulosum, seu Scabiosum*." This error confirms our impression that the true molluscum contagiosum is a rare disease in Germany, for none familiar with these two totally distinct maladies could doubt for a moment that this plate shews the fibroma, and not the contagios form. To say that the two are different "as chalk and cheese" is to use no exaggerated comparison.

We may add a few words as to the cost of Hebra's magnificent work. This fasciculus, containing twelve portraits, with a few sheets of letter-press, costs £3 11s., or nearly 6s. a portrait. Their price necessarily restricts the circulation. The *Atlas* has now reached the number of eighty-four plates, and many of these illustrate more than one subject. In size, the plates are exactly similar to those issued by the New Sydenham Society, several of the first of which were, indeed, copied from Hebra. The advantages of cooperation are well illustrated in the Society's *Atlas*; for, whilst its portraits much exceed in finish the later ones of Hebra, they do not, we believe, cost its members a third of the price.

We are requested to state that Hebra's new fasciculus may be inspected, on presentation of card, in the Library of the Hospital for Skin-Diseases, Blackfriars. The Fellows of the Royal Medical and Chirurgical Society can obtain access to it in their own library. The plates will also be exhibited in the Annual Museum at the next meeting of our Association in Newcastle-on-Tyne.

**ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.**—At the annual general meeting of the Society, held on Monday, January 10th, the discussion was continued on Mr. Mumery's paper on "The Relations which Dental Caries as Discovered amongst the Ancient Inhabitants of Britain and amongst existing Aboriginal Races, may be supposed to hold to their Food and Social Condition." The following gentlemen were elected as the officers for the current year:—*President*: R. Hepburn, Esq. *Vice-Presidents* (Resident): A. Rogers, Esq.; J. B. Fletcher, Esq.; J. R. Mumery, Esq. (Non-resident): P. Orphoet, Esq., Edinburgh; G. T. Parkinson, Bath; J. Snape, Esq., Liverpool. *Treasurer*: W. A. Harrison, Esq. *Librarian*: A. Coleman, Esq. *Honorary Secretaries* (Ordinary): E. Sercombe, Esq.; G. Gregson, Esq. (For Foreign Correspondence): C. J. Fox, Esq. *Councillors* (Resident): J. Walker, Esq.; I. Sheffield, Esq.; J. W. Elliott, Esq.; T. A. Rogers, Esq.; W. G. Bennett, Esq.; J. Tomes, Esq.; S. Cartwright, Esq.; G. A. Ibbotson, Esq.; T. C. Vidler, Esq. (Non-resident): H. Morley, Esq., Derby; J. Steele, Esq., Croydon; J. S. Coles, Esq., Plymouth; F. H. Thomson, Esq., Glasgow; H. B. Rodway, Esq., Torquay.

## SPECIAL CORRESPONDENCE.

### GLASGOW.

[FROM OUR OWN CORRESPONDENT.]

*Typhus Fever.*—*Publication of the Clyde.*—*Report on the Sewage Question.*—*The New University Hospital.*—*Intramural Internments.*

TYPHUS-FEVER in this city continues very prevalent. In the returns issued by the Police Board on the 21st, it appears that the numbers reported have been rather less during the last fortnight than the one preceding, these numbers being respectively 348 and 301. Considering, however, that we are just entering on the winter season, this very small decrease must be viewed as rather accidental than otherwise, and there is no reason for making any remission in our efforts to prepare for a probable increase. In anticipation of such an occurrence, and as both the fever-wards at the Infirmary and the Glasgow Fever Hospital have been for some time full to overflowing, the city authorities have been looking about for additional accommodation. By an arrangement with the Directors of the Infirmary, a set of new laundry and washing houses, which were being erected in connection with the Infirmary, are in process of preparation to be used as temporary fever-wards, to accommodate forty or fifty patients; and we understand that they will be ready for occupation in a few days. We observe, also, by a notice in the newspapers a few days ago, that the general wards of the Infirmary are in their usual winter state of fulness. In this notice, it is requested that persons wishing patients to be admitted should communicate with the superintendent before sending them up. As a similar notice has appeared every winter for some years past, the necessity for additional hospital accommodation is obviously most imperative. The fact that a much larger number of wards than usual are occupied by fever-cases, is an exceptional cause of limitation of accommodation this winter.

Any one who has sailed from Glasgow down the Clyde during the autumn months, must have remarked the effluvia which were exhaled from the river. One great cause of this pollution is the five or six "burns" which flow into the Clyde in or near the city. These burns are contaminated by the refuse of several public works along their banks, as well as by the sewage which is partly conveyed into them. We are glad to see that the authorities have resolved to make the owners of these public works dispose of in a different manner of the refuse from them.

In connection with the sewage question, Glasgow seems resolved not to be far behind the other large towns of Great Britain. A most interesting report has just been published by a deputation sent from the Police Board, to obtain information on this and the sanitary question. The deputation have visited Bristol, Birmingham, Leamington, and Croydon, and saw the pumping-station at Stratford. The report is divided into two parts; the first being concerned with the sanitary arrangements recently effected in Bristol, and which seem to have been of immense advantage, in the reduction of fever more especially. This first report points out that the chief difference between the condition of the poorer classes in Bristol and Glasgow in respect to their dwellings, is that in Bristol the cottage-system of dwelling-house affords the means of privacy and family life, and of isolation in case of sickness; whilst in Glasgow, the population is mostly huddled in flats, thus crowding on a given space of ground ten times the number of people which a due regard to health would permit. After a description of their visit, the deputation proceed to tabulate their results, and to deduce from them recommendations for the consideration of the Board. They propose to reduce the evils belonging to the method of living in flats piled one above another, by a more thorough system of ventilation—the common stair which is usually in the centre of the building being ventilated by an opening above, and the cross lobbies by through and through communications. Further, as the apartments are usually too small for the number of inmates, a simple means of ventilation should be provided for each room, beyond the reach of the inmates. A more efficient privacy accommodation and water-supply are also recommended; and, to render the cleansing of the courts and the keeping of them tidy, and free from surface accumulations, more easy, they should be laid with pavement stone or other material. A regular system of sanitary visitation, to inculcate cleanliness and ventilation, and prevent overcrowding, and a free use of carbolic acid or other disinfectant in fever localities, is strongly recommended to the sanitary officers. As their final recommendation is particularly good, we copy it entire; and we are glad to observe in it, that our medical officer is beginning to receive some recognition for the labour and thought he has expended on this subject. The paragraph is as follows.

"And, lastly, as we believe, with Dr. Gairdner, that 'the question of house-accommodation is at the very root of sanitary reform, and that all else is mere surface-work,' we are sincerely desirous to see an improved construction of dwellings for the working and poorer classes commenced in Glasgow. We are impressed with the advantages, in a social as well as a sanitary point of view, of the self-contained cottage form of building prevailing in Bristol and other English towns. And we therefore heartily recommend that form as an example to builders here, and take leave to suggest to the Improvement Commissioners, should they be prevailed on, to exercise the powers they have obtained for reconstruction in some of the quarters where they have exercised their powers of demolition, that they will set a leading example to private enterprise in the character of buildings they may erect, avoiding as much as possible the herring-bone style now so prevalent, as being inimical to all the higher virtues in social life, and mixing human beings together without regard to health and decency, and, instead, approaching as near as possible to the cottage form of building, which spreads out the population over a larger area, giving a better chance of pure air, preserving health and decency, and increasing the facilities for fostering family life."

The record report is devoted more particularly to the question of the disposal of sewage. It is the opinion of the deputation that the system of privies and ashpits is not injurious to health, if attention be paid to regular cleansing, the greatest dangers arising from allowing an advanced state of decomposition to occur in the heaps. With regard to the disposal of the sewage, the subject is difficult on account chiefly of the immense quantity and dilution of the sewage. The deputation are not, therefore, prepared with definite recommendations, but indicate, generally, that the most serious dangers seem to arise from the confinement of gases in the sewers, rather than from pollution of the rivers. They therefore suggest that some means be used of drawing off the gases from the sewers, as by chimney-stalks or otherwise. They think that the sewage itself should be utilised, either for irrigation alone, or in the ordinary way; and they refer the attention of the Board to a plan proposed by the city architect, Mr. Carrick, some years ago, for the disposal of the sewage.

The correspondence between the Representatives of the University and the Directors of the Infirmary, in reference to the management of the New University Hospital, has just been published. From the mode in which the Infirmary Directors deal with the matter, they seem to consider that the claims of the sick poor are in great danger of suffering in an hospital connected with a medical school, and they assert that it will be difficult to obtain funds for an hospital placed on such a footing. In this spirit they treat all the propositions made by the senate. They would allow the University the right to nominate one physician and one surgeon annually, but their appointment is to be in the hands of the Infirmary Directors. The University claimed that one hundred or one hundred and twenty beds should be at their disposal for clinical instruction, but they would limit the number to seventy, to which thirty might be added, should it be thought necessary to have wards for special diseases. In the building of the Hospital, the University must provide all the funds, and the number of beds must not be under three hundred; but a committee of the directors should be associated with a committee of the senate, to superintend the erection. In return for these concessions, the directors were willing to raise the funds, and attend to the administration of the new hospital, along with their own. There could, we think, be but one answer to such demands, and it is that which the senate has given. The senate cannot acknowledge that the interests of the medical school, in administering an hospital, are diametrically opposed to those of the public. They rather think that such a connection will produce confidence on the part of the public in the medical men who may be appointed to the hospital; at the same time, the public is deeply interested in providing fitting instruction for its future medical men; and the senate does not at all share in the fear of the directors, that contributions will not be forthcoming. The practical working of hospitals in connection with medical schools is another very sufficient answer to the assertions of the Infirmary Directors. We think that few will deny the wisdom of the senate in closing negotiations founded on such grounds, and in determining to proceed with the erection of the hospital, trusting to the liberality of the public; and we hope that its completion will not now be long delayed, as, if it is so, the medical school may be seriously incommoded.

The only other topic of interest at present, is a report by Dr. Gairdner and Mr. Garrick to the Police Board, in reference to intramural interments. Their chief recommendations are these: to interdict from the form of interment in common graves, especially the pit-burials which have caused some stir in Glasgow of late. Further, they think that certain cemeteries, which are already built round by houses in the city, should be closed; that encouragement should be given to companies

forming cemeteries beyond the city; and, as the cost of removal to such cemeteries would be great, that the magistrates should assist the poor in the conveyance of their dead to these cemeteries.

## ASSOCIATION INTELLIGENCE.

### BATH AND BRISTOL BRANCH.

The third ordinary meeting of the Session of this Branch will be held at the York House, Bath, on Thursday evening, January 20th, at 7 P.M.; C. H. COLLINS, Esq., President.

R. FORTER, Esq., } *Honorary Secretaries.*  
CHARLES STEELE, }

6, Belmont, January 11th, 1870.

## OBITUARY.

### SIR WILLIAM CHARLES HOOD, M.D., KNIGHT.

We regret to announce the death of Sir William Hood, Lord Chancellor's Visitor of Chancery Lunatics. Sir William commenced his career as Superintendent of the male department at Colney Hatch Asylum, and was afterwards appointed Physician to the Bethlehem Royal Hospital, in which capacity he carried out many excellent and necessary reforms. He resigned this position, being presented with the appointment of Lord Chancellor's Visitor of Chancery Lunatics. He was elected Treasurer of Bethlehem Hospital about a year ago, and immediately afterwards was created a Knight. He was author of several works—*Statistics of Insanity*, *Future Provision of Criminal Lunatics*, and other writings. His death will be severely felt by a large circle of relatives and friends.

## MEDICAL NEWS.

### ROYAL COLLEGE OF SURGEONS.

At the meeting of Council, held on Thursday, the consideration of Mr. Gay's motion, that the minutes of the meetings of Council should be made public within three days after the meetings, was adjourned. The meeting was otherwise a very important one, being chiefly occupied in discussing the Report from the General Medical Council; and many very important resolutions were arrived at with respect to medical education. It was referred back to the Court of Examiners, with the view of putting these views practically into effect. We may congratulate the members of the College on the fact that the Report of the Subcommittee appointed to advise the Council as to the practicability of holding meetings of the members within the College walls, was entirely favourable, and bore out the views of those who had always contended that the bye-laws gave ample power for the purpose. The Report is a good one, but is being printed and circulated in the Council prior to its discussion. We believe we may state that the Report recommends that a requisition, signed by not less than thirty members, will be required by the Council before sanction can be given to hold meetings in the College.

**VACCINATION.**—The Chesham Board of Guardians have ordered their relieving officer to warn all parents who have failed to have their children vaccinated, that unless they do so, and send in a certificate of successful vaccination within a month, they will be prosecuted.

**THE LINCOLN COUNTY HOSPITAL CENTENARY COMMITTEE** have just published their report, from which it appears that the gross receipts amounted to £2963:3:9, the expenses to £46:10, leaving the balance of £2916:13:9 in favour of the Charity, in addition to a considerable accession of annual subscribers.

**HARVEIAN SOCIETY OF LONDON.**—The annual meeting and conversation was held on Thursday the 6th, when the retiring President, Dr. E. Headlam Greenhow, gave an eloquent address on the discoveries and improvements in medicine and surgery since the foundation of the Society in 1831. The following gentlemen were elected officers of the Society for the year 1870: *President*: W. F. Cleveland, M.D.; *Vice-Presidents*: Frederick Cock, M.D., J. R. Lane, Esq., J. Z. Laurence, Esq., C. Royston, M.D.; *Treasurer*: H. W. Fuller; *Secretaries*: J. B. Curgenven, Esq., W. H. Day, M.D.; *Council*: J. Hall Davis, M.D., W. Tilbury Fox, M.D., W. Hickman, M.B., M. Berkeley Hill, Esq., J. H. Jephson, M.D., N. B. Lee, Esq., D. Menzies, M.R.C.P., E. Metcalf, Esq., T. Morton, M.D., E. E. Sass, Esq., R. S. Sisson, M.D., J. G. Westmacott, M.D.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, January 6th, 1870.

Jolliffe, John, jun., Godolphin Road, Shepherd's Bush.  
 Milnecon, Michael Joseph, Thurston, Northampton-shire.  
 Roberts, Evan, Upper Dorset Street, W.  
 Wadsworth, Godfrey Bingley, Westbourne, Hants

The following gentlemen also on the same day passed their first professional examination.

Aikin, Charles Edmund, Guy's Hospital  
 Derry, Bartholomew G., St. George's Hospital

### MEDICAL VACANCIES.

The following vacancies are declared:—

**ANDOVER UNION.**—Medical Officer for the Workhouse and District No. 1: applications, 25th; election, 25th.

**BIRMINGHAM GENERAL DISPENSARY.**—Resident Surgeon: applications, 14th; election, 26th.

**BOULNE GENERAL DISPENSARY AND COTTAGE HOSPITAL.**—Office of one of the Honorary Surgeons.

**BRIDPORT UNION, Dorset.**—Medical Officer for District No. 4.

**CASTLEREA UNION, co. Roscommon.**—Medical Officer for the Frenchpark Dispensary District: 17th.

**CHARING CROSS HOSPITAL.**—Registrar: applications, 19th.

**CLAREMORRIS UNION, co. Mayo.**—Medical Officer for the Ballinidine Dispensary District: applications, Jan. 28th; election, Feb. 4th.

**DINGLE UNION, co. Kerry.**—Medical Officers for the Dingle and Ventry Dispensary Districts: election about Feb. 13th.

**EAST LONDON HOSPITAL FOR SICK CHILDREN, Ratcliff Cross.**—Resident Medical Officer: applications, 18th.

**ESSEX LUNATIC ASYLUM, Brentwood.**—Assistant Medical Officer.

**FORDYCE, Banffshire.**—Parochial Medical Officer.

**HAMILTON.**—Surgeon to the Prison.

**HOLBEACH UNION, Lincolnshire.**—Medical Officer for the Sutton Bridge District: applications, 5th Feb.; election, 7th Feb.

**HOSPITAL FOR INCURABLES, Dublin.**—Physician.

**ISLE OF MAN GENERAL HOSPITAL AND DISPENSARY.**—Resident House-Surgeon: applications, 19th.

**KIRCUDBRIGHT.**—Surgeon to the Prison.

**LEICESTER INFIRMARY AND FEVER HOUSE.**—House-Surgeon and Apothecary: applications, Feb. 1st; election, Feb. 12th.

**MEATH HOSPITAL AND CO. DUBLIN INFIRMARY.**—Apothecary: 24th.

**MIDHURST UNION, Sussex.**—Medical Officer for the Milland District: applications, 24th; election, 25th.

**NORTHAMPTON GENERAL LUNATIC ASYLUM.**—Assistant Medical Officer: applications, 19th; election, 26th; duties, Feb. 1st.

**NORTH DUBLIN UNION.**—Medical Officer for the Coolock and Drumcondra Dispensary District: 17th. Medical Officer for the Howth and Clontarf Dispensary District: 18th.

**NORTH STAFFORDSHIRE INFIRMARY, Hartshill, Stoke-upon-Trent.**—House-Surgeon.

**ONGAR UNION, Essex.**—Medical Officer for District No. 4: election, 18th; duties, 31st.

**PORTLAND ISLAND UNION.**—Medical Officer for the Southern District.

**PORTSOV, Banffshire.**—Admiralty Surgeon and Agent.

**PUBLIC DISPENSARY, Stanhope Street, Clare Market.**—Resident Medical Officer: applications, 22th Jan.; election, 8th Feb.

**ST. PATRICK'S HOSPITAL, Dublin.**—Physician.

**SALISBURY GENERAL INFIRMARY.**—House-Surgeon.

**SALOP INFIRMARY, Shrewsbury.**—Physician.

**SHEFFIELD GENERAL INFIRMARY.**—Resident House-Surgeon: applications, Feb. 5th; election, Feb. 9th.

**SOUTHELD, Argyleshire.**—Parochial Medical Officer.

**SUNDERLAND INFIRMARY AND DISPENSARY AND EAST DURHAM COUNTY HOSPITAL.**—Junior House-Surgeon: applications, 26th Jan.; election, 3rd Feb.

**WALLASEY DISPENSARY.**—Surgeon.

**WESTMINSTER HOSPITAL.**—Resident House-Surgeon: applications, Jan. 28th; election, Feb. 3rd.

**WHITEHAVEN AND WEST CUMBERLAND INFIRMARY.**—House-Surgeon: 22nd.

**WORCESTER GENERAL INFIRMARY.**—Resident Apothecary and Dispenser: applications, 19th.

**WORCESTER UNION.**—Medical Officer for District No. 3.

### MEDICAL APPOINTMENTS.

Names marked with an asterisk are those of Members of the Association.

**BELLAMY, E., Esq.,** appointed Surgeon to the Magdalen Hospital.

**\*BRAIDWOOD, P. M., M.D. Edin.,** appointed Demonstrator of Histology at the Edinburgh Royal School of Medicine.

**MORRIS, H., B.A., M.B. Lond.,** appointed Registered Registrar to the Middlesex Hospital, vice H. Arnott, F.R.C.S., resigned.

### BIRTHS.

**BLATHERWICK.**—On January 5th, at Dumbarton, the wife of Charles Blatherwick, M.D., of a daughter.

**CHATEL.**—On January and at Revelly, Boston, Lincolnshire, the wife of Charles Chatelet, F.R.C.P. Edin., of a son.

**CRISP.**—On January 5th, the wife of Archibald P. Childs, M.D., of a son.

**FISHER.**—On January 5th, at Clifton, the wife of S. W. Fisher, M.D., of a son.

**HAYWARD.**—On January 1st, at Hobart Place, Eaton Square, the wife of Sidney Hayward, M.D., of a daughter, who survives only a few hours.

**HILLS.**—On January 9th, at Thorpe Asylum, near Norwich, the wife of W. Charles Hills, M.D., of a son.

**HODGE.**—On January 10th, at Weymouth, the wife of James Hodge, Esq., Surgeon, of a daughter.

**NESHAM.**—On December 23rd, 1869, at Newcastle-on-Tyne, the wife of Thomas C. Nesham, M.D., of a son.

**PRINGLE.**—On December 3rd, 1869, at Meerut, the wife of \*R. Pringle, M.D., Surgeon H.M.'s Bengal Army, of a son.

**RENDLE.**—On January 10th, at Saxmundham, Suffolk, the wife of \*C. B. Rendle, Esq., Surgeon, of a daughter.

**SEYMERS.**—On January 3rd, at Faversham, the wife of Thomas C. Spyers, M.D., of a daughter.

**THOMPSON.**—On December 28th, 1869, at Jarrold-on-Tyne, the wife of \*R. Farrer Thompson, M.D., of a daughter.

### MARRIAGES.

**BEST, Alexander Vans, M.D.,** late Surgeon Bengal Army, to Louisa Cecilia, widow of Lieutenant-Colonel MATTESON, Bengal Staff Corps, at St. James's, Piccadilly, on January 3rd.

**BROWN, Charles K., M.B.,** of Beckenham, Kent, to Ellen, eldest daughter of Frederick Brown, Esq., of Surbiton House, on January 3rd.

**HOLLOWAY, James L., Esq.,** Staff-Surgeon Major, to Minnie, youngest daughter of the late B. F. SYMONDS, Esq., of Bures St. Mary, Suffolk, at Wormingford, Essex, on January 5th.

\***NEWCOMBE, F. W., M.D.,** Gatehead, to Emily, second daughter of William MILLER, Esq., of Newcastle-on-Tyne, on December 26th, 1869.

\***PEARSON, James R., M.D.,** to Jane, elder daughter of James RAE, Esq., of Philimore Gardens, at Kensington Presbyterian Church, on December 29th.

### DEATHS.

**BEALE.**—Late, at 61, Grosvenor Street, aged 8, Lionel Blakerton, eldest son of

\***Lionel S. Beale, M.D., F.R.S.**

\***BEDDOES, William M., M.D.,** at Shrewsbury, aged 52, on January 10th.

**COOPER.**—On January 8th, at Marchmont, Hemel Hempstead, aged 83, Catherine, widow of Sir Astley Paston Cooper, Bart., K.C.B., D.C.L.

**DENZLOE, Matthew, Esq.,** Surgeon, at West Allington, Bridport, aged 63, on January 1st.

**FINCH, Richard S., Esq.,** Surgeon, at Wimbledon, aged 46, on January 5th.

**HARRISON, John, Esq.,** Surgeon, at Albany Court Yard, Piccadilly, aged 62, on January 2nd.

**HOOD, Sir W. Charles, M.D.,** at Bridewell Royal Hospital, aged 45, on Jan. 4th.

**NICHOLS, James, M.R.C.P.,** of Savile Row, on January 2nd.

**ROWNEY.**—On December 30th, 1869, at Galway, aged 6 weeks, Edmund Arthur, infant son of T. H. Rowney, M.D.

\***SLADEN, John, Esq.,** Surgeon, at Ash neck Sandwich, aged 57, on January 3rd.

**STOKES.**—On December 28th, 1869, at Dublin, Mary, wife of \*Wm. Stokes, M.D.

**YONGE, James, M.D.,** at Plymouth, aged 76, on January 3rd.

**UNWHOLESOME FISH,** weighing in the aggregate three tons ten hundredweight, was seized during the last month in or near Billingsgate Market, by the officials appointed by the Fishmongers' Company.

**MANCHESTER AND SALFORD MEDICAL CHARITIES.**—At a meeting held in the Town Hall, Manchester, the Mayor in the Chair, it was resolved: "That while admitting the obligation which rests upon all owners of property, members of mercantile firms, and others, to support such Institutions, it is most desirable that simultaneous annual collections should be made in the churches and chapels of Manchester and Salford on behalf of our medical charities." The last Sunday in February was fixed for the collection.

**UNIVERSITY OF CAMBRIDGE.**—The professor of anatomy (Professor Humphry) gives notice that the course of lectures on practical anatomy will be continued on Monday, January 17th, at 1 p.m., and daily till January 26th; after that they will be given on Mondays, Wednesdays and Fridays at 1 p.m. The course on anatomy and physiology will be continued in the new museums on Thursday, January 27th, at 1 p.m., and on Tuesdays, Thursdays, and Saturdays at the same hour. Microscopical demonstrations will be given in the old anatomical museum on alternate Mondays at 6 p.m., commencing February 17th. With the assistance of Mr. Garrod of St. John's College, demonstrations of physiological chemistry will be given in the old anatomical schools on Saturdays at 12 m., commencing February 5th.

### MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

**MONDAY.**—Medical Society of London, 8 P.M. Dr. John Lowe (of Lynn), "On Gastrostomy, with Case; and on Fistula in Ano, and its Treatment by Ligature, applied in a new mode"; Dr. Taylor (of Nottingham), "On the Operation of the Contagious Diseases Act."

**TUESDAY.**—Pathological Society of London, 8 P.M. Dr. Peacock, "Malformation of the Heart; Aneurism of Left Ventricle; Chronic Ulcer of Stomach"; Dr. Crisp, "Diseased Brain"; Dr. Moxon, "Tubercle of Spinal Dura; Paralysis with Apparent Hypertrophy"; Dr. Britton (for Dr. Fergus), "Perforation of Vermiform Appendix; Ditto Cancer of the Ovary"; etc.—Anthropological Society of London.

**THURSDAY.**—Harveian Society of London, 8 P.M. Dr. Wynn Williams, "On Purpura Febris"; Royal Society.—Linnæan Society.—Chemical Society.

**FRIDAY.**—Medical Teachers Association.

**SATURDAY.**—Association of Medical Officers of Health, 7.30 P.M.





# A SUMMARY OF SURGICAL OPERATIONS

PERFORMED IN THE BRISTOL ROYAL INFIRMARY.\*

By AUGUSTIN PRICHARD, Esq.,  
Surgeon to the Infirmary.

A FEW years ago, I published a series of reports of 875 operations, which I had performed up to the end of 1860, giving an account of hospital and private cases promiscuously; and then, among other points, I expressed my disbelief in the practical value of surgical statistics, in consequence of the difference of the cases. It is satisfactory to be able to say that in a large number of cases the success has been very great; but it proves of little or no aid and support to any other practitioner, when puzzled or hampered by the difficulties of a critical case. With the kind consent of my colleagues, I intend shortly to publish the actual results of the operations for the last eight years, and this will include those performed by all the surgeons at the Infirmary, but no private cases: the entire number is 1115; and of these, six per cent. died.

The attention of the public has been directed lately to the question of hospitals, with reference to their construction, and management, and uses; and, without sufficient reason, a slur has been cast on the large and old hospitals, which some even of our own profession assert do more evil than good, or, at any rate, destroy many lives which would otherwise be saved; and, according to the fashion of the time, a new word has been coined, namely, *hospitalism*, the meaning of which I do not know, except that it expresses something about hospitals in rather a contemptuous tone.

I think, however, that, until England increases in area or lessens in population, and while men are collected together in cities and towns, or as long as railways and buildings exist, and while ships, and commerce, and engineering achievements of any kind, require men to work them, and while disease and acts of violence occur from human vice, so long will the existence of large hospitals in our towns be a necessary part of our civilised life. The time for their disestablishment is still far away.

And more than this; although I am about to tread on very delicate ground, I must be allowed to express my conviction that the very great experience afforded by a large hospital does more for the advance of the science of medicine and surgery, and their successful practice, by being concentrated in a comparatively small number of men, than if it were equally diffused among the whole body, and that the whole profession, as well as the public are benefited by this arrangement. If, for example, each of us had to perform, during his lifetime, as his share, one amputation, two or three cataract operations, one lithotomy, and one hernia operation, how could the varied experience be brought together so as to deduce new and better modes of performing these operations? By the records and experience of private practice alone, how could Lawrence have written his exhaustive book on Hernia, where you may find an account of every known form of the disease; or even in *Dis-eases of the Eye*, a so-called speciality, the largest private practice would not enable the surgeon to classify and describe thoroughly the disorders to which the eye is liable.

In these remarks I have naturally taken my examples from the surgical side of the question; but they equally apply to the internal diseases which are usually under the care of the physicians. For instance, obscure cerebral, or pulmonary, or renal disorders, treated scientifically and with equal success, as isolated cases or in small numbers in private practice, give little or no opportunity for general deductions as to the comparative value of different modes of treatment, and still less scope for the study of morbid appearances or the scientific part of the subject.

It would be absurd in a meeting like this to speak of the necessity of large hospitals as means of study. I know that we have sent out from our Bristol school in my time a large number of men qualified and willing to undertake all the most urgent and important duties of medical and surgical practice, who are largely occupied in their work. On the other hand, I maintain that it is the paramount duty of those concerned to publish unreservedly, in the proper channels, the medical journals, but not in the public press, all new points of scientific and practical interest as they become developed and are confirmed by hospital experience.

\* Read before the Bath and Bristol Branch.

I must add one word about the alleged evils of old hospitals, and their poisonous walls and atmospheres. We claim for our Bristol Royal Infirmary that it is one of the oldest, if not the oldest, hospital established in the provinces, and that it is one of the largest. I believe that the death of a patient, because of his presence in the wards, is an event of extreme rarity. We get a case of pyæmia now and then, and our patients recover not unfrequently from it; but I do not attribute the disease to the place, but to the injury and the patient's state of health. I have seen several fatal cases of pyæmia in private practice in the freshest country air.

And then, as to the success of treatment generally, I find by last year's report of our Infirmary, that we had 1434 in-patients under treatment in the surgical wards, among which were cases of compound fractured legs and arms, lacerated limbs, and other machinery accidents; burns, fractured skulls, cancerous cases, operations for stone, eight operations for strangulated hernia, half-a-dozen thigh-amputations, and tumours, and wounds, and surgical diseases of all kinds, and the entire mortality was 37, or 2.6 per cent.; and I therefore conclude that the size and age of a hospital have not the deleterious influence assigned to them, and that our patients do not die of hospitalism.

It would be tedious and unprofitable to read to you tables of names and figures referring to eight years of operations, which I have prepared; but I think it might be of interest to take some of the most important operations and their results, and I have selected those which comprise the great majority of deaths.

Out of 55 cases of Epithelioma of the Lip operated on, 2 died. This operation is generally considered almost devoid of danger; but among this large number were several where the disease had extended along the whole or the greater part of the lip, and operations to restore the lip were necessary; in two of them the disease was in the upper lip, and one of the patients was 81 years of age. This disease is generally very easily diagnosed, is practically incurable by applications, but readily and safely removable by the knife. When once the glands under the jaw have become large and hard, although you may remove the primary disease, your patient will inevitably die a frightful and painful death from cancer of the face and neck. If the disease be removed freely and early, the cure is often permanent. I therefore consider that surgeon inexcusable who does not urge on his patients the imperative necessity of an operation without wasting precious time in what he ought to know to be hopeless treatment.

Our Hernia cases are the most fatal series of diseases which we have to treat in hospital practice, and in these private patients certainly have the advantages; not because of hospital air, but because of the loss of strength and of invaluable time which the patient suffers, by a painful removal, often from a considerable distance, in a state in which strength and time are life itself. Out of 19 cases of inguinal hernia, 11 died; and out of 21 cases of femoral hernia, 6 died; and of that rare and generally fatal form, strangulated umbilical hernia, we had two cases, and both recovered; altogether, in decimal language, 60 per cent. recovered. We have operated, during these eight years, on 30 cases of reducible hernia, for the radical cure. Most of the cases have been in children, and the great majority have done well. There have been no alarming symptoms. We perform the old operation generally; viz., Wutzer's, and where it has not succeeded in curing the hernia, it has relieved the patient so as to render a truss efficient, and thus give a promise of ultimate cure.

We have had 43 operations for the Removal of Tumours of the Breast; 23 were for scirrhus, the rest for non-malignant tumours—chronic mammary, hydatid, and cystosarcoma. One died out of the whole number. On the most important point, as to the return or otherwise of the disease, I am sorry to say that I can throw no light.

We have had 10 of those dreadful cases of Extravasation of Urine from rupture of the urethra and perineal sloughing, with a discharge of putrid urinous pus, where it was necessary to open the perineum and scrotum. Six of these were fatal; and, by a coincidence, five of them fell to the lot of one surgeon.

There have been as many as 9 cases of Amputation of the Penis for cancerous disease. All died well; but I am not in a position to tell the ultimate result, which is a most important point. Some, I know, are well now. By a similar coincidence, the great majority of these cases came under the hands of one surgeon, who thus has had an unusual chance of attaining skill and eminence in the performance of this disagreeable operation.

In the Operations on the Eyes, which were not very numerous, we had of course no deaths. There were 34 cases of removal of the globe of the eye to preserve its fellow; and, as the operation is one in which I take special interest, it is a pleasure to add that they were all successful. In cancerous cases, whether they be melanosis or encephaloma, an operation is only palliative if the disease has broken through

the coats of the eye and spread into the tissues of the orbit. When the disease is confined within the sclerotic, I believe that an operation may be a permanent cure.

We had 66 operations for the Removal of Necrosed Bone: one of the patients died. Of the whole number, no fewer than 23 were cases of disease of the tibia.

Of seven instances where we operated for the cure of Ununited Fracture of the limbs, two were of the humerus, two of the femur, two of the forearm, and one of the leg. One of the patients died. The plan which we usually adopt is to turn out the ends of the bone in the most convenient direction, and cut them off; and, after drilling holes through them, to tie them together with wire, or, what is better, twisted horse-hair, like a fishing-line, and bring and keep the parts in apposition. The bone that we have to remove is generally smooth on the surface, and has a very thin compact layer outside, with cancellous structure inside. It is remarkable how well these ununited fractures of the forearm do, when we consider the amount of damage which the softer parts must suffer whilst the four ends of the fractured bones are being exposed and perforated for the ligature. I always look upon the forearm as a part which bears accidents and operations better than most others.

We had 4 deaths from Compound Fracture of the Skull, in which portions of loose bone were removed, without relief of the symptoms. One of these was trephined.

There were 15 cases of Excision; namely, 8 of the knee and 7 of the elbow. There were no deaths; but two or three of the knee-cases required amputation subsequently. There were several patients who recovered, and are well now, with strong legs; but I regret that I cannot give the exact number. The cases of excision of the elbow were still more successful—that is, they all recovered. In two instances which I saw some years afterwards, there was too little union at the new joint, rendering artificial support at the elbow necessary for work.

The cases of Ligature of Arteries comprised six instances of ligature of the femoral artery, all successful. Five were performed for aneurism, and one for elephantiasis, which was much relieved. There were two cases of ligature of the external iliac artery for femoral aneurism, both successful; and one instance of traumatic aneurism of the ulnar artery, requiring an operation for its cure. The subject of one of the iliac artery operations was also one of the five who had the femoral tied, for the disease appeared in one limb after it had been cured in the other.

The only unsuccessful case was one in which I tied the common carotid for repeatedly recurring hæmorrhage from a stabbed wound in the neck. The patient died, worn out by loss of blood coming on from a point deep in the neck, at intervals of two, or three, or more days. It appeared, on dissection, that the point of the assailant's knife had passed in between the atlas and the occipital bone, severing the vertebral artery completely, in the middle of the fibrous tissue which binds these bones together. I question whether a similar case ever occurred; but if it could be diagnosed, no ligature could be applied which would touch the evil. The treatment would be such a lateral position of the neck as to press the bleeding vessel between the two bones. In my case, now and then as much as ten days passed without any bleeding; and I believe that the patient's head pressed on the artery during that time, and restrained it.

The operations for the removal of Tumours were 94 in number, being exclusive of tumours in particular organs, such as the breast or testis; and the number of deaths was five, two of them from cancerous disease, and one after the removal of a steatomatous tumour of the scalp. This patient was attacked with erysipelas of the scalp some days after the operation, and died; and this was the only instance where there could be any possible suspicion that hospital influences hastened his death. The number of operations for the class of tumours which come, with steatoma, under the head cystoma, was 25.

We had two cases of Cysticercus Cellulosæ, one being in the cheek and the other in the thumb. There is a peculiar hardness, and mobility, and elasticity, in these little tumours, which enable us frequently to diagnose them before operation; and thus we can make a careful incision if we want to see a perfect specimen.

One of the fatal results was seen in a man who had an enormous Fibrous Tumour on the anterior or ventral surface of the scapula, projecting into the axilla. A formidable operation was required for its removal, and the patient sank.

Lastly, I come to the surgeon's last resource, Amputation; and I have to report that in the eight years, exclusive of single fingers and toes, but inclusive of all amputations of parts of the hands, or of the foot, as Chopart's operation, of the forearm, arm, shoulder-joint, ankle, leg, and thigh—in fact, all the principal amputations—120, of which 15 died.

Amputations of the forearm, leg, and ankle, with us are very little fatal. In 9 amputations of the forearm, 4 were primary—that is, per-

formed immediately for accidents, and none died; out of 18 at the ankle-joint, 7 being primary, 1 of the latter died.

Of 23 cases of leg-amputations, two died. One of the patients was a man who had both legs crushed, requiring immediate operation, and he had fractured skull as well; the other operation was done for gangrenæ senilis, offering little or no chance from the first. Of the 21 successful cases, one was a man aged 27, who had both legs amputated at the same time for compound comminuted fracture. I have counted him as one successful case, although perhaps he ought to count as two; but then I thought that some objectors might say that the patient who died with fractured skull, after double amputation, ought to reckon as two deaths.

My statement, therefore, that these operations are not very fatal, rests on this fact, that in 52 cases there were 3 deaths, 2 of which had nothing to do with the operation, as it was inevitable under any circumstances. In my own practice, I have never yet lost a case of amputation of the forearm or ankle-joint.

Of 13 arm-amputations, 6 were primary, and 7 were for chronic disease, and one of each died. The fatal cases were a severe burn up to the shoulder, and a cancerous case.

There was one amputation at the shoulder-joint, which did very well. The amputations of the thigh were 47, and the deaths 8, two of them being strumous disease in very weakly subjects, where the joint had been laid open, with the hope of getting some healthy action. Three of the other fatal cases were primary amputations.

The amputation at the knee-joint seems to promise well. Two are included among these thigh-operations. Let me warn any whom it may concern to be very tender with the necessarily thin and long anterior flap, and to avoid pressure on it, and to leave plenty of posterior flap as well.

Among our cases, there have been all varieties of operation—flap, circular, and Teale's rectangular. We have used ligature, torsion, and acupressure, to stop the bleeding; and carbolic acid, chloride of zinc, and alcohol, to check suppuration; and I cannot say that any one plan is decidedly better than the others. For myself, I have seen no reason to change my old predilection for the flap-amputation, cutting from without inwards, and then transfixing the limb, and leaving a long anterior flap; and I still use the weak chloride of zinc solution over the surface of the flaps. In stopping the blood, I never knew a properly applied ordinary well-waxed ligature do any harm. Horse-hairs are the best sutures. I have not much used the carbolic acid lotion and putty system, but some of my colleagues have, and report favourably of it. The weak carbolic acid lotion is invaluable for syringing into chronic abscesses, and for enveloping a limb with saturated wool, immediately the pus has been let out.

I have thus given a somewhat hurried account of our principal operations, and the list comprises nearly all the fatal cases. The whole number was 1115, and deaths 68, being 8 and a fraction each year.

I am afraid that my paper has been rather numerical; but the numbers have been given to show what work we have actually done, rather than with a view to statistics, my distrust of which I expressed in the beginning; and I consider that I have sufficiently shown my disrespect for them by bringing under the head of operation cases, and including among the 68 deaths, a considerable number of hopeless surgical maladies which underwent some treatment in our operation-room, and were, therefore, entered in our operation-book: thus I have included some tracheotomy cases performed for diseases almost inevitably fatal, as diptheria and aneurism, 6 cases of extravasation of urine, 4 cases of fractured skull, and 2 of dislocated hip, in one of which the patient died of aneurism of the aorta.

Among other causes, I attribute these good results to the lightness and cleanliness of our wards, and to the excellent ventilation of the house, which is as perfect as possible in a building containing between 300 and 400 inhabitants, in the middle of a densely populated district of the town. The corridors on each floor, which run the whole length of the building in a direct line, are open at the east and west ends by large windows, and the windows of the wards are at right angles to these, and therefore north and south, and opposite to each other. Thus we can have the air admitted from whatever quarter it blows. This plan of ventilation is inartificial and primitive; but it has the great advantages of simplicity and efficiency.

I must, before I conclude, bear my witness that men who lead temperate lives, or even lives of total abstinence from fermented liquors, make speedier recoveries and bear accidents and operations better than those who drink freely; and no doubt excessive drink has been a help towards a fatal result in some of our cases. I also think that at many of the factories in Bristol, and no doubt elsewhere, breweries, sugar-refineries, and other places, an unnecessarily large allowance of beer is made to the men, and great evil is caused by it. At the same time, we



cannot satisfactorily treat severe surgical cases without the help of alcohol.

Numerous improvements in this age of active change are being made in the construction of our hospitals, and alterations in the system of nursing, which will lead hereafter to greater success in treatment, and a somewhat diminished death-rate, for that is the object we have in view; and I am rejoiced to think that it is so; but, so long as men get their bodies and limbs crushed and require amputations for compound fractures, or get their intestines pinched by a hernial stricture until the vitality of the part is hopelessly damaged, so long must there be deaths after operations; and, to repeat what I said at the beginning of my paper, I do not believe that large hospitals can be done away with, nor that, even when they are old as well as large, they deserve altogether the bad name that has been given to them.

## THE INFLUENCE OF MODERN DOCTRINES OF INFLAMMATION UPON ITS TREATMENT.\*

By WILLOUGHBY FRANCIS WADE, M.B., B.A.,

Physician to the General Hospital, Birmingham.

ABSTRACT questions of pathology are perhaps more suited for quiet reflection at home, than for discussion at a meeting of this kind. At the same time we can scarcely fail to derive some advantage from the consideration of the doctrines of a process which, even now that it has been shorn of some of its vast proportions, still dominates over a large region of both medicine and surgery. The light which the vigorous nineteenth century questioning of nature has shed upon many regions of pathology, has illuminated none more highly than this. Morbid anatomy has shown that inflammation may exist, without giving rise to those symptoms by which its existence is, during life, best attested for the purposes of treatment.

The microscope has contributed in a high degree to more accurate knowledge of the minutæ of the inflammatory process. Indeed, we may go much further, and say that, without this instrument, these minutæ would be unknown and unknowable.

Observation of the natural course and progress of inflammations, in cases where they have been undisturbed by the administration of drugs, has furnished data of the utmost value to practitioners. Lastly, theories of inflammation, more especially those which involve a consideration of its relation to normal nutrition, have indisputably produced an effect upon the practice of us all, and in that of some of us have induced modifications so considerable, that it becomes of the last importance to inquire how far they are justified by clinical facts, and how far, also, they are logically justifiable, *i.e.*, how far they are necessary conclusions flowing from these theories.

The relation between fact, theory, and hypothesis, is well determined and simple; but it is so constantly overlooked in discussions of this kind, that I may be pardoned for briefly referring to it. Theory does not seek to make or invent facts, but only to arrange them, to determine their order, sequence, and etiological relation—how far any of them stand to others in the light of cause and effect. Facts without this arrangement, *i.e.*, without theory, are disorderly, chaotic, and of limited applicability.

Hypothesis, on the other hand, does invent (if we may use such an expression) facts, or rather it imagines that there may be facts, the existence of which is unproven. It does this to support a theory for which a sufficient number of ascertained facts do not exist.

Without staying to discuss the merits and demerits of hypotheses, and they have both, it is sufficient to remark that the principal danger of them is, that we too often fail to remember that they embody fictitious, and not real, facts. We may, with but little alteration, say of them, as has been said of words, they "are not things, but are very apt to become so."

The principal theorists whose views have, of late years, had a decided influence upon our practice, are Bennett and Virchow. One great object of both these able pathologists has been to determine the starting point of inflammation, and another to determine its essence.

Seeing that inflammation is a process—which word indicates that it may be divided into several steps, stages, or parts—and seeing that this process is one of great complexity, it may be doubted, and I for one do doubt, that any of these steps, stages, or elements (not even excepting the migration of the white corpuscles), will ever be found, which is of such pre-eminent importance as to entitle it to this latter distinction.

Still, in a less extended sense, there may be, and probably is, such

an essential element; in this way—all admit that, during the course of an inflammation, there are certain conditions of the local blood-vessels, which are also found in forms of disease to which the term inflammation has never been applied or considered applicable. In what way, *e.g.*, does inflammation differ from congestion or determination of blood? To this question, Dr. Bennett would answer—by the presence of exudation. And hence exudation might be termed the essential element of inflammation, as contrasted with congestion. This is a limited use of the term; whereas he considers exudation to be the essential element of inflammation, without any limitation. But here arises a difficulty: Bennett himself points out that in other cases there is an exudation from the vessels, as in cancer and tubercle, from which it follows that, admitting exudation to be the essential element of inflammation, we have between it and tubercle, or cancer, no line of demarcation, except the different subsequent developments of the exudation. We find also simple exudation, *i.e.*, exudation of the same characters, and with the same developmental tendencies, as the inflammatory, occurring in so orderly a manner, and with such an absence of disturbance of the circulation or of the nervous system, that no one would call it inflammation, and it could scarcely, if at all, be distinguished from ordinary nutrition. We come, then, to this: either everything is inflammation, or nothing. Dr. Bennett is disposed to choose the latter alternative, and to dispense with the term and idea of inflammation altogether.

I think these facts of great importance in a practical point of view, but would draw other lessons from them than those taught by Bennett. Here, I think, is a flagrant instance of words becoming things. It would be highly satisfactory to abolish inflammation by the act of a pathological parliament, if we could thereby abolish pneumonia, and peritonitis, and whitlow. As we cannot do so, we must see what more practical conclusions we can draw.

In the first place, we may see most plainly that there are all grades of the exudatory process, some of which so closely approximate to normal nutrition that they are undiscoverable by ordinary means, and demand no treatment. On the other hand, there are grades so tumultuous and disorderly in their development, that they are attended by phenomena, which render their recognition facile, and cry out for removal and relief. We must, then, as practitioners, and, I am bold to say, as pathologists, recognise two classes of inflammation, which we may, till some more precise phraseology be invented, rudely term: 1st. The pathological class; and 2nd. The practical class. Of this latter, the prominent features are still, as in the days of Celsus, pain, heat, redness, and swelling. In the next place, we find that between these two classes there is no positive line of demarcation. Further, we must admit that, between the former of these classes and healthy orderly nutrition, there is a positive line of demarcation.

The absence of any abrupt line of separation may at first sight seem to the practitioner regrettable. It is not so; on the contrary, those who have practised longest, best know the limited range and powers of the weapons with which we fight. This continuity of actions encourages us to feel and remember the great restorative powers of nature, nowhere more visible than in the case of this pathologie of which we speak. Nature can often, unassisted, reduce to order the impetuous disorder of the inflammatory current; the more certainly so if we can, as we often may, remove the cause which first diverted nutrition from its normal course, or, if we can, as we often may, break one link of the chain of disordered action. We thus find that, although these theoretical views, pushed to undue and extravagant lengths, confound and paralyse us as practitioners, yet, on the contrary, when held soberly and moderately, they encourage and strengthen us.

It is not needful to enter at great length upon an exposition of the peculiar doctrine of Virchow. A few words will suffice. Exudation undergoes certain modifications and developments, such, for example, as its change into pus. Exudation is homogeneous and structureless; pus consists of cells floating in a liquid. Bennett believes that these cells arise from an aggregation of molecules spontaneously taking place in the exudation. When this latter, on the other hand, becomes converted into fibroid structure, he believes the fibres also are formed by molecular aggregation.

Virchow, on the contrary, holds that these structures—the pus-cell and the fibre—are offshoots from the original cells of the part, and that cell-growth may be the only microscopical phenomenon, as it is, according to him, the essential element of inflammation. This cell-growth is, however, tumultuous and irregular, the formative process being unduly active, the developmental one deficient. Hence, Virchow's theory is called the "cell-theory": his watchword being "*Omnis cellula cellula*"—every cell is born of a cell. It does not arise from any spontaneous aggregation of molecules, as Bennett would have us believe. have no intention of raising the question, which of these views is the

\* Read before the Birmingham and Midland Counties Branch.

more philosophical. I therefore do not say to which of these doctrines I rather incline. But I ask you to see that the cell-theory, quite as much as the exudation-theory, requires that we, as practitioners, should draw in some rule way that line of demarcation which nature has not definitely drawn between nutrition and pathological inflammation, between this and practical inflammation, and between either of these three and cancer, tubercle, and other pathological products.

It will be observed that neither theory tells us what force determines the first deviation from the course of orderly nutrition. It is probable that there may be divers forces acting in different cases.

Since inflammation is a process extending over a considerable space of time, we must recognise the fact that our treatment must vary according to the date at which we commence it. And, inasmuch as it is a complex process involving various tissues of an organ, we must be prepared to find that in one case one tissue, in another another may be chiefly affected; and that consequently it is obviously probable that we may, on this account, be obliged to adopt varieties of treatment.

But what I wish principally to enforce is, that, even if we grant that we have no drug or device which will act on the essential elements of inflammation, it does not follow that we may not be able to act beneficially upon other elements of so complex a process. For example, granting that we are unable to affect tissue-growth, we may yet be able, to the great benefit of the patient, to act by drugs upon the vascular or nervous elements. We have drugs, opium, antimony, mercury, aconite, salines, alcohol, purgatives, which do act, and very powerfully, upon these elements; and experience has taught me that this action is apparently beneficial. It is no answer to this to say: oh, but you are not treating the essential element of inflammation, but some non-essential element! My answer is, that it is true I am not treating an abstract idea or a fragment of tissue under the object-glass of a microscope, but a living man compounded of many structures and organs, which, even if remote from the primary disease, may be so compromised by it as to destroy his life. What harm would come of pneumonia of the apex of the lung if its effects did not radiate through the whole system? Why merely, at the worst, the destruction of an extent of lung-tissue, the loss of which would be no serious inconvenience. It may be that our drugs do no more than chain down the disease to its original ground, leaving it there to pursue its own unaltered course. This alone would be an enormous gain.

It is no argument to say that empirics who have preceded us have bled or salivated to death men who would have recovered untreated. We, I trust, enlightened by the advances of genuine science, shall avoid such excesses. If men in former days neglected or were ignorant of the use of alcohol in therapeutics, or if others, in later years, have used it in baneful excess, that is no reason why I should not employ it with a wise empiricism, not forgetting that, on the one hand, persons have been allowed to die from neglecting it, nor, on the other, that by its excess some have died who might otherwise have recovered.

Nor is it any argument against the use of these or any other drugs or methods to prove, if it could be proved, that they were first employed upon fanciful grounds, now shown to be untenable.

It is true that we have, of late years, been taught to appreciate the almost boundless resources of nature unassisted and uninterrupted. And the importance of this doctrine is almost inestimable. In no disease is this more manifest than in the one under consideration.

But, on the other hand, experience has shown me that many cases of inflammation have so little tendency to spontaneous cure, that the patient dies before the cure can be accomplished. Again, other cases, though they have this tendency to spontaneous recovery, do not recover without putting the patient to great and, as I contend, avoidable suffering. Take, for example, quinsy; and yet in no other disease have remedies greater alleviating power, and, indeed, if used early and boldly, the power of aborting the disease. Is it any answer to me, who believe this, to say that I have no direct power over the essential element of inflammation?

I had no intention in writing this paper, nor would the time at my disposal to-day permit me, to inquire into the respective value of different antiphlogistic drugs. What I did intend to do was to show that, as scientific practitioners, we are not precluded by the actual condition of science from employing these means, or others which may be suggested upon rational grounds as likely to be of benefit. But we must use them subject to the conditions imposed by the genuinely empirical method. What are these conditions? In a few words they may be stated.

We are in each individual case to watch the result; to abandon the experiment if the result seem to be unsatisfactory; not to continue it because authority has enjoined it, if to our common-sense judgment we find that, from some unknown cause, the result is different from what we had hoped and expected. In forming our judgment, we are to

make due allowance for its fallibility under the difficult conditions wherein we have to exercise it; giving, also, when we seem to have succeeded, due allowance to the cooperation of *natura medicatrix*.

The title of empiric was originally bestowed by their adversaries upon those who refused to be rigidly bound by the scientific dogmas of the day, when these dogmas appeared to be contradicted by the results of their own watchful observation.

We cannot now-a-days pretend to have so high an esteem for the then state of science, as to doubt that the empirics may often have been right. I trust that I esteem as highly as any one the vast labours of our own times and the wonderful scientific advances therefrom proceeding. But I feel that there is still scope for the empirical spirit. If, then, we, as practitioners, pursue the course above sketched out, we shall be justified in assuming the title of which some are ashamed, but in which I glory—the title of genuine empirics.

The true empiric is the intelligent minister of nature. The false empiric is the blind slave of art.

## ULCERS OF THE LARYNX SIMULATING PHTHISIS.

By ARTHUR T. NORTON, Esq.,

Assistant Surgeon to St. Mary's Hospital.

SOME cases of phthisis are accompanied by a deposit of tubercle in the trachea and larynx, and, as this deposit is usually followed by ulceration, such a condition accounts in some instances for the loss of voice in persons suffering from consumption; but, on the other hand, there are many cases of simple or of syphilitic ulceration of the larynx, in which symptoms are induced precisely similar to those due to a deposit of tubercle, and which, without the aid of the laryngoscope, cannot possibly be diagnosed from that disease. If the auscultatory symptoms of phthisis be marked, it is of course impossible to mistake the one disease for the other; but it is in those cases in which the chest-sounds are more or less masked, or in the earlier stages of phthisis, that a difficulty in diagnosis may appear. The importance of diagnosing between ulceration of the larynx and consumption cannot be overated. The one—ulceration of the larynx—may, without proper remedies, remain persistent for an indefinite period, and may naturally become the cause of great uneasiness on the part of the patient and his relatives, whilst at the same time it is when detected readily amenable to treatment. The other—tubercular deposit in the lungs—is too well known to need further comment.

There is, as a rule, no pain accompanying ulceration of the larynx, unless the ulcer extend over the arytenoid cartilages, or into the œsophagus, when swallowing is productive of a sharp pricking sensation, which extends frequently into both ears. There is more or less constant cough, though usually of a dry character; and the cough, like that of phthisis, is worse on changing the atmosphere, as on entering or leaving the bedroom. Blood is frequently spat up with the cough, and is occasionally thrown off in larger quantities. The voice is often altered considerably. It may be soft and whispering, from the presence of œdema, or from thickening of one or both false vocal cords; or, on the contrary, it may assume the rough hacking character, from the inability of the patient to regulate the action of the true vocal cords. Such a condition may continue for months without abatement, and the system may now become affected. The patient becomes low spirited; he cannot converse, and he cannot properly attend to his duties; his appetite fails, and he becomes emaciated; he resembles one in consumption. On examining the chest, expansion is found to fall short of the expansion of health, but percussion and auscultation are unaltered. The following case, which occurred in the throat department at St. Mary's Hospital, under Dr. Sieveking and Mr. Norton, is a good example of ulceration of the larynx simulating phthisis.

H. R., a youth, nineteen years of age, pale and much emaciated, had been suffering flesh for several months past, and been suffering from a cough for about a year and a half. He frequently spat up blood, but had never thrown up any large quantity at a time. His voice was of a hoarse, barking character. Swallowing produced no pain, but coughing was accompanied by a soreness in the throat. He complained of great exhaustion, and was too weak to attend to his vocation, which was that of a carpenter. An examination with the laryngoscope showed the right true vocal cord to be reddened, and superficially ulcerated in nearly the whole of its extent. The right false vocal cord or ventricular band was also inflamed, and upon it was situated a deep excavated ulcer of elongated form. In reply to a question, the patient denied that he had had venereal disease in any form, though the character of the ulcer led one to the belief that it was

specific. Iodide of potassium was ordered, and the ulcer was touched with the solid nitrate of silver. The patient was requested to frequently steam his throat. Little alteration in the voice, took place for some time, but, under a continuation of the medicine, and a change of the local application from nitrate of silver to a solution of chloride of zinc (two scruples to the ounce) the disease was entirely cured in two months.

### LABURNUM POISONING.

By C. G. WHEELHOUSE, F.R.C.S.,

Surgeon to the General Infirmary at Leeds.

CASES of death from this poison are so comparatively rare that I deem it a duty to place the following on record.

On Friday (August 7th, 1869) I was called hastily, in the middle of the day, to visit F. B., a child aged five years and seven months, who was supposed to have poisoned herself by eating laburnum seeds or pods. On my arrival, I found the child very ill, and suffering from symptoms of irritant poisoning, but I was somewhat at a loss to reconcile the condition in which I found her with the history given me of the case. I was informed by the mother that she had eaten the seeds two days previously, and that she had been apparently well until about an hour before I was summoned, when the symptoms, as I saw them, set in suddenly. On closely questioning the child herself, I found that this account was not altogether a correct one; she acknowledged that she had eaten some seeds on the Wednesday, but also admitted that she had again eaten more a few hours previously. Her nurse stated that, so far from having been quite well in the interval between Wednesday and Friday, the child had really been poorly both on Wednesday and Thursday mornings; that she had complained of pain in the stomach, had looked pale and ill, and had been unable to take her food. The gardener stated that he had seen her with pods in her hands on the Wednesday. He had warned her not to eat them, as they were poisonous, and had lent her a trowel with which to bury them in her own garden.

From these statements, I came to the conclusion that the little girl had probably been really nibbling the seeds or pods (for they were unripe, and the seeds were difficult to get out of the pods) for some days past, and that the effects, as I saw them, were the results of several days' accumulated slow poisoning.

I found the child laid upon her bed, complaining of head-ache and pain in the stomach, which she referred very decidedly to the region of the umbilicus; the surface of the whole body was pale, remarkably cold, almost marble-like; the pulse was soft, feeble, and rapid; and there was slight dilatation of the pupils. She had smart vomiting and purging. The breathing was slow, and expiration especially was very markedly prolonged. The intellect was clear, but there was great restlessness and irritability. Emetics and castor-oil had already been freely administered; and, as I could not determine how much of the vomiting and purging was due to these, I gave my attention chiefly, at that time, to the condition of the surface and abdominal pain, ordering mustard and warmth to the body, hot bottles to be placed in the bed and around the child, and a little brandy and water to be given occasionally if the stomach would bear it. Unfortunately, up to this time, the evacuations had all been thrown away, and I had no opportunity of seeing them.

In a few hours I saw the child again, and found her in much the same condition; restless as before, a little drowsy at intervals, the knees drawn up upon the belly, and the hands spread over it to protect it. Vomiting and purging still continued; the vomit appeared to be simple gastric secretion, and contained no remains of either seeds or pods; the evacuations were very loose but feculent. The surface was still pale and very cold.

August 28th.—She had passed a very restless night, though she had dozed a great deal, and had, at times, been difficult to rouse sufficiently to understand what was required of her. When half awake, she tossed painfully to and fro upon her bed; at the same time she moaned and spread her hands over the abdomen as if to protect it. Her movements seemed to cause pain. She was greedily thirsty, and grasped at liquids with avidity, seizing the vessel with both hands and draining it. Nothing, however, remained on the stomach; even water thus given, or ice, was almost instantly rejected. The tongue was dry, glazed, and red; the mouth and lips were parched. The pulse was still feeble and frequent. The stomach ejected large quantities of watery secretion; and the same kind of fluid, with feculent odour, was constantly draining involuntarily from the bowels. The surface of the body continued pale and cold; and yet there was remarkable impatience of even the slightest covering; any article, however light, that was laid over her, was immediately torn away, with expressions of fretfulness and pain. Intervals of restlessness and tossing from point to point in the bed, alternated with

others of heavy drowsiness; and, during the sleep that followed, light warm clothing might be laid over her, only, however, to be again torn off the moment she awoke. If thoroughly roused, she knew those around her, and appeared conscious for the time.

This condition continued without variation, and in spite of treatment, for three days and nights, when symptoms of apparent amendment set in. The pulse improved; the vomiting materially abated; a copious dark coloured treacly evacuation was passed; the intervals of consciousness were prolonged; the pain in the body evidently diminished; and food, which was very carefully given from the first, was now, at last, retained.

During the whole of this trying period, I had aimed at the following points in the treatment of the case.

1. To subdue the inflamed condition of the alimentary canal, and allay the vomiting and purging.
2. To destroy any of the alkaloid (cytisine) which might by chance be within reach of antidotes.
3. As far as possible to restore and maintain the warmth of the body.
4. To sustain life by the administration of frequently repeated small quantities of light nutritious aliment, such as milk, egg-flip, beef-tea, and water in measured quantity, or in the form of ice.
5. To sustain the flagging powers of the nervous system by appropriate stimuli, as champagne, brandy, or ammonia.

During the following two days, the case continued to appear more hopeful. The abdominal pain steadily subsided; the stools, at first mingled with patches of blood, became almost natural; the sickness only came on at intervals when the child, apparently to gratify the intense thirst which continued, drank over freely, and the warmth of the body increased. But, notwithstanding the apparent improvement, dryness of the mouth and throat, prostration, and extreme restlessness continued, and resisted all my efforts for their alleviation. Of these symptoms, the restlessness was the most intractable, and the night of September 2nd was passed in a manner most truly pitiable.

At all risks, I determined, therefore, to attempt to allay the now incessant and almost frantic jactitation by opiates; but in this I did not succeed, and death speedily put an end to the painful scene.

### TUMOUR OF THE BLADDER, SIMULATING STONE.

By WILLIAM ANDERSON, M.D., Richmond, Surrey.

THE following case is one of the most interesting with which I ever met, inasmuch as, during a long period of its history, it presented many of the symptoms and characteristics of stone in the bladder, accompanied by the passing of large numbers of irregular jagged stony concretions, varying in size from a pin's head to a large pea. The patient, Mrs. W., aged 52, was first under the care of Mr. Wetherfield, who reports as follows.

"During the early part of 1867, I was consulted by this patient for symptoms which seemed to denote the passage of stone from the kidney. At this time there was no abnormal change in the urine. Warm baths and various remedies were administered, with only partial relief. The same state of matters continued during 1868, her sufferings becoming gradually more severe. In February 1869, her symptoms became aggravated and the pain intense. Dr. Meadows, Mr. Thornton, and myself, made a most careful examination under chloroform, when it was decided that the disease was of the nature of tumour of the bladder, and probably cancerous."

Dr. Meadows, in his notes of the case, says: "The diagnosis was based on the fact that there was a distinct growth in the bladder, and that it was circumscribed. The degree and character of the pain favoured the malignant much more than the non-malignant view. The symptoms and history were not those of calculus only; and no stone was discoverable. Abscess was negatived by the history of the case and the appearance of the urine. The quantity of mucus, pus, shreds of tissue, blood, and phosphate of lime, which were always present in the urine in varying quantities, completed the diagnosis."

Mrs. W. was placed under my care on June 25th, 1869. The suffering which she endured when she was not under the influence of chloroform or sedatives was very severe until her death, on the 22nd August. She continued all this time to pass alkaline muco-purulent stinking urine, sometimes bloody, sometimes containing shreds of organic, fibrous, and cellular matter, and often large concretions of phosphate of lime. The urine was voided only in very small quantities at a time, and with great pain and straining. Morphine and chloroform were the only remedies which gave her any relief. The spasmodic contractions of the bladder were at once relieved, however, by chloroform, which her attendants administered constantly under my directions. On the



21st of August, she had symptoms of acute inflammation of the pelvic peritoneum, depending on perforation and escape of the contents of the bladder, and she gradually sank and died the next day.

The *post mortem* examination was conducted on the 23rd of August. All the organs of the body were healthy with the exception of the bladder. At the base of the bladder was a nearly circular ulcerating tumour about one and a half inch in diameter. The centre was in a state of slough, and raised about an inch and a quarter above the surface. It was covered with viscid mucus and phosphatic concretions, which were incorporated with and imbedded in its substance in the most striking manner. At the circumference, the edge of the tumour was raised, much thickened, and everted. The chief thickness was made up of closely packed proliferating nucleated fibres, which were arranged in bundles, and surrounded by white fibrous tissue and a few yellow elastic fibres. On the left side, and above this tumour, was a second one, about three-quarters of an inch in diameter, with its surface in a state of slough, and nearly in the centre was a small oval perforation, which had caused the bladder-contents to escape. The juice of the tumour was found to consist of large voluminous envelopes containing numerous nuclei, and was exactly similar to what had been observed in the shreds of organic matter passed in the urine during life. The surface and cavity of the ulcerating tumour of the posterior wall of the bladder were literally covered and filled with large phosphatic concretions, which, by giving the click and sensation of calculi to the sound, might very easily have led to the diagnosis of stone only, whereas a careful examination under chloroform, by sounds, and also by the finger in the vagina, led to the positive diagnosis of malignant tumour of the bladder, which was verified on *post mortem* examination. The concretions, which were passed during life in great numbers, and which remained in the cavity of the tumour after death, to the quantity of about a dessertspoonful, were of various shapes and sizes, and crystalline.

#### CASE OF WOUND OF THE ABDOMEN BY A PISTOL-SHOT: PERFORATION OF THE PERITONEUM AND RETENTION OF THE BALL.

By DANIEL BRADLEY, L.R.C.P., L.R.C.S. Edin.

On the morning of the 25th October last, I was summoned to a grocer, aged 25 years, of by no means robust constitution, and for some time previously the subject of xaluria, who had accidentally shot himself. The accident occurred in the following manner. He was in the habit of keeping a small six-chambered Colt's revolver near his safe, and on the above-mentioned morning was proceeding to load it; for this purpose, he used copper-cased cartridges, each containing at one end, which was closed, fulminating composition, with a small piece of wire to explode it, and at the other end a conical ball inserted firmly, so as to close it, and retain the powder in its place, each cartridge forming a complete charge. These cartridges fitted the chamber too tightly, and, whilst endeavouring to adjust one of them, it exploded, the ball entering his abdomen in the epigastric region.

On my arrival, I found him walking about the room. It appeared that, his waistcoat having been fastened only by the lowest button, the ball had passed through his shirt and woollen under-shirt, tearing away, but not completely separating, a small circular piece of each, leaving them hanging by a few threads; and had perforated his abdomen one inch below the ensiform cartilage, and half an inch to the left of the middle line. The aperture was circular, with inverted edges, which were livid for about a line in breadth; there was a very slight amount of bleeding, and I was unable to find any aperture of exit.

I called in the assistance of Mr. S. D. Fereday, who agreed with me that the ball had, without doubt, penetrated into the cavity of the peritoneum. A Simpson's uterine sound, which we straightened and used in default of a gun-shot probe, was passed six inches, and could be moved in any direction in the abdomen. There was no evidence of any virus having been wounded, no vomiting, nor very great shock; his pulse was 96, and small. He was placed in bed upon his back, and perfect quiet enjoined, the wound simply covered by a little lint soaked in blood and retained by strips of plaster; he was ordered to have milk simply, and a grain of opium every four hours.

During the first four or five days the pulse quickened; there were abdominal pain and a little "oppression" of the chest. Opium was the chief remedial agent. On the third day, calomel was added, and four leeches were applied to the abdomen. Later in the day, a dose of castor-oil was given, followed by an enema. The bowels then acted freely.

After the fifth day he continued rapidly to improve, without intermission. On the fourteenth day from the injury he was allowed to get

up and sit in an easy chair. The ball had not caused any inconvenience, nor had any pain or other symptom occurred to indicate its probable position. The wound granulated and was cicatrised on the thirtieth day; and he was able to attend to business, and walk from two to four miles daily.

#### CLINICAL MEMORANDA.

[Under this head, we shall publish from time to time, as materials accumulate, short records of remarkable cases in practice which are sufficiently rare, interesting, or instructive, to deserve record, but do not call for lengthened statement or comment. Brevity and point should be the valuable characteristics of cases forwarded for this column.]

#### FRACTURE OF THE BASE OF THE SKULL, FROM BEING BLOWN AGAINST A WALL.

By C. A. HEMINGWAY, Esq., Dewsbury.

MARY S., a power-loom weaver, aged 20, when walking past the corner of the mill, was caught by a very strong gust of wind, which carried her back some little distance, and dashed her against the wall of a warehouse. Some persons went to her, and found her quite insensible. This was a little after six in the evening. In a short time she recovered consciousness, and was taken home in a cab. I saw the girl about ten o'clock P.M., when she was quite insensible. I found a lacerated wound of the scalp, about two inches long, above the right ear, also a small lacerated wound upon the chin. There was bleeding from the mouth, and slight hemorrhage from the left ear. The patient gradually sank, and died about twelve o'clock the same night. A *post mortem* examination was not allowed.

I send the report of the case on account of the serious injury being produced by so unusual a cause.

#### IMPACTION OF A PEBBLE IN THE TRACHEA.

By T. R. ADAMS, M.D., Croydon.

[Abstract of paper read at Meeting held at Croydon.]

We have already noticed this case at the time of the inquest. A little girl, aged 4 years, who had been suffering for two months from hooping-cough, swallowed a small milk-white pebble which she was sucking, "to try and get milk out of it." A violent fit of coughing followed, and suffocation seemed imminent. Her father slapped her on the back, and the danger passed. The stone was looked for in the motions, but was not seen. No further symptoms of any sort arose, and the child played about as usual for three months, when one evening (Oct. 30th), after being put to bed, a fit of coughing came on, and she was soon suffocated. On examination, the stone was found lying just beneath the cricoid cartilage. It did not appear to have set up any irritation.

#### FOREIGN BODIES IN THE OESOPHAGUS.

By T. MOWBRAY HENDERSON, M.D.

As the above subject appears to excite considerable attention in the profession at present, the following case may prove of interest, in consequence of the lengthened period during which a coin remained impacted in the gullet.

A boy, four years of age, was playing with a bronze penny, when the coin suddenly disappeared, and the child seemed to be on the point of suffocation. A medical man was called in, and examined the throat; but, being unable to detect anything, and the paroxysm being over, he concluded that the child had either swallowed it, or that it had never been there at all. He ordered a dose of castor-oil, and left.

The child, although breathing with comparative freedom, grew gradually worse. He was unable to swallow anything but fluids; the saliva was continually running from his mouth; and he kept whining and crying, as if in pain. In consequence of this continued inability to swallow, I was called in eight days after the occurrence. He was then much emaciated. On examining his throat, I found the fauces very much inflamed, but could see nothing of the coin. On introducing my finger, however, as far back as possible, I could just feel the rim of the penny. Having no forceps by me at the time, I went to the nearest blacksmith's, and got him to bend two rods of iron, and fasten them together with a pivot. With this rude instrument I succeeded, after two or three slips, in extracting the coin. It required considerable force to dislodge the penny, as it was held firmly between the two walls. The boy recovered rapidly.

## CLINICAL LECTURE ON PERIOSTITIS, &amp;c.

By MR. PAGET.

THE following is an abstract of a clinical lecture given by Mr. Paget on Wednesday morning. One of the cases is also mentioned at page 82.

The principal subject of this morning's lecture was *Periostitis*, and especially the rare form of it in which the disease goes on to necrosis, without the implication of any tissues external to the bone, without the formation of pus, and consequently without sinuses. The sequestrum in such cases is found in a cavity whose walls are formed of soft granulations bounded by the immensely thickened periosteum, all the superficial structures being quite healthy. The results are an enlargement of the bone, generally involving the *whole circumference of the shaft*; constant pain, which is often worse at night; and tenderness on pressure.

We have to distinguish such a case from, 1st, *cancer*, in which, however, the increase in size is usually much more rapid than in these cases of masked necrosis, while the pain is neither so constant, nor is it liable to special nocturnal exacerbation; while, lastly, the tumour in cancerous disease does not uniformly surround the shaft of the bone. 2. In certain low, somewhat flat, bony, or cartilaginous *outgrowths* from the surfaces of long bones, especially the femur, the growth occurs from only one part of the circumference of the shaft, and it often becomes complicated by the formation of a bursa over its surface, while it is liable to attacks of periostitis, accompanied by the usual signs of that disease.

The patient whose case illustrated these remarks was a servant girl who had been treated for pain in the knee for some weeks before admission. She presented, on admission, a considerable uniform enlargement of the shaft of the femur, tender and painful. She stated that she had been in the habit of breaking sticks across the thigh—a circumstance which Mr. Paget thought of some interest in the absence of other ascertainable causes of the disease. She was kept under observation for about three months, during which time blisters, complete rest, and gradually increasing doses of iodide of potassium, gave her only partial and temporary relief from pain. There was not much increase in the size of the swelling during this time.

The pain remaining, and there being no positive signs of malignancy, Mr. Paget cut down on the enlarged femur, and removed from the swelling a piece of dead bone about an inch-and-a-half in length. The periosteum was much thickened, and the cavity containing the sequestrum was lined by soft granulations.

Two other cases were alluded to. In one, the humerus enlarged so rapidly as to simulate cancer; but an incision showed cavities containing some inspissated pus and pieces of dead bone; there were no sinuses. The other specimen consists of the femur and tibia of a man whose history is unknown. There is abundance of new bone surrounding a necrosed portion of the shaft in each bone; but there are no sinuses.

In speaking of the treatment of periostitis, Mr. Paget advocated the use of *repeated blisters* especially in the "relapsing periostitis," which often occurs in the neighbourhood of united fractures particularly (in old people), or at the seat of former necrosis. Iodide of potassium influences chiefly periosteal inflammations—not inflammation of the bone substance; and Mr. Paget thinks that the different forms of periostitis are influenced by the iodide in something like the following order: 1. Syphilitic; 2. Chronic Gouty Periostitis; 3. Scrofulous Periostitis; 4. That form associated with Chronic Rheumatic Arthritis, over which iodide of potassium has no power at all.

*Spinal case of Daniel, 1, 11, Strand Case.* Mr. Paget made some remarks on this subject in connection with a patient who has been in hospital for several months, suffering from partial paralysis after severe concussion of the spine. The man received an injury to the spinal cord three years ago; he recovered from the partial paralysis so far as to be able to resume his work, until he met with a second accident, which caused severe concussion and very considerable impairment of sensation and motion below the original seat of injury. Soon after the second injury, sloughing of the skin of one foot occurred. Mr. Paget considered that this case well illustrates the facts that simple loss of nerve-power is followed only by *wasting* of the paralysed parts; but that if, in addition to loss, there is disturbance of nerve-force, we then find disturbances of nutrition quickly following the injury, such as extensive bed-sores and sloughing of integument on the feet. After the first injury, this man's spinal cord was simply weakened, probably; after the second accident, it was irritated as well, and, accordingly, portions of his skin quickly died. Mr. Paget remarked, also, that if sloughing

does take place from irritation of the cord, it always comes on soon after the injury or disease; if we can prevent bed-sores during the first week or two, the patient is nearly safe.

## REPORTS

## MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

ST. MARY'S HOSPITAL.

CASE OF GENITAL TUBERCLE.

(Under the care of Dr. SIBSON, F.R.S.)

WE give short details of two instructive cases of renal disease which were recently in Dr. Sibson's wards. The first was that of a man with general dropsy, especially marked in the lower limbs and walls of the abdomen, sallow and puffy face, and weakness. He had served as a soldier in India. The edema had commenced in his legs eight months ago, followed by cough; and, during the last three months, orthopnea. On admission, the abdomen measured in circumference forty-two inches, the enlargement being due, in great measure, to oedema of the areolar tissue of the abdominal walls, and not to ascites, and also to distension from flatulence. The knees measured eighteen inches; the urine was smoky, of specific gravity 1022; and, when heated, it became solid, so large was the amount of albumen; numerous waxy and fatty casts were discovered in the urine on microscopical examination. The impulse of the heart was barely perceptible, and the sounds presented merely an abnormal ringing character. The amount of urine passed varied from twelve to thirty-two ounces daily, when Dr. Sibson commenced the use of tincture of digitalis. This was followed by a marked increase in the amount of urine. The legs became smaller, and the circumference of the abdomen reduced to thirty-eight inches, showing a diminution of four inches from the time of admission. Dysenteric symptoms supervened, however, which ultimately cut him off.

At the post mortem examination, large waxy and fatty kidneys were found. The heart was not enlarged; if anything, it was smaller than usual. Dr. Sibson pointed out that this was not a case of contracted or granular kidney, occurring in gouty people, in which there are usually found a large quantity of urine, little dropsy, a scanty number of granular casts, little albumen, and hypertrophy of the heart. Of twenty-one cases of contracted kidney mentioned by Dr. Bright, in sixteen there was hypertrophy of the left ventricle, whereas, in thirty-seven cases of large soft kidney, only two exhibited hypertrophy of the left ventricle. Dr. Dickinson has said that one-half of the cases of contracted, and one-fourth of large soft kidney, showed hypertrophy of the left ventricle. In addition to the renal disease in this case, there were found as many as nineteen old hepatic abscesses containing cheesy matter, of which the walls were tending to shrink. The solitary glands of the colon were enlarged.

The second case was that of a man aged 54, who had been discharged convalescent from carbuncle six months previously, and who was now admitted with puffiness of the face, expansion of the ale nasi in expiration, effusion into the abdomen and oedema of the lower extremities, dulness over the lower lobes of the lung behind, and great difficulty of breathing. The urine was turbid; specific gravity, 1015, with numerous fatty, granular, and epithelial casts. He was treated by the hot-air bath, claterium, jalap, with saline and other diuretics. He continued to pass about twenty ounces of urine with a specific gravity of about 1010, when two drachms of tincture of digitalis were given twice daily. The urine immediately increased to forty ounces daily. The oedema was diminishing considerably, when sickness, probably the result of the digitalis, supervened. The digitalis was for the time stopped, and bromide of potassium, which Dr. Sibson had commenced as a sedative—was ordered in its stead. In a few days the digitalis was again renewed, and the man shortly afterwards left the hospital, free from his dropsy, and passing double the amount of urine daily to that voided on admission. He now came as an out-patient, and was being treated with liquor ammonia acetatis and tincture of the perchloride of iron. Dr. Sibson remarked in this case, that the saline diuretics and other remedies tried at first had no effect in reducing the dropsy; but when the digitalis was commenced, an immediate effect was produced. The patient had merely the kidney affection to contend with, whereas the first patient was a more or less worn-out soldier who had served in India, and had disease of the liver.

## ST. BARTHOLOMEW'S HOSPITAL.

OPERATION DAY, JANUARY 15<sup>TH</sup> 1870.

*Tumour in the Peristyl Regio.*—Mr. Paget removed a fibro-cellular tumour which projected below and in front of the left ear. Its size was about that of two hen's eggs; it was firm to the touch; the skin was moveable over it; and it could be moved to some extent on the deeper structures beneath. The patient was a man aged 43. The tumour had existed for twenty years without much inconvenience, but during the last two months it had increased rather rapidly, and had begun to fungate. The chief portion of the growth was removed first, then a few vessels were tied, and the remainder enucleated from behind and below the ramus of the jaw. The tumour was lobulated, firm, and, on section, was seen to have undergone fatty degeneration in many parts. The recent increase of size was due to an attack of inflammation.

*Fibro-cellular Tumour of Thigh.*—Mr. Paget removed an immense tumour from the inner side of the thigh of a man aged 63. It was twice as large as an adult head. It was lobulated, and the skin over it had ulcerated at one part; but, as Mr. Paget pointed out, there was no fungus protruding and overhanging the rest of the growth. It could be moved about, and did not seem attached to any structure in particular. Mr. Davidson, the dresser, informed us that the man had first noticed a tumour of the size of a walnut two years ago, just above the inner side of the left knee. It was quite painless, and he could move it. Six months before admission, a puncture had been made into the tumour by a surgeon at the Cape of Good Hope. A little blood only escaped. It had ulcerated during the last two or three months. Mr. Paget remarked on the diagnosis. He considered that the fact of the tumour not having infiltrated and become adherent to neighbouring structures, the absence of overhanging fungation and of pain, pointed to the diagnosis of a fibro-cellular rather than a cancerous growth. At the same time, his experience led him to feel certain that such a tumour would sooner or later return. During the operation, the tumour was found to pass deeply between muscles, but not to be attached to any. The sheath of the popliteal vessels was exposed, and pulsation could be seen. Mr. Paget remarked that the growth had begun, as many of these tumours of the thigh do, beneath the gracilis muscle. When the tumour had been removed, it was seen to be made up of a number of fibro-cellular growths; the outlying ones showing the structure well, but the central ones being degenerated. Mr. Paget was confident that no trace of ordinary medullary structure could be found on microscopic examination. One important point was that, on scraping the surface of the tumour, no "juice" was obtained.

*Necrosis of Femur.*—The next case operated on was also under the care of Mr. Paget; and its character was, in his experience, unique. A girl, aged 19, was admitted into Sitwell Ward on October 12<sup>th</sup>. She had attended as an out-patient for about five weeks previously, with pain in the left thigh and knee. On admission, a swelling was found about the middle of the thigh, apparently due to thickening of the femur, chiefly in its outer aspect; and a diagnosis of periostitis was made. The pain of which she complained was found to be relieved, temporarily by blistering, and also by full doses of iodide of potassium; but it always recurred after a time, though the iodide was continued. There were no symptoms of congenital syphilis. The case remaining without improvement, Mr. Paget, with the consent of his colleagues, determined to explore. His own opinion was, that he should find some mischief beneath the periosteum, which would be relieved by an incision. Possibly there might be some tumour expanding the bone. A free incision through the skin and muscles on the outer part of the thigh and through the periosteum disclosed a collection of purulent bloody fluid, and a thickening of the periosteum to the extent of nearly half an inch. At first, this was supposed to be the only source of the pain; but, on introducing his finger, Mr. Paget found a loose slender sequestrum of bone about three-quarters of an inch long, which he removed. It was lying in a smooth-walled cavity. That a girl should have such a loose sequestrum, without any sinus existing, and with only a history of pain for about four months, was, Mr. Paget remarked, an occurrence which he had very seldom witnessed before in his experience, and probably would not again.

*Carcinoma Testis.*—Mr. Holden operated on a case of tumour of the testis, which had called forth very different opinions as to its nature. The patient was a man sixty years of age, and had noticed a swelling of the right side of the scrotum for about two years. He had had no pain, and the tumour was inconvenient only by its weight. The size of it was about that of two fists. It communicated a most deceptive sensation of free fluctuation to the fingers in parts, and in others seemed solid. There were no enlarged glands to be felt. A puncture was made, but no fluid escaped. The testis was then removed. On section,

the tumour was found to be an excellent example of an uniformly solid brain-like cancer, with patches of extravasated blood here and there.

## ABSCESS CONNECTED WITH THE KIDNEY.

There is now in Sitwell Ward, under the care of Mr. Holden, a case bearing on the diagnosis of abdominal tumours. A woman aged 33; who had been married for eight years, but had had no children, was sent up from the country with a suspected ovarian tumour. On examination, a fluctuating swelling was found in the right loin and side of the abdomen, reaching from the ribs to the ilium. On more careful examination, it did not appear to spring either from the pelvis or the liver; and the history that she had passed purulent urine for about three months indicated a possible connexion with the kidney. The duration of the tumour was about eight or nine months. She had had pain in the back (chiefly the right side) for some time before. She had never passed any gravel. The urine was examined, and found to be purulent. As the tumour was very troublesome from its size, it was decided, after consultation, to puncture it. This was done a fortnight ago; and a quantity of purulent fluid, similar to that which she passed *per urethram*, was evacuated. So far, she has progressed favourably.

## THE LONDON HOSPITAL.

## BRIEF NOTES OF NINE CASES OF HERNIA OPERATIONS.

(Under the care of Mr. JAMES ADAMS.)

THE following nine cases of hernia operations are all that have been under Mr. James Adams's care during the past year. The report is therefore to some extent a contribution to statistics. Several of them present interesting peculiarities.

CASE I. *Omental Hernia: Inguinal.*—Male, aged 32. He had a reducible hernia ever since he was twelve years old; he never wore a truss. Strangulation occurred the day before admission. He was sick three times; taxis was applied without effect. When admitted, the taxis was again applied under chloroform, and a small portion was reduced. On the following day, he was still sick several times.—*Operation.* The sac was opened. A large piece of omentum was found in it, fairly healthy in appearance, but just so tightly constricted at the external ring as to necessitate a division of a few fibres; it was then all returned. The wound was nearly all healed in a fortnight. He recovered well.

CASE II. *Strangulated Inguinal Hernia.*—Male, aged 53. He had had hernia many years, and wore a truss. He was admitted three hours after strangulation. The taxis failed. Sickness came on in a few hours, with much pain.—*Operation* nine hours after strangulation. The sac was opened. The intestines were of a port-wine colour, surrounded by omentum, which was adherent to the neck of the sac. He recovered well.

CASE III. *Strangulated Femoral Hernia.*—Male, aged 25. He had had hernia twelve months. He was admitted twelve hours after strangulation. The taxis failed.—*Operation* fourteen hours from the commencement of strangulation. The stricture was at Gimbernat's ligament. The sac was not opened. He was discharged cured in seven weeks.

CASE IV. *Strangulated Femoral Hernia.*—Male, aged 60. He had had a hernia many years, usually all reducible; he wore a truss. Strangulation occurred forty-eight hours before admission. The tongue was dry and brown when he was admitted. He had arterial degeneration.—*Operation.* The sac was not opened. The wound was attacked with erysipelas, and he subsequently had peritonitis, and died on the fourth day.

CASE V. *Strangulated Congenital Hernia with Testis lying in the Inguinal Canal.*—Male, aged 30. He had had a rupture as long as he could remember, and had always been able to reduce it easily. He never wore a truss. Two days before admission, the hernia came down and became fixed; he immediately suffered great pain in the abdomen; and vomiting and hiccough soon came on. When admitted, the tumour was about the size of an orange, and exquisitely tender. By taxis under chloroform the tumour gradually disappeared, but without any gurgling, leaving only a fulness of the inguinal canal. The general symptoms, however, were not relieved; and when I saw him, two hours afterwards, he was still vomiting and in great pain. On examination, the right testis was found in the scrotum; the left could not be felt; there was a decided fulness in the left inguinal canal.—*Operation.* I made an incision through the soft parts over the external abdominal ring; and, after dissecting through the various layers, reached the testis lying just within the ring. It was very soft and small. I opened the serous covering of the testis, and found that my finger passed up the inguinal canal. At the internal abdominal ring, I found a small knuckle of intestine tightly constricted; a very slight division of fibres sufficed to allow the escape of a large



quantity of fluid and the easy reduction of the hernia. In this case, the anatomical relations of the inguinal canal and rings were scarcely altered, notwithstanding the fact that there had been a hernial protrusion for many years. The patient was discharged cured in twenty-seven days.

[To be concluded.]

## ROYAL ALBERT HOSPITAL AND EYE INFIRMARY, DEVONPORT.

[Concluded from page 57 of last number.]

In the general part of the hospital there are two very nice wards for children, and several for mixed medical and surgical beds. The floors are all frequently washed, and one was varnished in addition.

There is no museum. There are two house-surgeons, and quite recently a third resident officer has been added, whose duties will be confined to the lock department. The resident officers are not required to attend the dispensary patients.

We were fortunate enough to see a good case of Aneurism of the Innominate Artery, of four years' duration, in a man; ligature of the distal vessels had been contemplated, but abandoned from the probable impracticability of tying the common carotid. The aneurism extended very high up in the neck. The wall was thick over a considerable part of the tumour, but at one or two points there was little but thin skin left.

An old woman, aged 80, was admitted for Epithelioma of the right side of the nose. She said there had been ulceration for only seven months, and that it was preceded by a wart. From a brief examination the ulcer seemed to us unlike rodent; its surface was raised, and seemed almost fungating, and the edge did not seem bossy; the progress, too, has been unusually rapid for rodent ulcer.

We saw one case of Excision of the Knee in a boy. Salter's swing is always used for these cases.

Although the words "Eye Infirmary" form part of the title of this institution, there is no ophthalmic ward; there were several good cases of eye-disease, however, among the general patients. A boy had lost one eye from a wound of the cornea, with collapse of the globe; the other eye is not affected at present. In another patient double iridectomy had been done for recurrent iritis. A third case showed the typical signs of hereditary syphilis—interstitial keratitis, iritis, puckered mouth, notched and screwdriver teeth, earthy complexion. The eye symptoms were said to be of only three weeks' duration.

*The Venereal Department.*—We were present at the examination of some of the venereal patients. Every woman is examined with the speculum at intervals, during her stay in the wards. Each patient has a separate nozzle for the vaginal syringe. A very simple and cheap little mop for the os uteri, etc., is made by twisting a bit of tow round the end of a thin stick; the house-surgeons prefer tow to cotton-wool for this purpose.

We were informed that cases of gonorrhoea and of primary syphilis are now comparatively rare among the registered prostitutes, and that a great many cases which are admitted as "gonorrhoea" are really cases of chronic uterine discharge, with or without some abrasion of the os. Some others suffer from relapsing sores about the genitals, which are extremely difficult to cure. It seems that every woman, who, at the fortnightly examinations, is found to have a discharge from her vagina, (unless menstruating, when the examination is omitted, and the patient allowed to go) is sent into hospital. It thus happens that many a woman is admitted over and over again, within a year or two, for "gonorrhoea", when she really has only a comparatively harmless discharge from her uterus, which is not permanently benefited by her stay in hospital. Again, every woman who has a sore of any kind (*e.g.*, a fissure at the fourchette) is sent in, and generally put down as "syphilis", for want of some other heading, while, in many cases, her sore is healed by a few days of rest, and local applications. There is no choice between "gonorrhoea" and "syphilis", or some combination of the two, with addition of "secondary" or "tertiary", at pleasure. Two bad results follow from this want of a third class for non-specific cases. 1st. Many cases are returned as specific, which in all probability would not produce either gonorrhoea or syphilis in the male. 2nd. A wide margin is here allowed for "discretion" in the management of statistical returns, and we can easily see how different results would be arrived at by men working in different directions, when there are a number of items which must be put under one of two heads, while they do not properly belong to either.

A great deficiency may be noticed in this connection, *viz.*, the want of male lock accommodation for the civil population. There is none

such in Plymouth or Devonport. It is probable that, to this want, together with the prevalence of clandestine prostitution, is ascribable the fact that it has not been practicable to reduce venereal diseases below a certain point.

## CHESTER GENERAL INFIRMARY.

### TWO CASES OF OVARIOCTOMY.

(Under the care of Mr. JAMES TAYLOR, Surgeon to the Infirmary.)

CASE I.—M. S., single, aged 30, was admitted into the Infirmary, on January 19th, 1869, under the care of Dr. Waters. She had always enjoyed good health until four years previously, when she had acute rheumatism. She first perceived swelling of the abdomen in the early part of 1866. At first, she had darting pains below the umbilicus; but, subsequently, these pains only occurred during menstruation. The menstrual flow was rather abundant, and came on every three weeks. She had suffered from leucorrhoea for some time. The girth, just above the umbilicus, was thirty-nine inches. She was transferred to the care of Mr. Taylor; and, on February 23rd, ovariotomy was performed by him. There were no adhesions. Twenty-one and a half pints of fluid were withdrawn from the cyst, which was unilocular. The pedicle, which was broad and rather short, was enclosed in a clamp, and kept outside the abdomen; three deep sutures were passed through the skin and peritoneum; no fluid escaped into the abdominal cavity; lint, soaked with solution of carbolic acid, was then applied. She was ordered small quantities of milk and ice, and brandy, if necessary; the catheter was used every six hours. There was, during the evening, a little sickness and abdominal pain, but she slept several hours during the night. On the 26th, her urine escaped involuntarily, and again a few days afterwards. On the 28th, the wound appeared healed. On March 1st and 2nd, the sutures were removed; and on the 10th the clamp came away, leaving the stump of the pedicle looking healthy and granulating. From this time the progress was uninterrupted; the health daily improved; the stump of the pedicle gave a little trouble, owing to a tendency to exuberant granulation. She remained in the hospital until the 25th May, when she went away quite cured, not having required a single dose of medicine of any kind after the operation.

CASE II.—M. A., aged 23, was admitted into the Infirmary on April 13th, 1869, under the care of Dr. Davies-Colley. She had been married seven years; she had one child three years old, which she had suckled fourteen months. The catamenia commenced at 14, and had been quite regular up to the time of admission. She first noticed pain in the left side of the abdomen four or five months after the birth of the child, and perceived swelling there when the child was about a year old. She had suffered pain in the left side of the abdomen ever since. The swelling had increased very rapidly during the last three months. She felt weak, but was otherwise in good health. The girth of the abdomen was 40½ inches; it was fluctuant in every direction. The uterus was drawn upwards, and the os was inclined to the left side. She suffered from constipation. On May 3rd, the girth of the abdomen had increased to 48½ inches. Ovariotomy was recommended, and the patient was transferred to Mr. Taylor's care. On May 13th, Mr. Taylor performed ovariotomy. He made an incision down to the tumour; and, finding adhesions, he enlarged the wound to a length of eight inches. The adhesions were very extensive over the anterior part of the tumour, but were easily broken down by the hand. After evacuating the fluid from a large cyst, Mr. Taylor found another cyst that required tapping, and, when this was collapsed, observed that, where she had complained of pain in the side, there was an almost solid mass, consisting of an immense number of small cysts; the pedicle was long and rope-like; this was secured in a clamp, and in a second clamp a broad band of adhesion coming from the right side of the pelvis. A good deal of fluid and blood required removal from the abdominal cavity with sponges. After closing the wound with silver sutures, it was covered with a piece of lint, soaked in a solution of carbolic acid. She was ordered to have milk and ice, and the catheter passed every six hours. At 4 P.M., the pulse was 120; and at 10 P.M., she felt comfortable; pulse 120; temperature in axilla, 100.2 deg. Up to the 29th, she suffered more or less from diarrhoea, at times of a severe character, when she passed three or four yards of tape-worm. The diarrhoea continued a few days afterwards. On June 12th, she was able to be out of bed for several hours. From this time she continued to improve. The diarrhoea was treated chiefly by suppositories of morphia, and small injections of starch containing opium; medicine taken into the stomach was not often retained. It is interesting to note that the temperature rose two or three days before each severe attack of diarrhoea, but again fell as soon as the diarrhoea began. She was discharged completely cured on July 13th.

## REVIEWS AND NOTICES.

ST. GEORGE'S HOSPITAL REPORTS. Vol. iv. 1869. London: Churchill and Sons.

THE fourth volume of the *St. George's Hospital Reports*, under the able editorship of Dr. John Ogle and Mr. Holmes, has just appeared, and contains, as usual, matters of great clinical interest. In all respects, the volume is well got up, with the exception of some of the woodcuts. Some of the latter are extremely hard, while others are well done. There is a detailed annual report of the medical cases, by Mr. Registrar, Dr. Reginald Thompson; one on the surgical cases, by Mr. W. Leigh; and a report on the pathological department, by Mr. T. P. Pick. These statistics leave nothing to be desired, and are compiled with great ability. They occupy, altogether, nearly one-third of the volume. We shall probably revert to these at a future time. The rest of the volume consists of original papers. 1. The first of these is by Dr. Bence Jones, on the Variations of Acidity in the Urine when Vegetable and Mineral Acids are Used. Dr. Jones combats the idea that lemon-juice ever causes the urine to be alkaline, although an amount of lime-juice, equal to 400 grains of citric acid, sometimes failed to neutralise the alkalinity produced by digestion when the stomach was irritable. This paper is very suggestive in a therapeutical point of view, and includes observations on Tartaric and Sulphuric Acids, the results being exhibited in two diagrams. 2. Dr. Lockhart Clarke follows, with a case of Angina Pectoris, and a very interesting *risum* of the morbid anatomy of this disease. 3. The next paper is by Dr. E. T. Wilson, on the Subcutaneous Injection of Morphia; and he lays special stress on the following points: *a*. That the solvent for the morphia should be pure water; *b*. That the initial dose be small; *c*. That the injection should be done slowly. He considers one-fourth of a grain to be too much to use for the first time in most cases. 4. Dr. Reginald Thompson (the Medical Registrar) contributes a very valuable paper on Rheumatic Pericarditis, in addition to the medical statistics. He agrees with Dr. E. L. Fox, that the thermometer does not give us any reliable aid in the diagnosis of this complication—the rise in some cases being due to pneumonia, while sometimes there is no special elevation of temperature. 5. Dr. Clifford Allbutt contributes a paper on Syphilitic Disease of the Nervous System, with some valuable cases. He appears to consider optic neuritis, or atrophy, almost pathognomonic of syphilis (see foot-note to page 56). There is also another paper on Locomotor Ataxy, with Hydrarthrosis of the Knee-joint, by Dr. Allbutt. 6. Dr. Edward Long Fox of Bristol furnishes a long and valuable paper, entitled Clinical Observations on Acute Tubercle, which is a sequel to one published in this JOURNAL five years ago on the points in common between tubercle and typhoid fever. He shows the value of the thermometer in the diagnosis of the disease, and illustrates it by numerous and well-executed charts. Dr. Fox contends that too sharp a line has been drawn by modern pathologists between scrofulous, or cheesy, and tubercular disease, and that the distinctions are often arbitrary and artificial in the extreme. The paper deserves special notice, and we hope to recur to the subject on some future occasion. 10. Dr. C. T. Williams gives us a very suggestive article on the Etiology of Pulmonary Consumption, illustrated by cases from his own and his father's practice. Whilst far from denying the possibility of consumption arising from "the cessation of habitual discharges", we cannot but think the arguments adduced by him on page 160 are extremely weak. Surely *fungus in ano* is more often the consequence of tubercular disease than its cause; and the woman, whose case is given just afterwards, appears (as far as the reader can judge from the report) to have suffered from a complication of disorders—very probably chronic renal disease. Indeed, there is no clinical proof of tubercular disease at all furnished in the notes of the case. 11. It would not be possible to do justice to Dr. Cheadle's paper on Exophthalmic Goitre (which is illustrated by sphygmographic tracings) in this short notice, and we must, therefore, refer our readers to the volume itself. 16. The same remark applies to Dr. Wadham's carefully recorded case of Aphasia in a boy who was ambidextrous, and who had disease of the island of Reil on the right side.

We have given the medical papers the first place, and will now proceed to those on surgery.

7. Mr. Prescott Hewett contributes a paper on Sebaceous Tumours of the Cranial Region. A number of cases are cited, exhibiting all the varieties met with in practice. 8. Mr. George Cowell narrates his experience of twenty-six cases of Inflammation of the Retina. He prefixes an interesting account of the causes of this affection, and appends a tabular summary showing points to which he wishes to call attention. The cases are grouped under the four heads of diffuse neuro-retinitis, exudative, phlebotic, and pigmentous retinitis. Sixteen of the cases were

due to syphilis, and five to Bright's disease. One was associated with myopia, one with straining of accommodation, one was due to meningitis, and in two the cause is not assigned. 9. Mr. J. Warrington Haward argues that comparatively few cases of Chronic Bone and Joint Disease are really associated with either struma or tuberculosis. Of 134 cases of chronic joint or bone disease at the Children's Hospital, only 9 presented signs of tuberculosis, and only 17 signs of struma. In 24, however, there was a family history of phthisis, though the child was free. In 22, there was a history of injury. Of 85 cases admitted for some tuberculous affection, in only one was there disease of bone or of a joint. An analysis of 134 cases of chronic disease of bones or of joints is given in conclusion. 12. Mr. Henry Lee contributes notes of Unusual Surgical Cases. Case I illustrates ossific union of the femur after fracture at the age of 68. In Case II, almost the whole tongue was lost by syphilitic ulceration. The disease was stayed by calomel fumigation. Case III is interesting as an example of retraction of one testis in a young patient into the abdominal cavity (?). It returned again into the scrotum. Case IV was one of disease of the elbow, for which excision was practised. Amputation was then resorted to. Afterwards, on account of pain, the ends of some bulbous nerves were excised. Finally, as the pain continued, the head of the humerus was removed. The pain then ceased, and did not return. Case v was one of embolism simulating syphilis; and Case IV was one of double vision with one eye. 13. Dr. James Nicholls relates some very interesting Cases from his Private Practice. There is a case of punctured wound of the external iliac artery with a penknife. Hæmorrhage had ceased when the patient was seen, and ice was applied. At end of a fortnight an aneurism was noticed. This was cured ultimately by pressure of a weight (fourteen pounds). A case of recovery after injection of a spina bifida with iodine is narrated. Another case is that of a child who swallowed a halfpenny, which was pushed with a probang into the stomach. It probably passed through the intestinal canal without being observed; but enteritis was set up, and the child died. 14. Mr. Pollock narrates two cases of Excision of the Scapula without sacrificing the arm. Woodcuts are given in illustration of the cases. In the first case, the patient died twelve months afterwards of secondary disease. In the second, death occurred on the sixth day, from bronchitis. 15. Mr. Holmes contributes a note on Excision of the Ankle-joint. One case is narrated, the subject of which was a healthy lad. The disease was of recent traumatic origin. An excellent recovery followed. Mr. Holmes believes that, if excision of the ankle-joint were limited more to healthy subjects in whom the disease was of traumatic origin, and if the astragalus were removed entire, the operation would be a far more successful one. 17. Mr. James Rouse, in discussing the Treatment of Acute Orchitis, strongly advocates the use of opium in full doses after a preliminary purge has been administered. He quotes a passage from Mr. Curling's book, recommending nauseating doses of tartar emetic. We have heard Mr. Curling remark that, of late years, he has found few cases resist the continuous application of ice. Mr. Rouse does not mention whether he has tried this plan.

## NOTES ON BOOKS.

On the Administration of Chloroform and Nitrous Oxide. By CHARLES SQUAREY, M.B. Lond., M.R.C.P., Assistant-Physician to the Hospital for Women, Soho Square, etc.—This is a clear, concise, and trustworthy account of the phenomena attending the administration of chloroform and nitrous oxide, the signs of danger, the restorative treatment to be adopted, and the best means of administering the vapour. The author lays most stress on the state of the pulse as a sign of danger, though he considers that the first indications of overdose are afforded by the respiration. He considers a contracted and insensible state of the pupils a valuable indication of complete anaesthesia from chloroform. Dr. Squarey gives preference to Mr. Clover's apparatus for chloroform; and he describes the same gentleman's method of giving the nitrous oxide, as well as Mr. Coleman's improvement for economising the gas.

The Pathology of Bright's Disease. By W. B. LEWIS, M.D. New York: Turner and Mignard. With nine Woodcuts.—In a pamphlet of thirty pages, Dr. Lewis has managed to give a very good summary of the diseases to which the kidney is subject, associated with the presence of albumen in the urine. His account of the history of the gradual development of our knowledge of these diseases is interesting. He advocates the classification of "renal congestion" as a separate morbid state, giving rise to albuminuria, but without visible epithelial changes under the microscope. He instances two cases. We should object to his placing the term gouty kidney as synonymous with granular degeneration (p. 13), and making no remark as to its peculiarities. He demurs



to the statement of Grainger Stewart and others, that atrophy follows inflammatory disease. We should have thought that such was seen constantly in other organs, and therefore should expect to find it occur in the kidney. The woodcuts disappointed us at first sight; but on looking at them more carefully, in connexion with the cases mentioned, we find them decidedly illustrative.

*The History of four cases of Chronic Inversion of the Uterus, with an account of an Operation designed as a substitute for Amputation.* by T. G. THOMAS, M.D., New York. [Reprinted from the *American Journal of Obstetrics and Diseases of Women and Children*. Vol. ii, No. 3. November 1869.]—Dr. Thomas first gives a brief history of this accident, with very clear (tabular) directions for the differential diagnosis of inversion from uterine polypus. He next quotes a *resumé* of fifty-eight cases of removal of the inverted uterus by ligature, excision, or both combined, which appeared in the August number of the *American Journal for Obstetrics, &c.*, of which eighteen, or nearly one-third, terminated fatally. This table, though very clearly arranged, omits several successful British cases, of which we may mention the one done by Mr. Toogood, of Torquay, several years ago, the patient being still in good health. Three American cases of successful employment of Taxis are detailed at some length. The chief interest of the paper for English readers consists in the account of the author's new operation, by causing the cervical ring of the uterus to tilt up against the abdominal wall, by pushing it up from within (under ether) and then cutting down upon it, above the symphysis pubis; dilating the cervix by a two-bladed dilator, drawing down the uterus to the vulva, and then employing the taxis. In spite of hæmorrhage (from incisions of the cervical mucous membrane, as recommended by Aran, done fourteen days previously) and of some laceration of the vagina, enough to admit a finger, the operation was successful, and the patient was able to leave her bed for a couch on the eighth day. The whole time of the operation was sixty-two minutes. Dr. Thomas concludes this interesting account by some suggestions as to matter of detail, for which we must refer to the paper.

*Considerazioni su d'un Caso di Guarigione di Legatura dell' Arteria Iliaca Interna, eseguita nella Clinica Chirurgica di Napoli.* Dal Professore CARLO GALLOZZI.—This is a very interesting narrative of a case of ligature of the internal iliac artery, successfully performed by Professor Gallozzi for diffuse false aneurism in the gluteal region. Dr. George Fischer of Hannover, who has recently collected the statistics of wounds and aneurisms of the gluteal and sciatic arteries, gives ten cases in which the internal iliac was tied for gluteal aneurism; the operation being followed in five cases by death and in five by recovery. Professor Gallozzi's case adds one to the number of recoveries, and is a fair subject for congratulation to him. In narrating the case, Signor Gallozzi, who appears to have a very good knowledge of surgical literature, gives in detail his reasons for adopting, rejecting, or modifying, the modes of treatment recommended in such instances. We can only, however, give a rather full outline of the history of the case.

A young man, named Domenico Grammatico, came, on March 22nd, under the care of Professor Gallozzi. About the middle of February, he had been stabbed in the upper and inner part of the right gluteal region. The instrument passed obliquely downwards and forwards. There was much hæmorrhage, from which he fainted; it recurred after the first dressing, but was arrested by perchloride of iron, and cicatrization took place rapidly. About a week after he had left his bed, he began to feel pain extending from the wounded part to the whole of the corresponding limb. The medical man whom he consulted at once detected a large pulsating tumour in the gluteal region, and sent him into hospital. On his admission, Professor Gallozzi found a vast tumour extending from the crest of the right ilium to the sulcus of the nates, and in a horizontal direction from the middle of the crural arch nearly to the middle line of the sacrum. From the iliac crest to the sulcus of the nates, the measurement was 35 centimètres, against 25 on the sound side; from the middle line of the sacrum to the anterior superior spine of the ilium, the distance was 35 centimètres, against 25; and transversely, from the middle of the iliac crest to the anus, 35 centimètres, against 27. The skin covering the tumour was unchanged, except at the upper and inner part, where the cicatrix (9 centimètres long by 6 wide) was seen. On pressure, deep fluctuation was detected; and palpation revealed an extensive pulsation synchronous with the heart's action. On auscultation, an intense blowing sound was heard; both it and the pulsation were arrested by pressure on the abdominal aorta—a process which gave much pain. The inguino-crural region was distended with infiltration of blood under the fascia, from the gluteal region to the crural arch. The abdomen was tense; percussion over it gave normal results. The patient complained of pain in the whole of the right lower limb, and of cramps in the upper limb of the same side. His countenance was very pale. He had daily febrile attacks, preceded by short rigors; the temperature during the attacks was

100.75, and the pulse 106. For some days after admission, he had difficulty in passing urine, and constipation. Pounded ice was at first applied, in the hope of arresting the progress of the tumour, or at least rendering it stationary, while the patient was being prepared for operation; it continued, however, to increase. Attempts were also made to compress the abdominal aorta, but were always unsuccessful, on account of the pain which they produced. After fully considering the various methods by which gluteal aneurisms have been treated, and the possibility of their application, Dr. Gallozzi determined on tying the internal iliac artery. An incision in the form of a C, or rather of a horse-shoe, was made over the region of the vessel through the integuments and muscles as far as the fascia transversalis; this was torn open with the finger, after a small opening had been made in it on a dilator. The peritoneum was then raised by carefully separating the connective tissue, and the external iliac artery was soon reached. After some further careful manipulation, the internal iliac was seen and felt. The peritoneum, with the contained viscera, was held aside by an assistant (Signor Jennaro) by means of a metallic spatula (a part of Jobert's speculum); this threw the light on the tissues lying deeply in the pelvis, and especially on the part where the internal iliac artery lay. Having ascertained that compression of the artery entirely arrested the pulsation in the tumour, Dr. Gallozzi proceeded to tie it. In doing this, he carefully introduced a small needle (Cooper's), armed with a ligature of three threads, between the vein and the artery, and seized the ligature, when it appeared on the other side, with polypus-forceps. The ligature (which had been placed on the middle of the artery) was then tied. One end was cut off; the other was brought out through the incision. Scarcely a drop of blood was lost. The operation-wound was closed at three points by twisted suture, the lower angle being left free. The patient bore well the operation, which lasted about forty minutes; some spoonfuls of Marsala wine being given to him from time to time. The tumour very soon diminished in size; the pain in the limb entirely ceased. There was no need of wrapping the limb in flannel or other covering in order to maintain its heat, as the circulation in it was not interfered with. On the morning of the operation, the temperature of the patient was 102.1, and his pulse 106; in the evening and on the following day, the temperature was 100.2, and the pulse 96; and on the fourth day the temperature was 98.6, and the pulse 70. There was no pain in the peritoneum, nor any trouble in the abdominal region; the pains and cramps entirely disappeared. For the first three days, the patient was fed on gelatinous broth with eggs and milk, and had for drink an acidulated solution of quinine; an opiate was given in the evening. Cold was at first applied to the abdomen, but was discontinued, as there were no symptoms of peritonitis. The operation-wound healed favourably, and the ligature came away on the eighteenth day without secondary hæmorrhage. All appeared to be going on well, when, on the fortieth day, it was found that suppuration had taken place in the remains of the aneurismal tumour, accompanied with some fever; and, at the end of May, it became necessary to make incisions. The continued discharge by suppuration of large clots, and the change produced in them by the contact of the air, placed the patient in danger of dying of ichorrhæmia, especially as, through some error in diet, an obstinate diarrhœa set in. The wound in the abdominal wall again opened; and the peritoneum on the one side and the psoas and iliacus muscles on the other were exposed "as if they had been prepared by careful anatomical dissection". This state was accompanied by fever; the temperature being 102.2, and the pulse 160. The diarrhœa was arrested by remedies, and solutions of hypophosphite of soda were frequently and regularly administered; and, on June 27th, the patient was well enough to be sent into the country, where he perfectly recovered his health.

## INVENTIONS, &c.

### MEDICINE, SURGERY, DIETETICS, AND THE ALLIED SCIENCES.

#### THE ALPHA RAILWAY ARM- AND BOOK-REST.

THIS somewhat high-sounding designation is given to a simple contrivance designed for the comfort of railway travellers. It consists of bars of wood so hinged together that they can be made to fold up in small compass, and, when expanded, to serve as a capital rest for the arm, etc. We have no doubt that it will prove a source of comfort to those who incline to use it, especially to invalids; but we are not hopeful that those who employ it will be very numerous. Its production, in company, will require some moral courage.



## MUSEUM NOTES.

## THE RICHMOND MUSEUM, DUBLIN.

(Continued from page 85.)

*Dislocation of the Knee Joint.*—There are in this museum several valuable casts, etc., illustrating *Dislocations at the Knee-joint*. Cast No. 324 shows the knee of Anne Bryan, aged 35, in whom the tibia was dislocated forwards. The dislocation is complete, and the outline of the condyle of the femur can be traced behind and below the joint. The same case is illustrated in No. 164 in the portfolio of drawings. Cast 333 shows also a dislocation of the tibia forwards. "The patient, aged 25, while in the act of descending a ladder, fell from the height of about twelve feet. He was at once brought to the county town Infirmary, where the surgeon, Mr. Bracheran, found the femur luxated backwards at the knee. The reduction was easily accomplished, and the patient made a rapid recovery." The deformity in this cast is great and very characteristic. The subject of dislocations of the knee is illustrated by some very interesting cases recorded by Mr. Lowe in the last volume of *St. Bartholomew's Hospital Reports*. Mr. Lowe gives two cases both resembling the two Dublin casts, in that the dislocation was of the tibia forwards. In one, the reduction was easy; in the other, difficult. In both, gangrene of the limb followed, and amputation, within a few days of the accident, became necessary. In both cases the popliteal vessels were found ruptured. The two patients recovered. There is a cast in the London Hospital Museum from a case under the care of Mr. Hutchinson, which exactly corresponds with the two in Dublin. We have not yet seen a cast illustrating complete dislocation of the tibia backwards, and should be obliged to any of our readers who can supply a reference to one.

*Cerebro-spinal Arachnitis.*—In the Richmond Museum there are drawings representing the conditions found in this disease from cases which occurred as far back as 1847. The patients were under the care of Dr. Mayne, by whose direction the drawings were made. They are from two cases. The drawings show lymph and pus in the subarachnoid spaces at the base of the brain and between its lobes, also around the spinal cord, especially in its lower half. Drawing back of the head and a tetanic expression of countenance are noted as having been marked symptoms. No rash is mentioned in these records of the cases.

*Cancer of the Lip caused by Smoking.*—Portrait 300 in the Richmond Museum is a graphic illustration of the influence of local irritation in the production of epithelial cancer. It is designated by Dr. Adams, the donor, "Cancer of the lip caused by the constant use of a short pipe in smoking." There is a growth of epithelial cancer in the lower lip, and just above it a large round notch is displayed in the teeth, the result of pressure from the pipe. Beneath the portrait is depicted the *corpus delicti* itself, a short clay-pipe.

## THE MUSEUM OF TRINITY COLLEGE, DUBLIN.

In our visit to this Museum, we were indebted to Dr. R. W. Smith for much information, very kindly given; Drs. Bennett and Connor also courteously gave us much assistance.

*Chronic Rheumatic Arthritis of the Lower Jaw.*—The Museum contains a very extensive series of illustrations of chronic rheumatic arthritis. This affection is believed to be more common in Dublin than elsewhere; and it has, as is well known, been the subject of most able investigation by Dr. Adams and Dr. Smith. Amongst the rarities in connection with it, Dr. Smith showed us three specimens, in which the articulation of the lower jaw was the one involved. In all of the bones which we saw, but one condyle was affected. The conditions were similar to those produced in other joints—expansion of the head, shortening of the neck, etc. The remarkable want of symmetry in the specimens which we have mentioned, although frequent in the case of the temporo-maxillary articulation, is less common than affection of both joints. In the *Dublin Medical Journal* for 1843, eleven specimens produced by Dr. Smith are mentioned, and in seven of these both sides were affected. In the Richmond Museum is a remarkable specimen of this disease, in which one condyle is so much enlarged that the jaw is pushed over to the opposite side. In it the right articulation is alone diseased.

*Bony Union of Intracapsular Fractures of the Neck of the Femur.*—There are two specimens of completed bony union of intracapsular fractures of the neck of the femur in this Museum.

We were shown also a third specimen, not yet catalogued, or placed in the Museum, in which without the slightest doubt bony union of an intracapsular fracture had occurred. In this specimen there was not the slightest indication of disease. No history was obtainable.

*Extracapsular Fractures of the Neck of the Femur in Rheumatic-joints.*—Dr. Smith drew our attention to examples of extracapsular fracture in bones previously deformed by chronic rheumatic arthritis, and remarked on the difficulties of diagnosis under such circumstances. In such cases, shortening is usually already present. Dr. Smith also showed us two specimens of extracapsular fracture with inversion of the limb, in each of which the lower fragment was in front of the upper one, contrary to rule. In both the limb was fixed by a kind of impaction.

*Fractures of the Clavicle at its Outer End.*—We were shown no fewer than five specimens of fracture of the acromial end of the clavicle between the ligaments. In all the distal end of the shaft was displaced upwards and backwards, and in all there were large masses of bone beneath the fracture, produced by ossific deposits in the ligaments.

*Unreduced Dislocation of the Humerus.*—H. h. 176 is a specimen of unreduced dislocation at the shoulder-joint. As usual, it is subcoracoid.

*Rickets in a Monkey.*—In the same Museum is a skeleton of a monkey very severely affected with rickets. The animal had not yet cut its permanent teeth, and was evidently young. No facts are recorded as to its diet.

*Gangrene of Feet after Fever.*—The two feet have been preserved from a case in which a woman, during convalescence after fever, became the subject of gangrene. It is interesting to note that she refused operation and that the feet were allowed to separate spontaneously. She recovered, had good stumps, and is now well.

*Skeleton of a Giant.*—No. 1764, the skeleton of a giant, is really well worth seeing. The man stood eight feet six high. He was a native of Tipperary, and died in Dublin at the age of 25. In reference to his extraordinary growth, it is interesting to note that the upper epiphyses of his humeri are not yet quite united. It is believed that his family had not previously displayed any remarkable tendency to overgrowth.

*General Ossification of Joints and Fascia.*—There is also another extraordinary skeleton showing extensive ossification of joints and fascia. Its original possessor lived to within a few months of one hundred years.

## SELECTIONS FROM JOURNALS.

*POISONING BY ACONITE: RECOVERY.*—A woman swallowed half-an-ounce of a liniment by mistake for castor-oil. The dose contained about one drachm and a third of tincture of aconite-root and one drachm of chloroform. She did not vomit for about three hours, and then after an emetic. She had severe symptoms of poisoning, but recovered under stimulants. Dr. J. W. Menley thinks that the chloroform may have acted as an antidote to the aconite.

*WOUNDS BY A CENTIPEDE.*—Dr. F. M. Rounsaville (*Nashville Journal of Medicine and Surgery*) reports the case of a man who was poisoned by a large centipede (the species is not mentioned). It is stated that the creature produces a poisoned puncture with each foot, so that, as in the case narrated, two rows of "black dotted impressions" appear on an erysipelatous patch, where the animal has attacked its victim. In this case the patient rapidly recovered, but the affected arm did not persevere for three months.

*LEUKÆMIA FROM SEA-BATHING.*—M. Duchemin, in a paper on the phosphorescence of the sea, considers that a peculiar eruption is sometimes caused by bathing in sea-water which contains the *nectinea miliaris*, a minute infusorium, to the presence of which the phosphorescence is due.—*Les Mondes*.

*GLANDERS IN MAN.*—Dr. F. Garretson has communicated a case to the *Baltimore Medical Bulletin*, in which a man who had charge of two horses, which were supposed to be glandered (and which "soon afterwards died of the disease"—not a common result of glanders in the horse, we believe), died with symptoms of blood-poisoning. He suffered for about three weeks from pains in the limbs and weakness, followed by symmetrical glandular enlargements, and a pustular and ulcerative erysipelatous eruption on his face and arms. He died five weeks after he began to be ill. There is no record of *post mortem* appearances.

*FRAGILIFAS OSSIUUM.*—A remarkable case of this condition is recorded by Dr. Joseph Jones of Louisiana. The man, a mulatto, aged 24, had suffered about fifty fractures since the age of 3 years. His legs and thighs were much deformed, and his feet smaller than they should be in proportion. The fractures had been attended with very little pain, and they were rapidly repaired. His health was good, and there was no reason to suspect any special cachexia. A female (first cousin of the patient) was stated to have suffered in the same way.

## NOTICE.

THE ANNUAL SUBSCRIPTIONS TO THE BRITISH MEDICAL ASSOCIATION FOR THE YEAR 1870 ARE NOW DUE; and it is a matter of great convenience to the Association, and conducive to the efficiency of its working, that they should be paid promptly.—Members of Branches, and all others who usually receive circulars at the beginning of the year from the local Secretaries, will greatly oblige, and will prevent trouble, by PAYING THEIR SUBSCRIPTIONS TO THE LOCAL SECRETARIES, AND NOT TO THE GENERAL SECRETARY.—All other members should pay their Subscriptions without delay to the General Secretary, T. WATKIN WILLIAMS, Esq., 13, Newhall Street, Birmingham.

Members of the Association residing in the counties of Middlesex, Essex, and Hertfordshire (except those belonging to country Branches), should pay their Subscriptions to Dr. A. P. STEWART, 75, Grosvenor Street, W.; or Dr. ALEXANDER HENRY, 16, Great Coram Street, W.C.

## BRITISH MEDICAL JOURNAL.

SATURDAY, JANUARY 22ND, 1870.

## MODERN DERMATOLOGY.

It seems likely that the investigation of skin-diseases will soon be carried out in good earnest by the British profession. It is claiming attention on all hands. Almost all our large hospitals in London now have special departments for out-patients of this class; and, at several, excellent clinical instruction is given. Amongst other signs of activity, we may note the following. Dr. Tilbury Fox, the Physician for Skin-Diseases at University College Hospital, is just engaged in a course of lectures on Eczema before the Medical Society; whilst a veteran in the cause, Mr. Erasmus Wilson, is about to commence his course in connexion with his professorship at the College of Surgeons. The splendid set of models at Guy's Hospital is, we hear, about to be re-arranged by Dr. Hilton Fagge, who also conducts with great ability the clinical department. At St. Mary's, Dr. Cheadle; at St. Batholomew's, Dr. Gee; at King's College, Dr. Duffin; at the London, Mr. Tay and Mr. McCarthy; at the Middlesex, Dr. Living; and at Charing Cross, Dr. Beigel—are all diligently at work. We will say nothing as to the special institutions, of which several exist, for purposes of greater or less usefulness; but, in connexion with them, we may notice with congratulation Mr. Startin's restoration to health and work, after a long illness. From his pen, a very valuable communication appeared, two weeks ago, in our own pages. Thus there seems every promise for good work and plenty of it. We only want a Dermatological Society—or Section, if the great scheme is to be carried out—to make our organisation complete. Such a Society would, we cannot doubt, help to consolidate our knowledge, and might perhaps achieve that most desirable end, a simplification of nomenclature. We have no fear that it would make the speciality more special. It is only whilst any class of diseases is ill understood, that it becomes the easy prey of the specialist. Once let in the light, clear up the difficulties, and give it a literature, and it is soon found that it can be taught to students, and it becomes, in natural course, the property of the profession at large. Thus the work of specialists, if it be genuine work, is for the good of the whole, and will inevitably tend to destroy their own chance of continuing to occupy exclusive positions. This assertion is perfectly true as regards the Ophthalmic department, which, at first view, might be supposed to offer an exception. This speciality is large enough and detailed enough to support a few prophets, in addition to a crowd of priests. A large portion of the profession is now in possession of good knowledge of ophthalmic matters. Ophthalmic handbooks have a wide sale; and year by year sound skill in this most attractive branch of surgery will become more and more common. We may, however, remark, in passing, that it is not to the credit of London ophthalmologists that there does not exist a Society devoted to the cultivation of their science.

To return to the subject of Dermatology, we may note the desirability of establishing special departments in connexion with all our larger provincial hospitals. If such be not founded, special institutions will spring up to a certainty, with all their attendant evils. In all places where medical schools exist, special departments of this kind are a necessity. As yet, we fear, their absence must be noted in almost all; but we trust that, within a year or two, the example set by the metropolis will be generally followed. Dublin, in the death of Dr. Neligan, experienced a great loss as regards this department; and has, as yet, scarcely succeeded in supplying the vacancy left. Edinburgh, although some of her physicians—Dr. Begbie, Dr. Bennett, and Dr. Laycock—have from time to time made valuable contributions to the science of dermatology, has never taken a prominent part in its pursuit. The appointment of a good special teacher of skin-diseases would probably be found by the students of her University to be a great advantage; nor would the gain be confined to them. Glasgow, in Dr. McCall Anderson, is well supplied; but we almost fear that he does not pursue the department with which his name is associated in connexion with the Infirmary, nor under the eyes of its students. Leeds has Dr. Clifford Allbutt and others; and the organisation of the department is, we believe, excellent.

From St. Mary's Hospital we have before us a valuable report by Dr. Cheadle for the year 1868, compiled in part from the notes of Dr. Handfield Jones. It appears that, during the year, 317 cases were admitted, and that accurate notes of 278 of these were kept. Many of the more important cases are given in interesting detail.

Mr. Wilson has made an important contribution, in the form of statistics of cutaneous disease among the wealthier classes, as deduced from the analysis of ten thousand consecutive cases.

A new *American Journal of Syphilis, and Dermatology* has just been commenced. It is to be published quarterly, under the editorship of Dr. M. H. Henry of New York. In the first number, nearly all the papers are on syphilis; but, in the review and periscope departments, skin-diseases receive attention.

Amongst the requests which we have to make of our dermatologists is that, in future, they will try to discriminate more accurately between the effects of local and general remedies. Ilebra has done much in this direction, and has been led to place greater reliance on local treatment than most do in England. With us, mixed plans are so common, that it is often impossible to tell to which element the cure is due. We may quote an instance from one of the pamphlets before us. A child with eczema had given to her two minims of Fowler's solution three times daily, and lead lotion and citrine ointment applied; and she recovered in a month. The prescriber states that it "can hardly be doubted that the arsenic acted as an antiphlogistic remedy, abolishing hyperæmia and actual inflammation." Those who are fond of trying local means only will feel much hesitation in adopting such a conclusion. In many skin-diseases, it is scarcely possible to dispense with outward applications; and he who would avoid fallacies will do well to begin by carefully estimating their efficiency first, before proceeding to try internal remedies.

Next, we want a critical investigation of skin-diseases in their relation with diseases of other organs. Are diseases of the kidney or of the liver frequently productive of them? and, if so, what are the peculiarities of such? Which are in special relation with the nervous system? Are diseases of the intestinal or pulmonary mucous membranes frequently associated with those of the skin?

There is another though less important direction in which work is wanted. We refer to the anatomical seats of morbid processes. The Germans have recently been zealous in this matter, at least so far as microscopic investigation is concerned; but there are yet many points not cleared up; and some observers are quite content to speak of a papule, pimple, or tubercle, as if developed in the epidermis like a molehill in a field, without one special reference to structure. Others assign a very important position to the sebaceous glandular system, and hold that these little glands are very liable to be attacked by inflamma-

tion from a variety of causes; and that, in many very different maladies, the eruption has its starting-point in them. Acne, molluscum, and milium have long been known to be thus placed; but there are those who believe that in the eruptions of lichen, measles, scarlet fever, variola, boils, ecthyma, impetigo, etc., the inflammation commences in sebaceous glands.

Lastly, we earnestly beg of our specialists in this department that they will abandon all useless controversy as to nomenclature, orthography, and classification; and betake themselves to the earnest study of the causes of the maladies which come under their care. We care extremely little whether eczema is to be spelt with "k" or "c"; and we care very much to know how to distinguish the numerous forms which are purely local from those which are constitutional. What is the special state of health or of skin which makes a person liable to eczema? Is it a slight degree of gouty taint? or is it some near neighbour of what is known as the "dartorous diathesis"? Again, what is the dartorous diathesis itself? We know well enough that there are skin-diseases—common psoriasis, to wit—which occur over and over again, which are, in fact, in a sense incurable—which happen to healthy people, and are often hereditary. We know that season influences these maladies, and that arsenic exercises a marvellous power over them. We readily admit that they clearly depend upon a persistent peculiarity of health—a diathesis, in fact. We grant that it may as well be called "dartorous" as anything else, and that it is desirable that it should be recognised by a name. But, using the term in this sense, can we go no further? Can we not hope to learn whether this diathesis is gouty, malarious, or dietetic, or a matter of climate? It is a step to have arrived at the generalisation that numerous skin-disorders must have some such "diathesis" in the background. But the diathesis itself must have a cause or causes; and, with well directed industry, we may hope to find it out. Our knowledge of causes has wonderfully improved of late years. In addition to the discoveries already made, there are several other important questions which, if we mistake not, are on the eve of solution. The puerile practice of referring to debility and dirt a host of skin-eruptions which must most certainly be due to more specific influences, is, we hope, about to be replaced by more philosophic habits of thought.

When the diseases of the outer investment of the body have been more thoroughly investigated, they will assume a very important place in relation to general medicine. It will be acknowledged, we cannot doubt, that these maladies offer to the clinical teacher the very best material by which to shew the intricate relations of cause and effect in disease, to illustrate the great varieties in the inflammatory process, and to demonstrate the influence of remedies.

## MOCK CONFINEMENTS AND ABORTION-MONGERING.

OUR readers will doubtless recollect the remarkable revelations contained in the papers on baby-farming and its congeners, which we published in the earlier part of 1868. They excited a good deal of attention at the time, and were widely copied by journals throughout the kingdom. It will be in the recollection of many that the *Saturday Review* and the *Pall Mall Gazette* took up the subject; and some able articles appeared in those journals based upon the statements published by us as the result of our investigations. The subject was also brought before Parliament by Lord Shaftesbury, who elicited a promise from the Duke of Marlborough, then Lord-President of the Council, that the attention of the Government should be directed to it.

The police-courts have recently furnished us with two cases which are strikingly confirmatory of the facts stated in our paper. The one is an example of a mock confinement, and the other of abortion-mongering. In the *Times*' police report of Saturday last, there is an account of a case brought before Mr. Ingham, at Wandsworth, of which the following are the leading features.

The wife of a silk-buyer, being impatient for a family, feigned pre-

gnancy; and, with the aid and connivance of a workhouse-midwife, the mother of the child to be "adopted", and two other persons who were in collusion with her, induced a young woman to give up her child for "adoption." Having feigned pregnancy, it became necessary that she should feign labour, and this was conveniently done as soon as the infant was procured. With the infant in her possession, on the way to her home (having suddenly returned to London to be confined, leaving her husband in the country), she directed the midwife, who accompanied her, to purchase a sheep's pluck at a butcher's shop. The purpose of this is obvious. The "father", who was telegraphed for, was of course congratulated on the resemblance of the child to him. However, the affair was clumsily managed; and, after a time, circumstances occurred which excited the husband's suspicion; and, by-and-by, the truth leaped out. But it is worthy of note that it was not until after the lapse of several months that the duped husband discovered the fraud that had been practised upon him. He has now taken legal proceedings, which have made the case public; but we know that many similar cases occur when the supposed father is in truly blessed ignorance of the real origin of his "children." We use the plural, for our experience teaches us that the pseudo-mother will sometimes "adopt" more than one child.

The whole affair is a sad comment on our so-called civilisation. The moral tone of all concerned in the fraud is very low. Doubtless the law will deal vigorously with the offenders; but the conduct of the workhouse-midwife appears to us to be particularly reprehensible, and, we should suppose, would lay her open to official rebuke—if, that is to say, the Poor-law Board takes cognisance of such malpractices on the part of midwives. We have reason to fear that infants are not uncommonly "adopted" after the same fashion from workhouses.

The other case to which we have alluded is an example of abortion-mongering. A young woman, supposing that she was pregnant, had an operation performed upon her by a chemist with the intention of procuring abortion. Unfortunately, the poor creature died; and it was proved by a *post mortem* examination that she really was not pregnant. During the last week, a second crime of the same kind has been charged against the same man.

This case came to the surface and was made public; but we know that there are many abortion-mongers who depend entirely for their living upon the vile traffic in which they are engaged, and whose practices remain secret. Some of them obtain large sums from their victims; and, as both are equally criminal, it is to their mutual interest to preserve silence, however serious may be the consequences which ensue.

These are illustrations of a large and important subject, which more nearly touches the interest and welfare of the community than at first sight would be imagined. It is, however, one of great difficulty; it calls for the utmost caution and careful and dispassionate consideration, for it presents so many aspects that nothing but the fullest and most unprejudiced investigation would warrant the adoption of any decided measures.

## MR. RADCLIFFE'S REPORT ON THE TURBIDITY OF SOME OF THE METROPOLITAN WATERS.

In the Registrar-General's Return for the week ending December 25th, 1869, is the following statement, in the report by Dr. Frankland on the water supplied to the metropolis during the month: "The water drawn from the main of the Lambeth Company was very turbid, and unfit for domestic use without previous filtration. The Chelsea Company's water was moderately turbid, whilst that of the East London Company had brownish particles suspended in it. All these waters contained living organisms." This statement recalls attention to an investigation recently made by Mr. J. N. Radcliffe, by direction of the Medical Department of the Privy Council, with reference to the water supplied by the Southwark and Vauxhall and the Lambeth Water Companies. It had



been reported that the water of the Lambeth Company was "turbid"; and of the Southwark Company's water, that it "is almost invariably sent out in an imperfectly filtered condition;" and that only on one occasion in 1867 was a sample of clear water obtained by Professor Frankland from the Company's mains. And the same remark is applied to the water of 1868. Dr. J. R. Vinen, on June 7th, 1869, reported as follows: "The water supplied to my district—St. Olave's—was almost uniformly, throughout the whole of last winter, very turbid, and of a yellow colour. I don't know anything which could convey a better idea of it than by comparing it to diluted pea-soup, or to a yellow November fog. From its general appearance, I believe the coarser matters held in suspension were merely allowed to subside, but that it had never undergone any filtration. It was certainly unfit for domestic purposes." And this water was obtained direct from the Southwark and Vauxhall Company's mains.

This state of things naturally leads to the inference that there must be either imperfect filtration or entire absence of filtration. But there seem to be difficulties in the way of accepting this as a perfect solution of the problem; for, "out of twenty-nine observed instances of turbidity of the Southwark Company's water, no less than twelve (six being slight) occurred when the water of the Thames"—the source whence the Company obtained their water—"at the intake was bright and clear."

Mr. Radcliffe reports that, in twenty-eight monthly examinations of water from February 1867 to May 1869, the water of the Lambeth Company was found to be turbid eleven times; that of the Chelsea Company, ten times. The intakes of these two companies (which are nearly side by side), are influenced by the freshets and floods of the Mole, which bring down with them large quantities of fine *détritus*. These intakes are about a mile *below* the influx of the Mole into the Thames; and Mr. Radcliffe says that, "below the entrance of the Mole, the Thames may be turbid; while, above the entrance, the water is clear and bright. The 'set' of the river at Long Ditton and Seething Wells is to the side of the river upon which the works of the two companies lie. This is so markedly the case, that the half of the stream nearest the works may be very turbid, while the opposite half may be comparatively clear."

Mr. Radcliffe's summary of his elaborate and valuable report gives the causes and suggests the remedies for this unsatisfactory state of things. With reference to the Lambeth and Chelsea Companies, he states that the systems of filtering in use, "while sufficient when the river is at its best, are largely insufficient when the river is at its worst." He also states that the source of supply is objectionable, and suggests that the intake of the companies should be removed above Moulsey lock, and that additional provision should be made for subsidence and filtration. The Southwark and Vauxhall Company, he says, should be required to do away with certain means which it has of taking into its reservoirs water from the Thames at Battersea, as the turbidity he believes to have been caused in part either by the admission of tidal water into the reservoirs, or the admission of unfiltered water from the subsidence-reservoirs into the pumping-wells, and so into the mains.

How is it that, though it has long been admitted that the use of unwholesome waters plays an important part in the causation of disease and death, no practical steps have been taken by the Government to prevent this injury? The Board of Trade does, or is supposed to, exercise some sort of supervision over London Water Companies. But why, when there is a Health Department of the State, a Board of Trade should have the control of a matter of such moment to the public health, is not easily understood. The only cure for such a state of things as that to which we have referred, and which acts to the detriment of the public health, is, as has been stated over and over again, to have a Minister of Health; and then, when we get unity of supervision, we may begin to hope that Sanitary Acts will not only be directed to be done, but that care will be taken that they shall be done.

DR. REGINALD THOMPSON has been appointed Assistant-Physician to the Hospital for Consumption, Brompton.

DR. ALFRED PULLAR has been appointed Physician to the East London Hospital for Children.

THE Hampstead Fever Hospital is verging on completion, and will be opened for the admission of patients on Monday.

THE first operation of ligature of the external iliac artery which has occurred in New Zealand was performed last year by Dr. Philson in Auckland, and was successful.

THE well-known and valuable periodical, Henle and Pfeuffer's *Zeitschrift für Rationelle Medizin*, has, after a duration of twenty-five years, ceased to exist, in consequence of the death of Herr Pfeuffer.

#### WANT OF MORTUARY HOUSES.

MR. LIDDLE, in his last Quarterly Report on the District of Whitechapel, calls special attention to the want of a mortuary in that part of London. He tells us of a small room, occupied by three persons, in which the corpse of a child who died of fever was kept for nine days.

#### ATTEMPT TO PROCURE ABORTION.

A CHEMIST, who was acquitted last week on the charge of attempting to procure abortion in the case of Jessie Eles, was charged at Marlborough Street on Thursday with a similar offence on the person of another woman. The young woman herself was examined at considerable length. The prisoner was remanded.

#### ACCUSATION OF MALPRAXIS.

WE regret to observe that Dr. Price, of Treforest, Swansea, has been committed for trial by the coroner, on the charge of manslaughter of a haulier who had been under his care for a tumour of the leg.

#### SUFFOCATION OF INFANTS IN BED.

AT an inquest held on the body of a child which had been suffocated last week, Dr. Lankester remarked that he held one hundred inquests every year on such cases; and, in ninety-nine out of every hundred, the suffocation ensued while the children were sleeping with their parents.

#### DEATH FROM CHLOROFORM.

AN inquest has been held at York on the body of John Plowman, a farmer, aged 68. He was admitted into the York County Hospital, for the purpose of having partial amputation of the foot performed, on account of disease of the bones. Chloroform was administered by the house-surgeon previously to the operation being performed, on January 11th. Scarcely a drachm had been inhaled, when the patient suddenly became rigid, and his pulse stopped. Every exertion was made for his restoration, and artificial respiration was kept up for more than three-quarters of an hour, but without avail.

#### ACCIDENTAL POISONING.

AN inquest has been held on the bodies of three children of Mr. W. F. Foster, surgeon, of Newport, Isle of Wight. It appears that they all died within a day after they had been seized with tetanic spasms. Evidence was given to show that the cause of death was irritant poisoning. The only probable explanation of the mode by which the poison was administered seemed to be, that Mr. Foster's assistant, in making up some cough-mixture for them, had taken bottles from the wrong shelf. Immediately over the bottles from which he ought to have taken drugs, were two others containing poison. The assistant is not conscious of having made a mistake.

#### COTTAGE HOSPITAL STATISTICS.

THE third Annual Report of the Driffield Cottage Hospital shows that it has during the year received twenty-six inmates, and treated the same number of out-patients. Two operations have been performed—amputation of the thigh and excision of the breast—both successful. One patient only died. The staff consists of four medical officers; and the expenses of the year amounted to £207, or about £7:10 for each in-patient. It has six beds.

## THE ST. PANCRA'S POOR-LAW BOARD INQUIRY.

THE Poor-law Board Inquiry was continued during Friday and Saturday, the 14th and 15th instant, when further evidence was taken in support of the charges preferred against Dr. Ellis. The inquiry was again adjourned until the 27th instant.

## THE CONTAGIOUS DISEASES ACT.

AN interesting discussion on the Extension of the Contagious Diseases Act to the Civil Population, raised lately in the Association of Medical Officers of Health by Mr. Acton, was resumed and concluded on Saturday last.

## RELAPSING FEVER IN ISLINGTON.

DR. BALLARD, the Medical Officer of Health for Islington, in his report for December, says that he registered sixteen fresh cases of relapsing fever during the month—making thirty-three cases in two months. Eight of the fresh cases occurred in one locality—Rose and Crown Court.

## LORD PANFILLER'S VISITOR IN LUNACY.

THE appointment of Dr. Lockhart Robertson as Lord Chancellor's Visitor in Lunacy will be received with general satisfaction. Dr. Robertson is one of the leading authorities in this country on mental science, and is in every respect well fitted for the duties of a Visitor in Lunacy.

## TYPHUS AT MERTHYR.

THE proportion of fatal cases of typhus at Merthyr in 1869 was nearly half as great again as the average for all England. Mr. Dyke, in bringing this fact before the Local Board of Health, commented in strong terms on the tardiness with which the Board has responded to his recommendations with reference to improved ventilation, etc. It is gratifying to find, however, that at this somewhat late hour a fever hospital has been fitted up in the town, and a medical officer appointed to superintend it.

## ENTERTAINMENT AT SUNDERLAND INFIRMARY.

A MOST successful entertainment was given to the patients of the Sunderland Infirmary on Twelfth Night. Dr. Drury was the inspiring genius, and succeeded in organising a theatrical performance, a Christmas tree, and other means of enjoyment, to the great satisfaction of patients and visitors.

## SCARLET FEVER IN ST. MARYLEBONE.

DR. WHITMORE reports that scarlet fever has begun to decline in the parish of St. Marylebone. It has been very fatal in that district, and in December caused more deaths than any disease, excepting phthisis and bronchitis. Dr. Whitmore makes the old complaint of apathy on the part of those who should be most interested in checking the spread of this and other contagious diseases.

## THREAPNEED POISONING BY MISTAKE: "CREAM OF TARTAR" AND "TARTAR EMETIC."

DR. BALLARD, in his last monthly report on the sanitary condition of Islington, states that the family of a tradesman and his workpeople—fifteen persons in all—narrowly escaped poisoning on Christmas Eve through mistake committed by an oilman in supplying tartar emetic instead of bicarbonate of soda for making cakes and bread. Symptoms of poisoning were produced in some of the children who ate a portion of the dough; and the powder was brought to Dr. Ballard for analysis. He ascertained that it was tartar emetic; and, on visiting the shop where it had been bought, he found the bicarbonate of soda kept in an old tin vessel correctly marked with chalk, while another similar vessel, marked "Cream of Tartar," contained tartar emetic. The man said that he had bought the "cream of tartar"—which he had never before used—at a sale of shop-fixtures. The powder was at once given up to Dr. Ballard for destruction.

## DEATH FROM HYDROPHOBIA.

A FARMER has died at Heptonstall with symptoms of well marked hydrophobia after forty-eight hours' illness. The deceased had been bitten in the hand by a strange dog in January 1869. It is said that the wound had never healed. The long interval between the bite and the onset of the symptoms is noteworthy.

## PLYMOUTH PROVIDENT DISPENSARY.

A PROVIDENT DISPENSARY was opened at Plymouth in June last; and, on the 12th instant, a meeting of the Committee and Staff was held, at which a report was presented by Dr. Littleton, the Honorary Secretary, and adopted. The Report stated that of 426 applicants, 13 had been rejected, 35 lost sight of, and 378 admitted; the latter number had been further reduced by erasures and deaths to 350. The Treasurer stated that, after payment of all the preliminary and working expenses up to the time of reporting, there was a small balance in hand.

## THE CLINICAL SOCIETY.

THE annual meeting of the Clinical Society was held on Friday, Jan. 14th. From the Report of the Council it appeared that the number of members was 207, showing a considerable increase from the last year. The contributions received from members, together with the balance in favour of the Society at the last annual meeting, amount to £311:8:7. During the past year an expenditure of £153:0:5 had been incurred. Consequently there remains at the present time in favour of the Society a balance of £158:8:2. The gentlemen whose names we mentioned last week were unanimously elected as officers and members of Council for the current year.

## PRIZES OF THE ACADEMY OF MEDICINE.

AT the annual public session of the Academy of Medicine in Paris, on January 11th, the report on the prizes for 1869 was presented.—The *Prize of the Academy*, value 1000 francs, for an essay on Diseases of the Cerebellum, was not awarded; but one of the two competitors, M. Guerdier, a military medical officer at Montpellier, received the entire sum by way of recompense.—For the *Portia Prize* of 600 francs—subject, Injuries of the Brain and their Symptoms—no essay was sent in.—For *Madame Cuvier's Prize* of 1000 francs, the subject was, "The Clinical History of Delirium with Exalted Ideas: especially with regard to its Treatment." The prize was awarded to Dr. Achille Foville, junior, assistant-physician at the Charenton asylum; and M. J. Cornillon, an interne at the hospital St. Antoine, received honourable mention.—*M. Barbier's Prize* of 3000 francs for the discovery of the means of curing some disease generally reputed incurable, was—as usual—not awarded; but 1000 francs were awarded to Dr. Fize of Montlaurier for an essay on the use of perchloride of iron in purpura; a like sum to Dr. Costallat of Bagnères-de-Bigorre for his work on the Etiology and Prophylaxis of Pellagra; and 500 francs to Dr. Mauny of Montagnac-sur-Gironde for a work on Cauterisation of the Cervix Uteri as a means of treating Obstinate Vomiting during Pregnancy.—For the *Capuron Prize*, value 1500 francs, the subject was, "The Return of the Uterus to its Ordinary State after Delivery." Two essays were sent in; but neither was worthy of the prize.—*M. Ernest Godard's Prize* of 1000 francs was awarded to Dr. J. Chauvel, of the school of military medicine in Paris, for his Researches on the Pathological Anatomy of the Stumps of Amputated Limbs. Dr. O. Larcher of Paris received honourable mention for his Memoir on Spontaneous Rupture of the Uterus.—The *Amussat Prize* of 1000 francs for the work, or researches, based on anatomy and experiment, which shall have effected or led to the most important progress in surgical therapeutics, was not awarded; but Dr. J. Baudon, *aide-major* in the grenadiers of the guard, received the whole sum as a recompense.—Dr. *Lefèvre's Prize* of 2000 francs, for an essay on Melancholia, was not awarded; but a recompense of 1200 francs was granted to Dr. A. Corbieu of Paris, one of 800 francs to Dr. Féon of the asylum at Cadillac, and honourable mention to Dr. J. Rotta of Varallo-Sesia in Italy.—For the *Argenteuil Prize* of 8000

*francs* for the most noteworthy improvement in the treatment of Urethral Stricture or other diseases of the urinary passages during the years 1863-1868, was not awarded; but M. Corradi of Florence received 5000 *francs* as a recompense for his Clinical Studies in Strictures of the Urethra; Drs. Mallez and Tripiet of Paris, 2000 *francs*, for their work on the Permanent Cure of Urethral Stricture by the Galvanic Cautery; and Dr. Reliquet of Paris, 1000 *francs*, for his Treatise on Operations in the Urinary Passages.—A number of medals were also awarded to practitioners who had distinguished themselves in the study and treatment of epidemic diseases.

#### POOR-LAW MEDICAL RELIEF.

THE quarterly meeting of the Poor-law Medical Officers' Association will be held at the Freemasons' Tavern, Great Queen Street, on Wednesday, the 26th instant, at 7.30 p.m., when further facts will be adduced showing the injurious consequences which have resulted to the interests of the community from the present imperfect system of Poor-law medical relief. As it is desirable that the statements which will be made should be fully ventilated, we trust there will be a full attendance. The subject is one which interests not only the Poor-law medical service, but the profession and public. The meeting will be an open one; it is therefore to be hoped that Poor-law guardians will avail themselves of the opportunity of being present.

#### THE ALLEGED MURDER AT THE LANCASTER COUNTY LUNATIC ASYLUM.

It will be remembered that an inmate of this Asylum, named Wilson, lately died under suspicious circumstances, and that the evidence of one of the lunatic inmates was held sufficient for the return of a verdict of manslaughter against two attendants. One of the two attendants has been since committed for trial on the charge of murder. The lunatic, Dutton, seems to have given his evidence in a very straightforward and intelligent way; but it is right to add that one of the inmates of the same ward with Dutton was examined by the medical officers of the Asylum two or three days before Dutton was called upon to give his evidence; the possibility of his inventing the story in the interval must therefore be borne in mind. This man Dutton did not seem to think that such a murderous assault, as the one he describes, was a very unusual occurrence; he said, "I have seen him (the deceased) and others ill-used before;" and, again, "it was a common occurrence." How much truth is there in these statements?

#### GREAT NORTHERN HOSPITAL.

ON Thursday, January 13th, the patients of this Hospital, and children who are and have been recently under treatment, were entertained with a Christmas-tree. A magic-lantern was exhibited by the Rev. T. P. Dale, one of the house-visitors. The tree was decorated with great taste by the ladies who represent the nursery department of the Hospital. Several members of the medical staff attended. On the following day, a small tree, tastefully dressed, was carried into each ward for those who were unable to leave their beds.

#### NEW YEAR'S ENTERTAINMENT: ST. GEORGE'S HOSPITAL.

ON Thursday, the 13th instant, a New Year's entertainment was given to the patients, nurses, and servants, at St. George's Hospital. By the kind exertions of some lady-visitors, with the assistance of the officers of the household and other friends of the Institution, presents were provided for every one of the patients, and also the nurses and servants. These were carried to the various wards for those patients who were confined to their beds; whilst the others assembled in the Male Convalescent Ward, and received their gifts from a Christmas-tree, and afterwards listened, apparently with great pleasure, to a short concert and performance of ventriloquism. The latter, which was kindly given by Mr. J. Elwin, caused great amusement and delight to all present. There appear to have been no ill-effects from excitement among the patients; but, on the contrary, a large amount of kindly feeling and cheerfulness, spread through the hospital, was plainly visible in every ward the next day.

#### EFFECTS OF CHLOROFORM ON MORTALITY AFTER OPERATIONS.

THE *Edinburgh Evening Courier* has lately contained two letters on the subject of chloroform in relation to mortality after operations. Mr. Clough believes that many of the "fearful results" of surgical operations are due to the use of chloroform. Sir James Simpson writes in defence of chloroform, and quotes the statistics of limb-amputations in the Edinburgh Royal Infirmary in proof that these operations are less fatal now than they were before the introduction of chloroform. We have it on good authority that the late Mr. Stanley, from an examination of the statistics of his amputations, concluded that his mortality had doubled since chloroform had come into use. He was, however, fully alive to the numerous fallacies which beset an inquiry of this nature, and by no means assumed that chloroform was really injurious.

#### HEALTH OF NEWCASTLE AND GATESHEAD.

DR. G. H. PHILIPSON reports favourably with regard to the presence of zymotic diseases in Newcastle and Gateshead at the end of 1869. In his table of deaths for November in Newcastle, we find recorded two from constitutional syphilis, out of a total of forty-seven—a somewhat large proportion. It is to be regretted that no separate column is given in Dr. Philipson's reports for recent venereal diseases. These cases are, we suppose, swallowed up by the omnivorous column headed "All other diseases"—a column which, by the way, absorbs nearly half of all the cases registered. Notwithstanding this drawback, the registration of diseases, as carried out at the public institutions of Newcastle and some other towns, is most valuable, and merits the best thanks of the profession. Could not something in this way be attempted in London?

#### DEATH OF A LUNATIC FROM FRACTURE OF THE RIBS.

AN adjourned inquest has been held on the body of a male lunatic who died in the Carmarthen Asylum. At the *post mortem* examination, the cause of death was found to have been pleurisy set up by fracture of the ribs, eight in number. A policeman, who took the man to the asylum, stated that he was quite cheerful at that time, and could walk well. The attendants, however, stated that the man was irritable, and could not walk without assistance. On the day after admission the assistant-surgeon found some bruises on him. On the fourth day he was sent to the padded room, as he was so violent they could not manage him. The assistant-surgeon suspected, from his manner of breathing, that he had some ribs broken. The fractures of the eight ribs, however, were not really known till four days after the man's death. It was stated that such cases had occurred before without exciting much comment: a man kneeling quietly on another's chest might break several ribs without undue violence, if the latter struggled violently. There was no evidence to show how the injuries were inflicted. The attendants said the man had fallen twice. A verdict was returned according to the medical evidence.

#### THE BUXTON HOSPITAL.

THE draft Report of the Devonshire Hospital and Buxton Bath Charity for the year 1869 was agreed to by the Committee at a meeting held on the 13th instant. The number of patients admitted during the year was 1215, being 11 more than in 1868: of these, 1074 were beneficially treated, 95 were no better at the time of leaving, 3 died, 25 were discharged at their own request or for other causes, and 18 remained on the books. One of the patients, in September, was found to be suffering from scarlet fever; the progress of the disease among the other inmates was arrested by rigorous isolation, and the entire closing of the ward during eight weeks. The Committee complain that, while there are only from 12 to 30 patients in the hospital during the winter months, the number of applications in the summer is so great that from one to two hundred have to wait for vacancies, sometimes for six weeks or two months. They suggest that subscribers should take means for the more equal distribution of the admission tickets through the year.



## SCOTLAND.

## EDINBURGH ROYAL INFIRMARY.

At the adjourned general meeting of contributors to the Royal Infirmary, which was held on Tuesday in the Council Chambers—the Lord Provost presiding—Mr. Syme submitted his motion recommending that the architect for the new Hospital should be selected by limited competition. It was lost, however, by a very large majority.

## THE ABERDEEN UNIVERSITY: THE LORD-RECTORSHIP.

We hear it whispered, and apparently not without some good ground, that Sir William Stirling Maxwell hesitates, if he has not already refused, to accept the honour which has been thrust upon him against his expressed wish. If this rumour be correct, any further steps taken to prevail on Sir William to accept office will be, to say the least, unfair and injudicious.

## GLASGOW: PROFESSOR LISTER AND THE ROYAL INFIRMARY.

SOME talk has been raised in the City by the statements of Mr. Lister, in a recent number of a contemporary, in reference to the Royal Infirmary. It is generally reported here that the directors of the Infirmary intend shortly to publish a reply to the statements referred to, and it will therefore be premature to enlarge at present on the subject. So far as we can learn, however, the statements of Mr. Lister are substantially correct, and the statistics seem to be put fairly enough. Some people are asking, Why did he not publish these facts at the time of their occurrence, or before he left Glasgow? At any rate, it is believed by many who sincerely admire Mr. Lister, that there was no practical advantage to be gained by the publication of these details at the present time to be compared with the ill-feeling which they are calculated to raise in the minds of many. The statistics, also, would not have materially lost in value by the omission of certain of the details.

## SPECIAL CORRESPONDENCE.

## PARIS.

[FROM OUR OWN CORRESPONDENT.]

Paris, January 10th, 1870.

1. *Phthisis: its Prevention and Etiology.*—2. *School of Medicine: Male and Female Students.*

1. *Phthisis: its Prevention and Etiology.*—The etiology of many diseases eludes observation, and baffles the inquiries of the most profound and sagacious physicians; but, looking at the subject in its practical aspect, it cannot be said that the etiology of pulmonary phthisis is at all obscured. The "causes of disease," writes Dr. Charles J. B. Williams, "are those circumstances which essentially precede it and to the operation of which its occurrence is due." Now all modern observers agree in saying that an enormously great generation of phthisis is occasioned by defective hematopoeisis, consequent upon living in a vicious atmosphere, and under unfavourable hygienic conditions in respect of food and occupation. When statesmen see the magnitude of this question in its financial bearings upon poor-rates and military taxation, but not till then, will the voice of medical science be listened to, and phthisis be held as well in check as is small-pox, by the strong arm of the law.

Very much in this strain has Dr. Peter repeatedly spoken from the chair of clinical medicine at La Pitié. The following, in an abridged form, are some remarks which he made upon a recent occasion, when speaking of the prevention of phthisis, and the etiology of that disease. They tend to show that sound principles in sanitary economics are in the ascendant in France, as well as in Great Britain. Dr. Peter spoke to the following effect.

"Gentlemen, we are told by statisticians that phthisis is a disease to which women are more prone than men. But is not this just one of the errors into which we are apt to be led by statistics, if we surrender ourselves to their uncorrected teaching? Can it be that the ovaries favour tubercularisation more than the testicles? No! it is not in peculiarities of sex, but in peculiarities of hygiene that women are more apt than men to become consumptive.

"Let us in thought transport ourselves to one of the most magnificent quarters of Paris—to the Rue de Rivoli, if you please. Let us go to one of the superb establishments in that superb street. The mistress and her forewoman meet us in a luxurious saloon, where fashionable clients are received. Adjoining is the room in which dresses are cut out: this room has nothing objectionable on the score of health, because it must be suitable for the occasional reception of the ladies who patronise the house. Then comes a workshop—a mean looking small chamber where from twenty to thirty poor sewing-girls are crammed together, without any other exercise than that of their fingers, for twelve hours a day, or even for fourteen or sixteen hours, in the height of the season, when the pressure of business is at its maximum. Their food is bad in quality, and dispensed with a niggardly hand. To complete the catalogue of deteriorating influences to which they are subjected, they sleep at night in confined, low roofed garrets, where they are literally squeezed together [*pressées les unes contre les autres.*] Under terrible conditions such as I have now described, I have often seen robust girls from the country, who seemed destined to live a long and healthy life, become etiolated." [After referring to illustrative cases in the wards, he thus continued.] "Take my word for it—the mortal disease of these poor girls is the result of being crowded into small rooms, insufficiently supplied with air, and of being deprived of the food and exercise necessary for the due accomplishment of circulation and calorification—deprived consequently of what is necessary for the preparation of the organism.

"So is it, gentlemen. Turn to any side you please, you will always find that tubercularisation does not result from a single and simple cause, but from an assemblage of kindred conditions, as pernicious as the most malignant fancy could dream of or devise.

"Let us take another example: let us consider the life of a young French soldier. Our soldiers are men skillfully tried, tested, and selected—men, therefore, much better fitted than others to resist the invasion of disease. But what is the fate of the soldier? He leaves his family, his home, the place of his birth, which he loves, and it may be also his sweetheart. What is done with him? He is taught to handle his musket, and to turn from right to left, and from left to right. The man is in despair; he believes—and he rightly believes—that he was born for a better destiny. He sleeps in a huge barrack, side by side with others as wretched as he is. He seeks consolation in smoking and getting drunk. He from time to time contracts gonorrhoea. Gentlemen, I am not drawing on my imagination; I am referring to what I have often seen at the Hôpital du Gros Caillou, to which I was attached for two years. There I have seen fine-looking young men, whose health was unexceptionable till they entered the army—till they were twenty years of age—die scrofulous or phthisical at twenty-two or twenty-three.

"I have read ingenious explanations of the deterioration which overtakes the health of young soldiers. A great military inspector ascribed the prevalence of scrofula and phthisis in the army to the use of the military stock; the stock has been abolished, but scrofula and phthisis are as rife as ever. Many other equally untenable explanations have been propounded, with the details of which I need not occupy your time.

"It is chiefly in the gloomy Prince Eugène barracks that our soldiers become scrofulous. There, especially, it is that the healthy stripplings from the provinces are immolated to the state. They are shut up in a building where there is an inadequate supply of air and sunlight. Their aliment is good in quality, I admit, but is always the same, and is always served in the same way, and at the same hour, so that it becomes insipid and disliked. These errors in feeding were pointed out and remedied to a great extent; but still the tubercularisation of young soldiers continued to be as great a reproach as ever. The fact is that, from the very commencement of his barrack life, the young soldier begins to become tuberculous. The cause is his transposition from wholesome to unwholesome air and general surroundings.

"Bear this in mind; that, though the causes of tubercularisation are complex, they are in reality very simple, and all act by inducing disorders in the hematopoietic functions. Most of these causes, moreover, are preventable."

2. *School of Medicine: Male and Female Students.*—The inscriptions for the *trimestre* beginning on the first of this month are not yet quite completed; but the numbers will be very similar to those for the *trimestre* which terminated on December 31st, for which the number of inscriptions was 1,200. Of the 1,200, three were young women—one French, one Russian, and one American. Two of these female students are daily engaged in Dr. Fort's dissecting-room at the Ecole Pratique. When he delivers his lecture in the theatre, he has one or them seated at each side. On Tuesday, the 5th, I heard Professor

Claude Bernard deliver the lecture introductory to his course on "Médecine Expérimentale" at the Collège de France. The lecture was simply a statement of generalities, and consequently a disappointment to me and other practitioners who went expecting a special treat. The audience consisted of one female and nearly two hundred males.

With reference to the 1,200 inscriptions for the *Trimestre* ending December 31st, I ought to add that 300 of them were first entries.

## ASSOCIATION INTELLIGENCE.

### BIRMINGHAM AND MIDLAND COUNTIES BRANCH: PATHOLOGICAL AND CLINICAL SECTION.

THE second ordinary meeting of the Section was held on November 26th, 1869. Present: Dr. HESLOP, in the Chair, and forty members and visitors.

Dr. SAWYER showed a man, who was under the care of Dr. Heslop, suffering from Hypertrophy of the Connective Tissue of the Face, following erysipelas. The thickening and enlargement were everywhere most marked. The case was illustrated by a series of photographs.

Dr. HESLOP showed drawings of the hands of a patient affected with Leucoderma.

Dr. WADE called attention to a patient in whom a Cervical Rib was present. The case was referred to a Subcommittee, consisting of Mr. Bartleet and Mr. C. J. Bracey, for examination and report.

Mr. McDONALD showed, for Mr. NEWNHAM of Wolverhampton, a girl, aged 12, who had been admitted into the South Staffordshire General Hospital, suffering from a Compound Depressed Fracture of the Skull on the right side, near the line of union between the frontal and parietal bones, caused by a falling tile. She was knocked down by the blow, but not rendered insensible, and she walked a distance of more than a mile to the hospital. On examining the wound, which was small, the tip of the finger could be passed down to the surface of the brain, which could be seen pulsating at the bottom of the wound. The bone was much depressed, but no loose fragments could be felt, and the fracture apparently did not radiate very widely. There was a good deal of venous hemorrhage, but no symptom whatever of concussion or other injury to the brain. The hair was cut short; wet lint applied to the wound, low diet with perfect rest, and an occasional mild aperient, formed the treatment. She went on without the slightest bad symptom; and, on the twenty-second day after the accident, a chop was ordered. Six fragments of necrosed bone, some of them consisting of both tables of the skull, came away or were removed with the forceps on January 31st, March 15th, 24th, 25th, April 4th and 29th. She was discharged with the wound perfectly healed.

Mr. PEMBERTON showed a Compound Proliferous Cyst growing from the left Ovary, which he removed by ovariectomy in the General Hospital on November 16th, 1869. The patient, aged 29, was the mother of three children. The disease had been forming four years. She was tapped six months before admission. Ascites was present. The tumour was removed by an incision of four inches; it weighed nine pounds. There were no adhesions. The patient died forty-five hours after the operation, of tubercular peritonitis.

Mr. FURNEAUX JORDAN showed a large Multilocular Ovarian Cyst, filled with fatty matter, successfully removed from a woman aged 35. The cyst had been growing for about two years, and, after removal, weighed, with its contents, seven pounds.

Mr. VINCENT JACKSON (Wolverhampton) showed a Compound Ovarian Cyst successfully removed from a patient aged 19.

Dr. JOLLY showed a specimen of Hip-joint Disease taken from a boy aged 3, who died in the Queen's Hospital from tubercular meningitis following an attack of scarlet fever. The soft parts about the hip-joint were blended together into a confused mass. The joint contained purulent matter. The round ligament was ruptured, and only a vestige of it remained connected with the bottom of the acetabulum. The head of the femur was somewhat diminished, and had lost its rounded shape. The neck of the bone was shortened, and the great trochanter was greatly expanded, but the cancelli contained no curdy matter. The acetabulum was rendered deeper and wider than is natural, and the bottom of the cavity was completely destroyed by caries; a portion of the carious bone was undergoing the process of exfoliation into the cavity of the joint, and was only separated from the cavity of the pelvis by the obturator internus muscle covered by its fascia. The carious part of the acetabulum corresponded to a similar surface on the head of the femur, their surfaces being exactly in contact. No tubercular deposit existed in any of the thoracic or abdominal viscera.

Dr. WADE exhibited a specimen of Atheromatous Dilatation of the

Aorta, and of the coronary arteries, from a man aged 49, who died in the street of angina pectoris, several attacks of which he had had before. He remarked that, in many cases of angina pectoris, where there was no general atheroma of the aorta or coronary arteries, there was a ring or collar of atheroma surrounding the coronary orifices, and suggested that this condition may have been overlooked in some cases of angina in which the coronary arteries have been stated to be healthy.

Dr. JAMES HINDS showed a specimen of general Dilatation of the Thoracic Aorta, taken from a subject aged 84, in the dissecting room of Queen's College. The specimen showed several atheromatous patches; and, opposite the sixth and seventh dorsal vertebrae, was a finger-like pouch which had eroded the bodies of those vertebrae.

Dr. NEAL showed a very interesting specimen of true and false Aneurism of the Abdominal Aorta. The aneurism had ruptured behind the peritoneum, and the patient survived twelve days.

Mr. BARTLETT showed, for Mr. CLARENCE PEMBERTON (Banbury), a Fibrinous Cast of the Trachea extending below the bifurcation, coughed up by a child affected with croupal diphtheria.

Mr. VOSE SOLOMON showed a specimen of Medullary Sarcoma of the Orbit. The specimen was referred to the Subcommittee on Morbid Growths.

## REPORTS OF SOCIETIES.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JANUARY 11TH, 1870.

GEORGE BURROWS, F.R.S., President, in the Chair.

A CASE OF COMPOUND FRACTURE OF THE PATELLA: WITH AN ANALYSIS OF FIFTY-SIX CASES OF THAT INJURY. BY A. POLAND, ESQ.

In presenting the case to the notice of the Society, the author drew attention to the following facts. 1. The peculiar and unusual nature of the accident; 2. The attempt to save the limb under circumstances most disadvantageous, owing to physical and moral defects; 3. The unfortunate relapse and threatening symptoms of pyæmia, after the primary danger of an inflamed and suppurating joint had passed over; 4. The chest-complication and exhaustion of the patient after subsidence of the pyæmic symptoms; 5. The saving of life by amputation of the limb.—G. M., aged 28, a boiler-maker, was admitted into Guy's Hospital on January 19th, 1869. About eight weeks previously, a transverse lacerated wound over the right knee was produced by a fall; for this he was treated as an out-patient at the hospital. The wound was about three and a half inches in extent, and the patella was exposed; but the joint was not injured. Strapping, and a back splint between the knees were applied. Cicatrization was almost completed; and he removed the splint and went about his employment. Early on the morning of his admission, he caught his foot in a grating, and was thrown down on his side, in his fall using great muscular exertion to save himself. The newly cicatrised wound was torn open, and he suffered great pain. He was immediately brought to the hospital. There was a large gaping wound in the site of the original injury; also a transverse fracture of the patella. There was hemorrhage, and escape of synovial fluid from the joint. The dresser on duty introduced his finger into the joint. The wound was closed by sutures, a compress of lint with strapping applied, and a back splint adjusted behind the knee. When he came under Mr. Poland's notice, he was suffering from a chronic cough and general debility, which gave rise to the suspicion of phthisis, although no evidence could be elicited by the stethoscope. In three or four days, inflammation and swelling of the joint ensued. The dressings and sutures were removed, and carbolic acid lotion was applied to the wound, which had a sanious discharge. On the tenth day, suppuration had fully set in, and the discharge was profuse. This suddenly lessened, and symptoms of pyæmia became manifest; but suppurative action in and about the joint reappeared, necessitating the use of free incisions. During a lingering and tedious suppuration, with ulcerative action for a period of six weeks, the man's health began to give way. Amputation was performed on the 5th of March. The patient made a most rapid recovery, and gained flesh, although he did not lose his cough entirely. The author made some comments on the peculiar nature of the injury, and referred to other cases of compound fracture of the patella. The patient's extremely exhausted condition and general state of health negated the performance of excision; and, the more so, as the integuments and soft parts above and below the joint were much implicated in the suppurative action. The author also adverted to the statistics of fifty-six cases of compound fracture of the patella without any complication of the neighbouring bones of the joint. Mr. Poland concluded by inquiring whether there could be a compound fracture on

the patella without a wound or lesion of the knee-joint? He had made some experiments which led him to believe that there could.

Mr. SMOLLY spoke of the treatment of fractured patella. He still adhered to the old plan of elevating the leg, so as to relax the rectus femoris muscle, and placing a splint behind.—Mr. HOLMES doubted whether a compound fracture into the knee-joint was now held to be an absolute indication for amputation; such cases were, however, dangerous, and would very probably demand it. The paper would, no doubt, call attention to the feasibility of preserving the limb. He wished that more had been said about excision of the patella in compound fracture—an operation which, he believed, had been performed by Dr. Humphry of Cambridge. He was very sceptical as to the possibility of a compound fracture of the patella occurring without the joint being opened. Resection ought to be avoided in compound fracture of the patella; the injury was almost always, after childhood, one which required amputation.—Mr. BROOKE said that the deficient supply of blood to the lower part of the patella must cause repair to be very slow. It often happened that, when a patient was sent out six or eight weeks after fracture of the patella, the ligamentous matter forming the union became stretched. This was to be obviated by causing a splint to be worn behind the joint for some time.—Mr. BIRKETT had seen only one case of compound fracture of the patella in Guy's Hospital, under the care of the late Mr. Aston Key. A man fell from a wharf into a barge containing iron, striking the centre of the patella on a piece of iron. This was his only injury, and the case did well. That the joint was opened was proved by some gentlemen who introduced their fingers into it through the wound. There was scarcely any constitutional irritation. The treatment consisted of the application of many leeches, with rest and extension. The man afterwards worked long at the same wharf, having perfect power of motion in the limb. In a case under his own (Mr. Birkett's) care, a man had received a wound a little below the patella; the capsule became distended with blood, some of which could be squeezed out. This patient also did well. He therefore hesitated to decide on amputation, especially when the unfortunate results of secondary amputation were remembered. He thought elevation of the limb not essential in cases of ordinary fracture of the patella.—Mr. MOORE said that a splint behind the limb was even more necessary when the patient was allowed to walk about than when he was confined to bed. The idea of producing relaxation of the rectus by elevating the limb was erroneous. His knowledge of compound fracture of the patella was very limited. He had seen a case in which a man fractured both patellæ, and recovered. A second fracture of both bones was also followed by recovery. After a third fracture of one of the bones, suppurating and death followed.—Mr. W. ADAMS said that the interest of fracture of the patella lay in the amount of injury done to the joint. Incised wounds of the knee-joint had done well; but with lacerated and contused wounds there must be danger. The choice between excision and amputation must depend on the amount of injury of the soft parts. If there were not much injury, excision might be done.—Mr. COOPER FORSTER said that Mr. Poland was prevented from being present, having been called to a patient. He did not think that compound fracture of the patella could occur without laying open the knee-joint.

#### CLINICAL SOCIETY OF LONDON.

FRIDAY, JANUARY 14TH, 1870.

JAMES PAGET, Esq., President, in the Chair.

The business of the annual meeting was transacted.

MR. LANGTON brought under the notice of the Society the case of a male who had a large Tumour removed from the Soft Palate. The patient eventually died from recurrence of the disease. The points of interest in the case lay in the rarity of the disease, in the co-existence of tubercle and cancer, as shown at the *post mortem* examination, and in the difficulties produced by the size of the tumour, and by its situation. The case showed also how conveniently chloroform could be given for such operations about the soft palate. Mr. Langton, in answer to Dr. Pollock, said that there were large cavities in both spines, and that he had made himself sure of the presence of tubercular disease by microscopic examination.—Dr. WEBER observed that Dr. Marzani had written a treatise on the co-existence of cancer and tubercle. Professor Dietrich had long ago asserted that tubercle was a disease of absorption during many chronic diseases. In cancerous tumours, caseous masses are often found; and, when these occur, tubercle may result as a consequence.—Mr. PAGET observed that the rarity appeared to be when the two diseases were found in an active state at the same time.—Mr. MOORE had seen cases in which scirrhus of the breast had been excised and tubercle deposited during the cicatrization of the wound. He con-

sidered, however, that the tubercle said to co-exist was, in reality, cancer.—The PRESIDENT stated that, in a considerable number of cases, cancer is kept back when tubercle is being deposited.

MR. THOMAS SMITH related three fatal cases of Carbuncle, two of which occurred on the face. He remarked that this disease bore much the same relationship to common carbuncle as scarlatina maligna does to scarlatina simplex. He referred to the different names which the disease had received, and stated that, though he had seen the cases related by Mr. Ludlow and others occurring since, he was unable to state any signs by which the malignant examples of the disease might be recognised in an early stage. The ordinary progress of facial carbuncle was described, and also that of malignant pustule; the characteristic signs of the latter were stated to be its origin from a local virus, the absence of severe pain or increased heat, the dryness of the slough, the absence of pus in all stages of the malady, and the progress of the death of the tissues from the skin towards the deeper parts. In discussing the cause of the fatality of facial carbuncle, attention was drawn to the susceptibility of the face to erysipelas and oedema, to the peculiarities of the venous circulation, and to the sudden deaths that had occurred from the injection of nœvi on the face with tincture of iron. The author confessed that we possessed no means of arresting the fatal effects of blood-poisoning when it had once taken place, and that treatment could only be directed to prevent the occurrence of pyæmia, either by the destruction of the disease in its earliest stage by caustics, or by the administration of internal medicines. The former plan he rejected as unjustifiable from its severity, in our ignorance of the characteristics of malignant carbuncle in an early stage. He spoke of quinine in large doses as having proved useful in the hands of Mr. Paget in one case, and he suggested that, in all cases of facial carbuncle, sulphate of magnesia should be given from the very first.—Mr. GANT considered the cases as examples of ill-developed carbuncle. They differed from malignant pustule in so far as the latter was due to inoculation from morbid matter from lower animals.—Mr. HEATH had treated a similar case by incision, with a favourable result. He considered this mode of treatment a good one.—Dr. GREENHOW remarked on the difference in etiology of these cases from that of malignant pustule.—Mr. HULKE had found strong carbolic acid topically applied to relieve the pain, and prevent the spread of carbuncle.—The PRESIDENT had seen the first case of the kind which had appeared at St. Bartholomew's Hospital twenty years ago. Various names for the disease were suggested, as acute impigo of the lower lip. The patient died of pyæmia. A similar case was observed at the hospital six months afterwards, which also terminated fatally. He himself had attended fifteen to eighteen cases, and the whole number, with one exception, had died, and this patient had passed through a severe attack of pyæmia. His impression was that it was not carbuncle, and in no wise malignant pustule. If the latter disease, which is said to exist abroad, occurs in this country, it is of the rarest possible occurrence. In these cases of carbuncle, the lymphatic glands are nearly always effected. Pyæmia is rarely generated from acute attacks of carbuncle. Also, these cases occur generally in young men from sixteen to twenty-two or twenty-three years of age. He thought incisions had no effect.—Mr. NUNN thought that the pyæmic condition may exist before the appearance of the carbuncle.—Dr. THEODORE WILLIAMS had found sugar present in the urine of several persons suffering from carbuncle.—Mr. SMITH said that a woman had just died in St. Bartholomew's Hospital of the disease, and said, in reply, that he considered incisions were not good. The patients prior to the attack were apparently in good health. No examination of the urine for sugar was made.

#### MEDICAL SOCIETY OF LONDON.

JANUARY 3RD, 1870.

PETER MARSHALL, Esq., President, in the Chair.

MR. C. C. COLES exhibited an Instrument which he had devised for the treatment either of Aneurism of the lower limb or of Elephantiasis, by elastic pressure. It consisted of an inclined splint, with sliding foot-piece, like Liston's, made of either tin, galvanised iron, or zinc, and having a sliding-piece attached to the side of the thigh portion, and so arranged that a tourniquet might be applied, without obstructing the venous circulation.

MR. CLEMENT GODSON read notes of a case of a patient in St. Bartholomew's Hospital, aged 26, suffering from Retroflexion of the Uterus, and retention of urine, who passed, *per urethram*, a membrane, supposed to be the entire mucous lining of the bladder. The patient did not suffer constitutional disturbance in proportion to the seriousness of the case.

Dr. ROUTH read a paper on some points connected with the Pre-



vention and Treatment of Scarlet Fever. He first touched on its great fatality; but from 1850 to 1854, 10,504 died from it in London, out of 74,895 deaths from all zymotic diseases. From the years 1853 to 1864, the deaths were in England, from scarlet fever, 214,521, *i.e.*, 4.3 per cent. to all deaths from specified causes and 23.5 per cent. to all deaths from zymotic diseases. This was, however, below the mark, as cases of scarlet fever were often returned as cases of malignant sore throat and diphtheria, whereas typhoid cases were exaggerated. For the years 1848-1862, the deaths from scarlatina and typhus, to 1000 deaths from all zymotic diseases, were respectively 171 and 151. The poison of scarlet fever was second only in virulence to small-pox. Furniture, infected with scarlet fever, had conveyed the disease six months after use, and houses at longer periods than this after occupation. The rules for prevention, prepared by the medical officers of health, were excellent; but their compulsory observation (except in fearful epidemics) would be incompatible with the liberties of an Englishman. Isolation of infected persons was the most operative for safety. This he showed from a table of the Registrar-General, for the years 1851-1861, compiled from 631 districts. Where the proximity of person to person was 402 meters, the deaths, to a thousand living, were 14; where it was only 23 meters, the deaths were 28 to 33. In some very unhealthy places and feverish districts, such as Maldon in Essex, Wolverhampton, Bridport, etc., the mortality was beyond what proximity of persons could explain, and was clearly due to local causes. Dr. Routh then referred to the nature of the *matrices morbi*. Whether a ferment, or an oxyacid, it was completely destroyed by antiseptics and by agents which checked fermentation, such as sulphurous acid, chlorine, and carbolic acid. Two chief sources of its propagation were the journeymen tailors and tailoresses, who put upon the beds of their sick with fever the garments, which, so infected, were carried to the houses of their owners, and second-hand clothes shops. Public workshops, and frequent fumigations of old clothes shops, were the remedies indicated. Dr. Routh then considered the tendencies to death which had to be counteracted. These were, first, shock, in virulent epidemics, and at their beginnings, requiring stimulants, etc.; second, tardiness of the eruptive stage, and death by the specific poisons, requiring hot-air baths, stimulants, but especially an emetic at the outset; thirdly, death by violence of the fever. Here cold affusions to the skin, cold spongings, rarely bleeding, and inunctions were indicated. The *modus operandi* was fully explained, and the addition of carbolic acid in cold sponging and inunction was especially recommended. Fourthly, death from putrid sore throat killed in two ways, (a) by a poisonous atmosphere inspired, (b) by poison absorbed through the subjacent tissue. Carbolic acid and chlorine, he believed, were preferable in such cases to caustics, because the local sore might be as effectively destroyed, and a disinfecting atmosphere in addition created. Lastly, death was produced by early uremic poisoning. The treatment of the fever generally should be either solvent, to dissolve excess of fibrine, as by ammonia or acetic acid, or antiseptic. Acetic acid might be regarded also as antiseptic; but he was in the habit of giving citrate of ammonia, in an effervescent state, with carbolic acid internally.

#### WESTERN MEDICAL AND SURGICAL SOCIETY.

FRIDAY, DECEMBER 3RD, 1869.

MATTHEW BAINES, M.D., in the Chair.

DR. ASHTON GODWIN related a case of Paraplegia, accompanied by cerebral symptoms, supposed to have been caused by Embolism of the Cerebral and other Arteries. The patient, a widow, aged 52, was, on October 23rd, 1869, suddenly seized, upon getting out of bed, with giddiness and transient unconsciousness. Upon seeing her, shortly afterwards, the author found no other symptoms but headache and vomiting, and, as there had been no error in diet, he considered the attack due to dyspepsia, and he treated her accordingly. She had had rheumatic fever, and there was a systolic murmur. The following night she had intense pain in the back and shoulders, which continued for three days unrelieved by treatment. The gastric symptoms now had entirely abated. On the 28th, the attack was considered to have been syncope from stomach derangement, followed by neuralgia of the head and neck; and quinine and bromide of potassium were given, with relief—but great weakness remained. On November 3rd, she became suddenly unconscious, with stertorous breathing; the pupils varied, but were insensible to light, and she had a small, weak, and frequent pulse. Ice was applied to the head, and a turpentine emema given. She was able in a short time to swallow a small quantity of brandy and water, and in an hour or more she gradually regained consciousness. There was no facial paralysis; but she was completely

paraplegic. She was delirious at intervals. On November 6th, the left arm was paralysed. The diagnosis was now embolism of the cerebral arteries, with progressive paralysis of both legs and arms. The prognosis was unfavourable. A few hours later, the left arm had quite recovered itself. She had delirium, with but little sleep. On November 10th, the back became sore. On the 13th, she complained of stiffness of the back and legs. The cerebral symptoms had abated; the legs remained powerless, but sensation was perfect in the left, but duller in the right one. The left eye became inflamed, and an ulcer was formed on the cornea. On November 20th, she was improved; there were sloughs on both nates. In the evening, she moved the toes of the right foot, and the leg, very slightly, upon its being pricked. She had no command over the bowels or bladder. On November 29th, she distinctly moved the right leg, and tried to move the left, which was bent at the knee and hip, from contraction of the extensor muscles. It could be straightened, but returned to its old position. A two-pound weight was attached to it. The sloughs on the back had healed, also the ulcer on the cornea; and in every respect she was improved. At the time of relating the case, the intellect was perfectly clear; but there was loss of memory, concerning events of present time. There was imperfect control over the bowels and bladder, and impaired power in the legs, so that she could not rest her weight upon them; but she could move them both—the right freely, the left only with great effort. She could not rotate the thigh outwards. Faradisation was being employed, but the extensors responded very feebly to the stimulus, although the flexors were easily affected. Strychnine was also being administered in small doses.

#### ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.

SAURDAY, JAN. 15.

R. DRUITT, M.D., President, in the Chair.

THE adjourned discussion was resumed on Mr. Acton's paper, entitled: "Supposing the Legislature should determine to recommend the introduction of the Contagious Diseases Act among the Civil Population, would it be possible and feasible to carry out its enactments in the Metropolis?"

MR. BERGELEY HILL gave a rough estimate of the expense of introducing the Contagious Diseases Act into London. The new wing of the Lock Hospital was reckoned to have cost £80 per bed; and the annual expenditure for maintenance £24: 10 per bed. The average stay of a patient was a little over a month. Hence 500 beds would accommodate about 5,500 patients at an original outlay of £40,000 and an annual expenditure of about £12,000. If operations were commenced with the 6000 prostitutes known to the police, this accommodation would be sufficient. The annual cost for police inspectors, surgeons, etc., he put down at £5000. If old hulks were used as hospitals to begin with, the first cost would be greatly diminished.

DR. W. STUART said that on Jan. 7 the Act had been introduced into Greenwich. The number of women brought up was 105, of whom 6 were too unwell to be examined. Out of the remaining 99, 29 were sent to hospital, and 12 were remanded for want of accommodation, making a total of 41 diseased. Of these, 17 were cases of syphilis, 10 of gonorrhoea, 2 of vaginal discharges. At Woolwich, which has been some time under the Act, out of 105 cases taken at random, he had 9 too unwell to be examined; of the remaining 96, 11 were sent to hospital, and 2 of these were strangers newly come into the district. The cases sent from Greenwich were mostly severe ones and of long duration; offered a fair sample of what would be the case in London. The first year's work would be very onerous and the expense heavy. With regard to danger of infection by inspection, Dr. Stuart said that in the worst cases the speculum was not used; disease could be detected at once.

DR. LETHBRIDGE corroborated Dr. Stuart's opinion as to the impossibility of infection by a speculum. Any germs of contagion would be dissolved by the water into which it was dipped, and their action destroyed.

THE CHAIRMAN said that when people came to them suffering from disease, they, as doctors, had nothing to do with how that disease was contracted; but, if their benevolence manifestly tended to an increase of immorality, then they would be as blameable as if they encouraged idleness and thrift by indiscriminate almsgiving. The *Westminster Review* had drawn a terrible picture of the prevalence and fatality of syphilis. Dividing venereal diseases into two classes—infectious and non-infectious—Dr. Drutt found sufficient proof that prostitutes could contract disease from their lewd dealings, without

necessarily coming into contact with disease. Speaking from thirty-nine years' experience, he believed that cases of syphilis were rare among the better classes, and soon got over. He found this corroborated by Mr. Acton. Gonorrhoea was the most common disease, but even it did not take the violent form which it did in former times. The important statistics adduced by Dr. Stuart also bore him out. When syphilis or other venereal diseases were stated to have committed great ravages, he believed that other diseases must have already existed in the frame. There was much truth in the comparison made by Mr. Acton between the life of a prostitute and that of a married woman; and he (Dr. Druitt) thought that modern civilisation had much to answer for that honest virtue had so hard a struggle. He believed that persons leading notoriously lewd lives could be proceeded against by the common law, in the same way as was formerly done in leprosy. The proposed system was no constitutional innovation; and the difficulty was in fixing a limit where to stop. Their thanks were due to Mr. Acton for insisting on every means being employed to prevent women who have fallen from getting the prostitute's stamp. It was consoling to hear that the women looked upon the examining surgeon as their friend; but, if the police were set to track women to their corruption, such a system would be intolerable, and open the way to great corruption. The expense of applying the Contagious Diseases Act to London would, he believed, be very great; and, if it were introduced, he would prefer that women should be proceeded against on account of open lewdness rather than on account of disease.

Dr. GIBSON considered syphilis more prevalent than previous speakers seemed to suppose; and he was ready to go any lengths to stamp it out. Dr. CHAPMAN defended certain articles in the *Westminster Review* *à propos* of this subject. He maintained that the statements contained in them as to the terrible virulence of syphilis were borne out by authors of note and by parliamentary evidence. The introduction of the Contagious Diseases Act into the metropolis would be attended with immense labour, difficulty, and expense. The system proposed he considered quite alien to the spirit of this country, and a going back to continental surveillance, which had not produced beneficial results where it had been tried. He combated Mr. Acton's idea that prostitution must exist. Parliament would find it difficult to define prostitution. The whole tone of the Inspectors' evidence betrayed their desire to get more power. Whether notorious lewdness was amenable to the common law or not, he was certain that at the present day a new Act of Parliament would be required for the purpose. Dr. Chapman concluded by quoting statistics in favour of his opinion that syphilis had made no marked diminution in the "protected" districts.

Dr. KIDD, of the Army Medical Department, quoted Dr. Parkes' remarks in his works on Hygiene, drawn from unpublished medical reports for the year 1866, to the effect that "in all the protected stations the number of men attacked in 1868, is not only below the mean of the previous four years at every station, but is below the minimum of any former year; whereas in two out of the four not protected stations, the number of attacks in 1868 is above the mean of the previous four years; in one station it is only just below the mean; and in only one station is the number lower in 1868 than in any of the four preceding years." Dr. Kidd also quoted statistics to show that the proportion of recruits rejected for venereal diseases was about the same as that of soldiers constantly sick. But while the proportion of the latter had decreased in the last few years, the former remained stationary.

Mr. ARMSTRONG thought the hard and fast line sought had already been supplied by the police. They returned the number of prostitutes at 6000. Why not begin with these?

Dr. BERNAYS protested against the introduction of the Act, and asked why it should not, if introduced, be applied to the men also, as they were the chief offenders.

Mr. GASCOYNE said that ten to fifteen per cent. of the women in the Lock Hospital came of their own accord, showing that they considered the arrangement was for their benefit. During the past week, a number of women had been sent in from Greenwich for the first time. He noticed a marked difference between these and the women sent from Woolwich. Both the number and nature of the cases were in favour of the "protected" district.

Mr. ACTON replied that many of the attacks made upon him went on the presumption that they proposed to proceed against merely soiled doves instead of unsexed women. He would remind ladies' associations that ladies were frequently the cause of poor creatures being thrown on the streets. Let a poor domestic make a false step, and the mistress would at once turn her adrift, and brook no interference from her husband. Ladies' associations had ample work before them in distributing tracts and giving good advice, so as to prevent seduction, or, after a fall, to save from despair. Mr. Acton thanked the meeting for the kind manner in which they had received his paper, and hoped that

when Parliament considered the subject, many would appreciate the remarks made that evening.

The discussion ended at a late hour.

## CORRESPONDENCE.

### CROUP AND DIPHTHERIA.

SIR,—An article on croup, in your JOURNAL of to-day, by Dr. G. Johnson, commences with the words, "I have gradually arrived at the conclusion that English writers on croup have confounded two very different diseases: we have the history, the symptoms, and the treatment, of acute catarrhal laryngitis, but the morbid anatomy is that of diphtheria."

In the first volume of Reynolds's *System of Medicine*, published four years ago, are two articles on croup and diphtheria, having for their object the separation of these two diseases; and if their distinctive features are not given as succinctly as possible, it is to be remembered that they then required to be established, not merely by statement, but by proof, and their complete differentiation for the first time attempted.

That the results arrived at agree generally with the contents of Dr. Johnson's paper, will be seen by referring to pp. 253, 256, 258, *et seq.*, and to the concluding paragraph. Special reference may be made to p. 244, first edition, where it is stated that infantile laryngitis "should not be considered from the absence, perhaps, of one anatomical character, as in any way different from croup, nor hereafter be classed apart"; and to p. 250, where, after a quotation from MM. Barthez and Killiez, who speak of a disease which presents so great a similarity to (their) croup, that it has been confounded with it by most writers, in which mere shreds of false membrane are found in the larynx and trachea, or a simple inflammation without swelling enough to obliterate the air-passages, is written, "It is such a disease that we mean by croup."

In conclusion, it may be remarked that it is not so much to English as to foreign writers that the error of applying our English word "croup" to diphtheria and its products is chargeable. I am, etc.,

THE AUTHOR OF THE ARTICLE "CROUP AND DIPHTHERIA"  
IN REYNOLDS'S "SYSTEM OF MEDICINE."

Orchard Street, Portman Square, W., Jan. 1st, 1870.

### BILIARY CALCULI IN A GIRL: CHLOROFORM TREATMENT.

SIR,—Referring to a case reported in this week's JOURNAL of the treatment of biliary calculi by internal administration of chloroform, I may perhaps be allowed to add a short report of a very unusual case of gall-stones, in a young girl of 17 years of age. She passed in all twenty-four stones in a period of eighteen months, each of which was found after each attack about the size of a pea, or a little larger.

The first five attacks were treated in the usual way, by hot baths, opium, and the injection of morphia, with very little success, two or three with the internal administration of chloroform, with evidently more success, and the subsequent attacks, by the inhalation of chloroform, sometimes a few minutes sufficed for the passage of the stone, but in one in which three stones were passed, and afterwards found, it was necessary to keep up the inhalation for ten hours, the intense pain recurring at each break in the administration. Two years have elapsed without any return of the disease; the treatment having been, the prolonged use of soda and sulphuric ether in largish doses, and subsequently a very free use of pickles with each meal, a very copious action of the skin being thus kept up. I am, etc., JOHN SUTTON SIMS.  
Eltham Pond, Lee, January 14th, 1869.

Dr. ISAAC MASSEY who has resigned as Senior Surgeon to the Nottingham Dispensary, is proposed to be elected Honorary Consulting Surgeon and Life Governor, "in consideration of his long and eminent services," at the next meeting of the governors.

VENOMOUS SPIDER OF NEW ZEALAND.—At a meeting of the Medical Section of the Auckland Institute, Dr. Wright read a paper on the Katipo, or venomous spider, of New Zealand. The spider is described as small, with an almost spherical body, and distinguished by a vermilion spot. In a case of poisoning by its bite, which had come under Dr. Wright's care, the symptoms were faintness and markedly slow pulse (fifteen beats a minute). The shoulder which had been bitten showed a large swelling, surrounded by an erythematous blush. Stimulants were freely given, and the man recovered. The meeting enthusiastically determined "that the katipo should be dissected, and the nature of the poisonous secretion tested, with a view to discover an antidote."

## MEDICAL NEWS.

### COMPENSATION CASES.

The following actions for damages for injuries received in the railway accident at New Cross have been decided during the last week.

Mr. Ford, the landlord of a public house, had an apoplectic fit in 1860. He recovered almost completely. In June last he was injured in the collision, and the paralytic symptoms returned. The question was, how far this was owing to the accident. He received £150 damages.

A licensed victualler, aged 29, having a wife and two children, was so injured in the accident that his lower extremities have since been almost completely paralysed. Sir William Ferguson stated that he had seen the patient five times. His right leg was completely paralysed, but there was a little sensation remaining in the left one. It was exceedingly doubtful whether he would recover. He had watched the case carefully, and latterly had reason to despair of the man's recovery.

William Dickson has been sentenced to imprisonment for two years for pretending to have been injured in the same accident, whereas he was not in the train at all. In addition to the evidence recorded at page 38 of this year's JOURNAL, Mr. Gay, said that he had seen the patient four months after the alleged accident, and then agreed with Dr. Simpson's view of the case. He thought the man's account consistent.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—The following gentlemen passed their primary examinations in anatomy and physiology, at a meeting of the Court of Examiners, on Jan. 18th; and, when eligible, will be admitted to the pass examination:—

Messrs. F. G. S. Wilde, William Rae, and F. J. C. Parsons (Students of King's College); J. H. Widdifield and Frank Buller (of the Toronto and St. Thomas's Hospitals); G. M. Whitehead and A. H. Barrow (of St. Thomas's Hospital); William Hammond and Sydney Coupland (of University College); W. Blaker and F. I. de Lisle (of Guy's Hospital); E. G. Tennant and F. C. Bryan (of St. Mary's Hospital); William Jelly (of the Edinburgh and St. Mary's Hospitals); W. C. Rees (of the Melbourne School); J. J. Sarjant (of the London Hospital); William Wade (of the Toronto School); Thomas Barlow (of the Manchester School and University College); L. E. Roberts (of the Middlesex Hospital); E. C. Hay (of the Leeds School); E. A. Muggieridge (of the Grosvenor Place School and Charing Cross Hospital); T. A. Elias (of the Manchester School); J. E. Barton (of the Westminster Hospital); and Ebers Chambers (of St. Bartholomew's Hospital).

The following gentlemen passed on January 19th:—

Messrs. W. T. Boreham, R. C. Atchill, and George Greenslade (Students of the Charing Cross Hospital); C. J. W. Pinching, E. H. Steele, and R. A. Lithgoe (of Guy's Hospital); William Bartlett and H. B. Harrison (of St. Mary's Hospital); E. M. Madden and E. J. Plummer (of King's College); S. A. Bishop and Windham Randall (of St. Bartholomew's Hospital); E. W. Symes of University College; and R. H. Sparrow (of the Dublin School).

It is stated that 23 candidates out of the 61 who presented themselves, failed in reaching the required standard, and were therefore referred to their anatomical and physiological studies for three months.—The pass examination for the diploma of membership commenced yesterday, and will extend until Friday exclusive.

**APOTHECARIES' HALL.**—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, January 13th, 1870.

Daphny, Giridharal Ratanlal, Kensington Gardens Square  
Flowers, William Field, Tealby, Lincolnshire  
Nettle, William, Liskeard, Cornwall  
Ridgen, Walter, Canterbury  
Taylor, Frederick, Kensington Park Road

### MEDICAL VACANCIES.

The following vacancies are declared:—

**BIRMINGHAM GENERAL DISPENSARY**—Resident Surgeon: applications, 24th; election, 26th.

**BOURNEMOUTH GENERAL DISPENSARY AND COTTAGE HOSPITAL**, Junior Surgeon.

**BRITISH LYING-IN HOSPITAL**, Endell Street—Physician: election, about 16th Feb.

**CLARENCEURIS UNION**, Co. Mayo—Medical Officer for the Ballindine Dispensary District: applications, Jan. 28th; election, Feb. 4th.

**DINGLE UNION**, Co. Kerry—Medical Officers for the Dingle and Ventry Dispensary Districts: election about Feb. 13th.

**EVELING HOSPITAL FOR SICK CHILDREN**, Southwark Bridge Road—Physician.

**GREAT NORTHERN HOSPITAL**, Caledonian Road—Junior Surgeon: applications, Feb. 6th.

**HOLBORN UNION**, Lincolnshire—Medical Officer for the Sutton Bridge District: applications, 5th Feb.; election, 7th Feb.

**HOSPITAL FOR INCURABLES**, Dublin—Physician.

**LEICESTER INFIRMARY AND FEVER HOUSE**—House-Surgeon and Apothecary: applications, Feb. 1st; election, Feb. 12th.

**LIVERPOOL DISPENSARIES**—Two Assistant Resident House-Surgeons: applications, 26th.

**LIVERPOOL EYE AND EAR INFIRMARY**—Surgeon.

**LIVERPOOL NORTHERN HOSPITAL**—House-Surgeon: applications, Feb. 7th; election, Feb. 17th.

**MIDHURST UNION**, Sussex—Medical Officer for the Milland District: applications, 24th; election, 25th.

**NORTH STAFFORDSHIRE INFIRMARY**, Hartshill, Stoke-upon-Trent—House-Surgeon: applications, Jan. 26th; election, Feb. 3rd.

**NOTTINGHAM DISPENSARY**—Assistant Resident Surgeon: applications, Feb. 7th; election, Feb. 21st.

**PUBLIC DISPENSARY**, Stanhope Street, Clare Market—Resident Medical Officer: applications, 25th Jan.; election, 8th Feb.

**ROYAL COLLEGE OF SURGEONS IN IRELAND**—Professor of Forensic Medicine: Feb. 17th.

**ST. ALBAN'S UNION**, Herts—Medical Officer and Public Vaccinator for the Redbourn District.

**ST. PATRICK'S HOSPITAL**, Dublin—Physician.

**SALISBURY GENERAL INFIRMARY**—House-Surgeon: Feb. 5th.

**SALOP INFIRMARY**, Shrewsbury—Physician.

**SHEFFIELD GENERAL INFIRMARY**—Resident House-Surgeon: applications, Feb. 4th; election, Feb. 6th.

**SOUTH LAMBETH, STOCKWELL, and NORTH BRIXTON DISPENSARY**—Visiting Medical Officer: applications, Feb. 6th.

**SUNDERLAND INFIRMARY AND DISPENSARY and EAST DURHAM COUNTY HOSPITAL**—Junior House-Surgeon: applications, 26th Jan.; election, 3rd Feb.

**SUSSEX LUNATIC ASYLUM**, Hayward's Heath—Resident Medical Superintendent.

**UNIVERSITY COLLEGE**, London—Professor of Medical Jurisprudence: applications, Feb. 5th.

**VERNON HOUSE LUNATIC ASYLUM**, Briton Ferry—Medical Visitor.

**WESTMINSTER HOSPITAL**—Resident House-Surgeon: applications, Jan. 24th; election, Feb. 3rd.

**WEST WARD UNION**, Westmoreland—Medical Officer for the Morland District.

**WHITEHAVEN UNION**, Cumberland—Medical Officer for the Gosforth District.

**WORCESTER UNION**—Medical Officer for District No. 3: applications, 26th; election, 27th.

### MEDICAL APPOINTMENT.

*Names marked with an asterisk are those of Members of the Association.*

\*PULLAR, Alfred, M.D., Edin., appointed Physician to the West London Hospital for Children.

\*SIMMS, James, Esq., appointed Assistant Surgeon to the County Down Infirmary, vice \*E. F. Nelson, M.D., resigned.

### BIRTH.

CLENDINNEN.—On January 14th, at Cheswardine, the wife of W. Ellis Clendinnen, Esq., Surgeon, of a son.

### MARRIAGE.

\*ARMISTEAD, William, M.B., C.M., of Harpurhey, Manchester, to Emily Agnes, second daughter of Warwick Smith, Esq., of Walnut Bank, Lancaster, on January 12th.

### DEATHS.

TIPPETTS.—On the 14th instant, after a long and painful illness, Richard Tippetts, Esq., of 9, Edith Grove, Brompton, and late of Brompton, in the 68th year of his life.

TUCKER, Andrew, M.D., at Boyle, Co. Roscommon, on January 13th.

\*WALES, Thomas Garneys, Esq., Surgeon, at Downham Market, aged 77, on January 13th.

**NORFOLK AND NORWICH HOSPITAL.**—At the quarterly meeting of governors it was proposed to increase the medical staff by the appointment of three assistant-surgeons; but, after some discussion, the question was agreed to be deferred.

**ANTHROPOLOGICAL SOCIETY OF LONDON.**—Annual General Meeting, January 18th, John Beddoe, Esq., M.D., President, in the chair. The report of auditors showed the income of the Society in 1869 to have been £4091 9 5, the expenditure £964 9 8, and the balance in hand on the 31st December, £126 19 9. The report of Council was read and adopted. The President then delivered the annual address, including a full obituary notice of Dr. James Hunt, founder of the Society. The ballot for the election of officers and council to serve in 1870, was then taken, with the following result: *President*: J. Beddoe, M.D.; *Vice-Presidents*: H. Beigel, M.D., Captain R. F. Burton, Dr. Charnock, J. B. Davis, M.D., F.R.S., Captain Bedford Pim, R.N., Dr. B. Seemann; *Director*: Thos. Bendishy, Esq.; *Treasurer*: Rev. D. I. Heath; *Council*: J. G. Avery, Esq., J. B. Carill, M.D., S. E. Collingwood, Esq., Walter C. Dendy, Esq., George Harris, Esq., Jonathan Hutchinson, Esq., W. B. Kesteven, Esq., Kelburne King, M.D., Richard King, M.D., A. L. Lewis, Esq., St. Geo. J. Mivart, Esq., F.R.S., Major S. R. I. Owen, Edward Peacock, Esq., F.S.A., J. S. Ramskill, M.D., C. R. Des Rufières, Esq., John Thurnam, M.D., W. S. Vaux, Esq., F.R.S., C. Staniland Wake, Esq., Alfred Wiltshire, M.D., F. Villin, Esq.



## OPERATION DAYS AT THE HOSPITALS.

MONDAY.....	Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY.....	Guy's, 1.30 P.M.—Westminster, 2 P.M.—National Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.
WEDNESDAY....	St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.15 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—St. Thomas's, 1.30 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.
THURSDAY....	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.
FRIDAY.....	Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 1 P.M.
SATURDAY....	St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 1 P.M.—East London Hospital for Children, 2.15 P.M.—Hospital for Women, 2.30 A.M.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—	Medical Society of London, 8.30 P.M. Dr. Tilbury Fox, Second Lettsomian Lecture, "On the Pathology and Etiology of Eczema."—Entomological Society.
TUESDAY.—	Ethnological Society of London, 8 P.M. Mr. J. Bonwick, F.R.G.S., "On the Origin of the Tasmanians, geologically considered"; Mr. H. H. Howarth, "On a Frontier-line of Ethnology and Geology"; Mr. G. M. Atkinson, "On the Nicobar Islands."—Royal Medical and Chirurgical Society, 8.30 P.M. Dr. William Ogilby, "Anæmia: Cases illustrating the Physiology and Pathology of the Sense of Smell"; etc.
WEDNESDAY.—	Hygienic Society, 7 P.M., special Committee Meeting. 8 P.M., Mr. Howell, "On Therapeutics."
THURSDAY.—	Royal Society.
FRIDAY.—	Clinical Society of London, 8 P.M.

## NOTICES TO CORRESPONDENTS.

All Letters and Communications for the JOURNAL, &c. addressed to the EDITOR, 37, Great Queen Street, Lincoln's Inn Fields, W.C.

CORRESPONDENTS not answered, are requested to look to the Notices to Correspondents of the following week.

TO PURCHASERS.—To insure attention, it is requested that all orders sent to the Office for extra copies of the JOURNAL, be accompanied with stamps for the amount.

What is the best way to answer the notices to correspondents?

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

ROYAL COLLEGE OF SURGEONS.—The following were the questions on Anatomy and Physiology submitted to the candidates at the last primary examination at the Royal College of Surgeons, viz. 1.—Name the bones with which the Astragalus is in contact; and mention the shape of its articulating surfaces. Describe the ligaments which connect the Astragalus with other bones. 2. Mention the sources from which the vena portæ derives its blood; and explain how this blood is rendered available for the performance of certain functions in the animal economy. 3. Describe the various structures which surround the elbow-joint, and are included in a space extending two inches above and two inches below the condyles. 4. State the functions generally attributed to the spleen. 5. Describe the peculiarities of the 1st, the 7th, and the 11th ribs. 6. Describe the functions of the soft palate and uvula.

It is stated that eight candidates out of thirty-two were referred the first day, and fifteen out of twenty-nine on the second day, making a total of twenty-three out of forty-one. The pass examination for the diploma of membership commenced yesterday, and, owing to the great number of candidates, will not be brought to a close until the end of the ensuing week.

## AURAL SURGERY.

SIR.—Will you kindly give me, through the JOURNAL, the names of two or three of the best aural surgeons in London at the present time. I am, &c., J. Hinton, Guy's. Mr. J. Smith, St. Bartholomew's. Mr. Walter Rivington, the London. Mr. P. Allen, St. Mary's. Mr. Tomes, the Middlesex.

In a new Italian Botanical Journal published in Florence, is an article by Signor Uzzelli, on some botanical observations of Leonardo da Vinci. It seems that he was the first to discover the constancy of a uniform arrangement of the leaves on the branches of the same species of plants. This is generally attributed to Grew and Malpighi towards the close of the seventeenth century. Da Vinci, however, mentions the fact in his treatise on painting in the fifteenth century. He was also the first to describe the formation of conical rings of wood between the bark of trees by which the age can be determined.—*Quarterly Journal of Science.*

## MEDICAL ETIQUETTE.

SIR.—Allow me to ask whether it is in accordance with professional courtesy and honour for a private medical practitioner to induce a parochial midwife to call him in cases of difficulty and danger, well knowing that the district medical officer ought to be called in in such case, and is entitled to receive a fee from the guardians for them. I am, &c., A DISTRICT MEDICAL OFFICER.

Jan. 14, 1870.  
\* Certainly not, if the cases are parish ones.

NOTICE TO ADVERTISERS.—Advertisements should be forwarded direct to the Printing-Office, 37, Great Queen Street, W.C., addressed to Mr. RICHARDS, not later than *Thursday*, twelve o'clock.

## THE BRITISH MEDICAL BENEVOLENT FUND

The Treasurer and the Honorary Secretaries of the British Medical Benevolent Fund beg to acknowledge, with thanks, the following additional sums which have been forwarded to them, as the result of the appeal published in the medical journals.

	Donations.	£	s.	d.
Bell, Dr. James V., Rochester	-	-	-	1 10
Counts, Miss Josephine E., 21, Golden Square, Aberdeen	-	-	-	1 0
Francis, Dr. Philip, Cannes, France	-	-	-	1 0
The Gill, Dr. John B., Dover	-	-	-	1 0
Mason, Richard D., Esq., Haslar	-	-	-	3 00
Miller, A. G., F.R.C.S.E., Charlotte Square, Edinburgh	-	-	-	2 10
Mills, Mrs. (per A. V. Miller, Esq., Leeds)	-	-	-	2 0
Page, Dr. A. H., Lower Darwen, Lancashire	-	-	-	1 00
Powley, Charles, Esq., Weston-super-Mare	-	-	-	1 00
R. S. J.	-	-	-	2 00
Royds, Wm. A. S., Esq., Royal Berks Hospital, Reading	-	-	-	2 00
Thankoffering, A. (per Dr. James V. Bell, Rochester)	-	-	-	5 00

## Annual Subscriptions.

Hewitson, Charles C., Esq., St. John's Chapel, Darlington	-	3	3	0
Keele, George Thos., Esq., St. Paul's Road, Highbury, N.	-	-	-	1 00
Further donations or subscriptions will be thankfully received and duly acknowledged by Dr. Thorne Thorne, Honorary Financial Secretary, 42, Seymour Street, Portman Square, W.	-	-	-	-

We are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Indian Medical Gazette, Dec. 1st; The New Medical Gazette, Jan. 1st; The Parochial Critic, Jan. 12th; The New York Medical Record, Jan. 3rd; The Boston Medical and Surgical Journal, Dec. 30th; The Madras Mail, Nov. 9th; The Illustrated Midland News, Jan. 8th; The Preston Chronicle and Lancashire Advertiser, Jan. 8th; The South Durham Herald, Jan. 8th; The Edinburgh Daily Review, Jan. 13th; The Portsmouth Times, Jan. 8th; The Merthyr Telegraph, Jan. 8th; The Leeds Mercury, Jan. 14th; The Western Mail, Jan. 10th and 12th; The North British Daily Mail, Jan. 13th; The Port Louis Commercial Gazette, Nov. 27th; The Southwestern Times, Jan. 8th; The Lancaster Gazette, Jan. 15th; The Edinburgh Evening Courier, Jan. 14th; The Aberdeen Courier, Jan. 13th, &c.

COMMUNICATIONS, LETTERS, &c., have been received from:—

Mr. F. Beach, London; Mr. E. Cheate, Revesby; Mr. W. W. Humby, Bourne-mouth; Mr. Ross, London; Dr. Bott, Bury; A Student; Messrs. Fannin and Co., Dublin; Mr. W. Cantrell, Wirsow; Dr. E. Lund, Manchester; Mr. A. G. Brown, London; Mr. C. Bradley, Liverpool; Dr. Tate, Woodbridge; Mr. G. Chapman, Brierley Hill, Staffordshire; Mrs. Sladden, Ash, Sandwich; Mr. J. B. Davies, Manchester; Mr. W. Kendle, London; Dr. Jay, Scarborough; Mr. Plant, Broseley; Peters, Liverpool; A. T. H. Wors, Liverpool; Dr. C. Kidd, London; Dr. C. Currie, Manchester; M.D. Birkenhead; Dr. O. B. Shaw, Edinburgh; Mr. A. Higginson, Liverpool; Messrs. W. V. Wright and Co., London; Dr. Mackey, Waterford; The Hon. Sec. of the Ethnological Society; Dr. Nelson, Downpatrick; &c.

LETTERS, &c. (with enclosures) from:—

Mr. Augustin Frichard, Clifton, Bristol; Mr. Wheelhouse, Leeds; Dr. Routh, London; Mr. S. Hey, Leeds; Dr. Wade, Birmingham; Madame Brenner, London; Dr. W. B. Cheadle, London; Dr. E. Lankester, London; Mr. T. Watkin Williams, Birmingham; Dr. Britton, Driffield; Dr. J. M. Bryan, Northampton; The Registrar-General of England; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; Mr. T. M. Stone, London; The Registrar of the Medical Society of London; Mr. D. Bradley, Dudley; Dr. J. Rogers, London; Dr. T. A. Buck, London; Mr. T. Annandale, Edinburgh; Dr. Protheroe Smith, London; Dr. J. Waring Curran, Mansfield; Mr. J. S. Sams, Lee; Dr. Frederick J. Brown, Rochester; Messrs. Harvey and Reynolds, Leeds; Dr. Armstrong, Manchester; Mr. A. A. Norton, London; Dr. Letheby, London; Messrs. Francis and Grant, Market Harborough; Dr. Tucker, Sligo; &c.

## BOOKS, &amp;c., RECEIVED.

Nocturnal Enuresis and Incontinence of Urine. By F. G. Snelling, M.D. New York: 1869.

Faraday as a Discoverer. By John Tyndall. New Edition. London: 1870.

The Half Yearly Abstract of the Medical Sciences. Edited by W. D. Stone, M.D. & C. S. (Edin.). For July to December, 1869. London, Edinburgh, and Dublin: 1870.

Report of the Sanitary Administration of the Punjab, 1868. Lahore: 1869.

Report on the Cholera of 1865-66, and its Relations to the Cholera of Previous Epidemics. By L. Bryant, M.D. Geneva: 1869.

A System of Surgery, Theoretical and Practical, in Treatises by Various Authors. Edited by T. Holmes, M.A. Vol. II. London: 1870.

St. George's Hospital Reports. Edited by J. W. Ogilby, M.D., and T. Holmes, M.D. London: 1870.

Winter and Spring on the Shores of the Mediterranean. By J. Henry Bennett, M.D. Fourth Edition. London: 1870.

Medicine, Disease, and Death. By Charles Elam, M.D. London: 1869.

Conseils d'Hygiène aux Étrangers à Londres. Par le Docteur Charles Bernardet. Londres: 1870.

An Address on the General Principles which should be observed in the Construction of Hospitals, delivered to the British Medical Association at Leeds. By Douglas G. Galton, C.B. London: 1869.

Notes on Asthma; its Nature, Form, and Treatment. By J. C. Thorowgood, M.D. London: 1869.

Report on the Sanitary Administration of the Punjab for 1868. Lahore: 1869.

## REMARKS

ON

## EPIDEMIC ROSEOLA; ROSELLA, ROSALIA, OR RUBEOLA.

By WILLIAM SQUIRE, L.R.C.P.Lond.

THE term "roseola," if restricted to the symptomatic rose-rash by definition not contagious, would be inapplicable to the exanthem now epidemic. When, some ten years ago, attention was called to the prevalence of this form of eruption by the late Dr. Babington, under the name of Rubeola Notha, rubeola had become with us such a general medical term for measles, as to necessitate the suffix *notha*. We, not having different popular names, like the German R $\ddot{o}$ theln and Masern, to apply to these two diseases which have great outward resemblance, and coming to the observation of this one under such names as false measles or secondary measles, were slow to recognise it as a distinct exanthem, and became unsettled in our views of the more serious malady. Had the points of distinction between the two been more closely investigated, we might have established for this, under the name of rubeola, the independent place it claims among the exanthemata, and have restricted to measles the one scientific name, morbilli, by which alone it is designated in the nomenclature of diseases of the College of Physicians.

Rubeola, then, though the correct appellation for this exanthem, cannot at present be applied to it in this country without perpetuating that confusion of it with measles which leads to error in our estimate of the malady under treatment, and of its protective influence; meanwhile, let it be considered as the equivalent of the popular roseola, which has only of late been appropriated by the dermatologists, and is either used by them with a prefix to denote the special meaning it is to bear, or, when spoken of in more general terms, is evidently made to include this disease, the proof of contagion being absent: in this sense it has also been termed roseola. When the evidence of contagion was obvious, it has either been described as *rubeola sine catarrho*, or as an ailment with symptoms intermediate to those of measles and of scarlatina, and then called rosalia. This name seems to have been applied both to measles and to scarlatina, and is, therefore, objectionable. It appears in an enlarged edition (1839) of Hooper's *Medical Dictionary*, whence is abstracted the following account of roseola.

"It is distributed into several small patches, of various figures, but larger and more irregular forms than in the measles. It is at first red, but soon assumes its deep roseate hue. The fauces are tinged with the same colour, and a slight roughness of the tonsils is felt in swallowing. The rash continues vivid through the second day; after which it declines in brightness, slight specks only remaining, of a dark hue, on the fourth day; which, with the constitutional affection, wholly disappear on the fifth."

The only correction required here to make this description applicable to the various appearances of the eruptive disease in question is, first, the great and important fact of its being contagious; and, secondly, that it is not usually distributed into separate small patches. Parts of the skin are successively affected, and present discrete, rose-red spots: these are not generally aggregated in the way peculiar to measles; and, though the part of the skin which they occupy is more or less turgid, separate bright red spots are sufficiently prominent. The period of incubation proper to this disease is a long one; at least eight or ten days, or even a longer time, may elapse before a second case declares itself; and this, together with the frequently trivial nature of the ailment, may account for the influence of contagion being overlooked.

In the majority of cases it would not be easy, perhaps hardly possible, to pronounce, from the appearance of the rash alone, that measles was not the disease present: indeed, it seems to have much the same close relationship to measles that chicken-pox has to small-pox. The period of incubation is the same in each; the points of distinction are also similar. The one great distinguishing mark between this disease and measles is, that the eruption appears on the first day of illness, always within the first twenty-four hours, and not after the two or three days of severe ailment so well known to precede the more serious disease. There is also, besides the less simultaneous appearance of the rash, the slighter amount of accompanying disturbance, so that a child kept to his bed, as he ought to be for the first day or two of this affection, is

cheerful and lively, instead of oppressed or suffering. Very often the first symptom of illness noticed is the rash; but in some cases heaviness and coryza have given warning of its appearance. Giddiness has been the earliest symptom in a very marked manner on two occasions; in a girl of 17, at church, who had the rash early next morning; and in a boy of 13, who, nearly falling in his class at school, had a most conspicuous eruption, with fever, temp. 102°, the same evening: both these cases had previously had measles. In other instances occurring in persons old enough to give an account of their symptoms, sore-throat and a feeling of roughness in swallowing have been first felt, then some aching of limbs—not enough to prevent sleep—and by morning the rash in the front of the chest, sides of the neck, and perhaps the face, have caused some astonishment on waking.

Fulness of the tonsils, with slight enlargement of the glandule concatenatae in the neck, have always been noticed. Sometimes, but rarely, specks of white, or greyish ulcers, have formed on the more than usually enlarged tonsil; and then some considerable enlargement of one of the upper cervical glands has occurred and persisted till the small ulcer has healed, which it generally does by the fifth day, when the rash also disappears, if it have not already considerably faded. Exposure to cold does not, after this, cause its reappearance. Where complete rest and warmth have not been enjoined at the commencement of the rash, considerable discomfort and some difficulty have been experienced from redness of the throat, which, though it also has subsided on the fifth day, yet has left so much subsequent debility as to show how easily a more serious form of illness than that usually met with may result.

Besides the throat-affection, always to be found on examination, though not complained of, there is also turgescence of the conjunctiva even if there be no coryza. This at first is chiefly of the palpebrae; but often, on the second day, there will be seen a pencil of vessels running across the globe to the cornea. The appetite is not impaired; there is not only no subsequent catarrh, but no pulmonary complication has been met with.

The highest temperature has coincided with the first appearance of the rash; that is to say, it has been found to occur on the first day of illness, when the patient, as rarely happens, has been seen on that day. Once only has it been found to exceed 102 deg. Fahrenheit. On the second day, the temperature is frequently found at 100 deg.; once only, in the case last given, 101 deg. in the axilla. It may sometimes be 100 deg. on the third day, generally 99 or 99½ deg. On the fourth day, it may be at 99 deg., or it may have already subsided; by the fifth day, subsidence is complete.

The intensity of contagion is less than in measles. Where more than two children occupy the same room, it is generally the one in the next bed that first takes the complaint, and is ill with it ten days afterwards. In one such case, a third child in the room escaped until another, ten days after the second, and then, more free intercourse having been permitted, three other children of the family were attacked. Where it has been contracted at day-schools, a child has been kept away a few days or a week, and, soon after the return, ten or twelve days from the first seizure, others have fallen; the same thing has happened when the child first affected has not returned to the school. Last Easter, a boy attending University College School was at home for the holidays; he complained of being tired on April 2nd. On April 3rd he had the rash, and was secluded on that day and the next. On April the 18th, two sisters, aged 17 and 16, at home with him, had giddiness, felt tired at night, and had the rash. One had left home on a visit on April 15th. A younger sister, not quite three years old, who associated less with the elder children, had well-marked rash on the 20th, with less coryza and less marked symptoms than the elder children, though they had had measles and she had not. On Nov. 16th, a little girl at a day-school had to go home with rash. On the 22nd she returned; and a schoolfellow who had been on very affectionate terms with her was kept away, fearing it was too soon for her safety to mix much with her friend, as she had not had measles, which it was supposed to have been. On the 28th she had cough, and seemed ill. On the 29th she was seen by me, with a rash out, thought not to be measles; she had no cough, and was cheerful. The temperature in the axilla that day and the next was 100 deg.; signs of the rash were still visible on the chest and neck. On December 1st, it had also appeared on the arms and legs. On December 2nd, the rash had nearly disappeared, and the temperature was down to the normal. The mother of her friend visited her, and said the rash and illness seemed to be exactly what her own little girl had had. On December 13th, a sister, sleeping in the same room, was heavy and had signs of rash the same evening. Two cousins, aged 17 and 19 respectively, who had come to spend a few days, were sent home; the elder had sore-throat on December 23rd, and the rash fully out on Christmas Day; the second, who occupied the same sleeping room, was taken ill on Jan. 3rd,





## ON THE BENEFICIAL RESULTS OF UNDESIGNED AND ACCIDENTAL HÆMORRHAGE IN CERTAIN CASES.\*

By SAMUEL HEY, F.R.C.S.,

Senior Surgeon to the Leeds General Infirmary, etc.

EVERY physician is well acquainted with what are frequently called critical hæmorrhages, in which a patient, reduced to the lowest point, from that moment steadily recovers; e.g., in typhus, hæmorrhoids, and hæmoptysis. The surgeon often meets with cases in many points analogous to those above alluded to, but they have not been prominently noticed by surgical writers.

1. Excessive hæmorrhage in severe injuries is often followed by speedy recovery, the higher and destructive results of inflammation are prevented, and sufficient power remains only for the adhesive process and union by first intention. Thus, a bad case of cut-throat, whose life was despaired of for many hours, recovered completely in eleven days. Again, in cases requiring primary amputation, where the loss of blood has been so great that the operation must be deferred for several hours, the patient not unfrequently progresses favourably to recovery without a bad symptom. This has to me often, through a long course of years, been so striking that I have sometimes ventured to predict a happy termination. In these cases, the patient seems to be reduced to the more favourable condition of one suffering from chronic disease. For example, about three months ago, I had to operate on two persons during one week for injury of the upper arm. The first, from gun-shot, had no loss of blood. The second, from severe laceration and compound fracture, was, by hæmorrhage, reduced to the last extremity. The first died speedily from traumatic gangrene; the last recovered without drawback. They were about the same age.

Numerous cases of this kind have led me to be little anxious about considerable bleeding during an operation where the antecedent effusion of blood has been slight; having, however, due regard to the constitutional condition of the patient, and his probable powers of restoration.

2. The second class of examples are those in which bleeding is beneficial, though undesigned and unwished for, and, indeed, occurring where it might seem to be the most undesirable.

A gentleman, aged 55, had in the epigastric region a tumour, ten inches in diameter, followed by ascites to the fullest possible extent. The tumour was connected with the liver, was marked with veins on the surface, and was supposed to be malignant. The skin of the abdomen and the lower extremities were excessively œdematous. Paracentesis was performed three times at intervals of six weeks. After the last operation, the patient appeared to be dying for several hours; by the use of stimulants he rallied. On the third day, a catheter was introduced through the wound; serum, very deeply coloured with blood, was drawn off, and it was then discovered that a deep-seated vein had been wounded, and its contents poured into the abdomen. From this time, recovery commenced, the dropsy disappeared, and he became again a strong and hale man, and is still living at the age of seventy-five.

3. The most common order of instances where undesigned hæmorrhage is not only useful but curative, is to be noticed in large, and deep, and intractable phagedenic ulcerations. I have seen this so often that I am almost at a loss to select examples.

A man suffered from a large and deep burn on the chest, and, after many weeks, appeared to be hopelessly sinking. A considerable venous hæmorrhage took place from the flabby granulations, and straightway they became healthy, and cicatrization and recovery took place rapidly.

Many instances have come under my notice where deep syphilitic ulcers in the groin, vulva, and nates, and on the legs, have at once cleared up on the occurrence of considerable hæmorrhage, especially where the patients had previously undergone a course of antisyphilitic treatment.

Two patients are at present under treatment at our hospital, one an in-, the other an out-patient, where the nose, lips, palate, and bones, have been to a great degree destroyed. In both instances, a spontaneous vigorous hæmorrhage has cut short the disease, and in one has led to all but perfect cure of the ulcerations, leaving only the unsightly results of destructive disease.

It was only after I proposed to write a few lines on this subject, that I learnt that my friend Mr. Jessop, formerly our house-surgeon, had, in our JOURNAL last December, noticed briefly cases where even the femoral artery had been opened by phagedenic ulceration, and the hæmorrhage thence arising had arrested the disease. Mr. Jessop now

informs me that he has, in one case of syphilitic ulceration, tested by practice the value of this teaching of the "effort of nature," by opening the arteria dorsalis penis with every good result.

I only throw out these few remarks to lead to further observation. To enter into physiological discussion would require rather a book than a short unpretending practical paper.

## CASE OF THYROID DISLOCATION OF THE HIP-JOINT: WITH AN ACCOUNT OF ITS DISSECTION.

By THOMAS ANNANDALE, F.R.S.E.,

Surgeon to the Edinburgh Royal Infirmary.

AS opportunities for the dissection of cases of recent dislocation of the hip-joint are not frequent, I trust an account of the following case may be considered worthy of a special record, more particularly as it proves, in my opinion, the correctness of the views lately published by Professor Bigelow (*The Mechanism of Dislocation and Fracture of the Hip*). This case is the fifth recent dislocation of the hip-joint which I have reduced by manipulation. Two of these were thyroid dislocations; one was a dislocation on to the dorsum of the ilium; one into the sciatic notch, and one on to the pubes. The experience of these cases, and a study of the one related, have convinced me of the importance of the Y ligament as an agent in preventing under certain conditions, and assisting under others, the reduction of dislocations of the hip-joint. I therefore cordially add this testimony to the value of Professor Bigelow's observations.

CASE.—The patient was a strong healthy man, 19 years of age, who was admitted into my wards in the Royal Infirmary, on account of a serious railway injury, in December 1869. His injuries consisted of a comminuted fracture of the right humerus, a compound fracture of the right leg, a compound comminuted fracture of the left forearm and hand, and a dislocation of the head of the left femur into the thyroid foramen. The symptoms of the dislocation were well marked, and consisted of slight flexion of the thigh and abduction of the whole limb, which was fixed in this position. The patient was too weak to admit of the removal of the injured limbs; so we contented ourselves with administering stimulants, and applying heat to the surface of the body. Under this treatment, his pulse rose a little; and, having given him one or two inhalations of chloroform, I reduced the dislocation of the hip by manipulation with great ease.

The patient gradually sank, and died about two hours after admission. An examination of the injured joint about fourteen hours after death, showed the following condition. There were slight extravasation of blood among the muscles on the anterior, outer, and posterior aspects of the joint; and extravasation of blood and severe bruising and laceration of the muscles on the inner aspect of the joint, more particularly of



Fig. 1.

the fibres of the obturator internus, portions of which had been forced into the acetabulum. The tendon of this muscle was not ruptured. The head of the femur lay in the acetabulum, and the capsular ligament

\* Read before the Surgical Section at the Annual Meeting of the British Medical Association in Leeds, July 1869.

was extensively torn on its inner and lower aspects, as is shown in Fig. 1, *a*, *b*, *c*, *d* being the edges of the torn capsule. The round ligament *e* was completely torn away from the head of the femur, and attached to it was a thin layer of articular cartilage and some small particles of bone. The anterior, and a greater part of the posterior



Fig. 2.

portion of the capsular ligament were entire; and a careful dissection of them showed, most distinctly, Professor Bigelow's Y ligament uninjured. The anterior aspect of the joint is represented in Fig. 2, *a* being the anterior spinous process of the ilium, *b* the Y ligament, and *c* the edges of the torn capsule.

## REMARKS ON POST PARTUM HÆMORRHAGE.

By H. CRIPPS LAWRENCE, Esq., L.R.C.P. Lond.,

Late Resident Medical Officer, and late Registrar at Queen Charlotte's Lying-in Hospital; etc.

UNDER the term "Flooding," or "*Post partum* Hæmorrhage," it is desired to include, in reference to the following remarks, that loss of blood, occurring after the birth of the child, either before or after the expulsion of the placenta, of such amount as to produce undue constitutional depression, and resulting from the following causes, acting singly or conjointly, viz., (*a*) inefficient uterine contraction; (*b*) limited rupture, or other morbid condition of the cervix uteri leading to hæmorrhage.

When the late Dr. Hunter urged that "Principles, not phenomena, laws, not isolated facts, are the lawful objects of inquiry," he struck the key-note of a highly scientific and life-tending philosophy.

In the sequel, detailed descriptions of individual cases will not appear, but the attention will be rather directed to the theoretical and practical value of *compression of the abdominal aorta* as an auxiliary agent, in the arrest of the above forms of uterine hæmorrhage.

While Resident Medical Officer at Queen Charlotte's Hospital, I was much struck with the valuable results attendant upon the treatment of the third stage of labour, and of *post partum* hæmorrhage, as practised at that institution. Since the practice referred to, which I strenuously advocate, differs essentially, in some of its details, from the teachings inculcated in the medical schools of this country, as far as I am aware, and also from the doctrines promulgated by English obstetrical works, I will first briefly refer to the *modus operandi*.

The patient is delivered on her left side; during and after the birth of the child, the uterus is "followed down" with the left hand, while the right supports the perineum; the funis is then tied and divided; the patient is now ordered to turn on her back, the knees and limbs are straightened, and the binder is applied *at once, before* the expulsion or withdrawal of the placenta. In applying the binder, six small blanket-pins are generally inserted into it, in the middle line, beginning below. As the first three pins are successively introduced, the binder is pulled gradually tighter and tighter; its greatest pressure is thus brought to

bear about the level of the fundus uteri; beneath the three upper pins, the binder is slackened, to allow the diaphragm to act.

In the event of flooding, actual or imminent, the following *modification* is adopted. Five or six ordinary babies' diapers are rolled up tightly, one within the other, and the last free edge is secured by small pins, so as to make a cylindrical pad, about eight inches long. This pad is then placed next to the skin of the abdomen, on the left side, *over the abdominal aorta and the uterus*, which has first been "defined," if possible, by grasping it firmly. After this, the binder is carefully applied over the pad, and the patient is now placed on her left side. A primipara in ordinary cases has no ergot given her, but each multipara takes from fifteen to thirty minims of the extractum ergotæ liquidum in water, immediately after the birth of the child, as a *precautionary* measure.

In cases of morbid contraction or undilatability of the cervix uteri or vagina, it is a questionable procedure to give ergot during the last few pains, previously to the passage of the head of the child, however desirable it may be under other circumstances, lest limited rupture of the cervix and consequent troublesome hæmorrhage ensue. In the event of severe immediate flooding, the first thing to be to adjust the pad over the abdominal aorta and uterus, *even before* removal of the placenta.

In an ordinary case, the patient is left alone for twenty minutes, though watched to see that no hæmorrhage occurs; if the placenta be not expelled by that time, examination with the finger generally finds it in the vagina, and it is removed or withdrawn by a *steady* traction of the funis. A jerking intermittent traction is most reprehensible, as it irritates the cervix, which then contracts upon the placenta, and prevents its extraction. Adherent placenta and other complications are treated upon ordinary principles.

Should the above measures fail, smart brisk slapping of the nates and vulva with cloths, wrung out in iced water, and applied over the pubes, ergot in half-drachm or drachm doses, and brandy, if necessary, also ice passed up the vagina, would be resorted to; these failing, then any of those other measures, which from time to time are advocated, and by their success are deemed worthy to be classed as precedents to act upon, in future like emergencies, might follow. All these can be carried out much more effectually now, as both hands are free to work with.

I may as well say a word here with regard to a point in the differential diagnosis between flooding from inefficient contraction of the uterus, and that hæmorrhage which arises from limited rupture of the cervix uteri. It was taught me at Queen Charlotte's Hospital by a case of most alarming flooding, in which all measures duly directed to the uterus most effectually secured the contraction of that organ, but failed to check the hæmorrhage, which rapidly continued, the blood being of a bright arterial colour. It was ultimately arrested by means of ice, placed high up in the vagina repeatedly, with injections of cold water *per anum*, and an *abdominal compress*. The ice should be broken into pieces about the size of a hen's egg, and left in the water, while the treatment is going on; the sharp edges and spicula become rounded off, and do not irritate the soft parts of the mother.

It will be evident that the *principle* herein advocated is to use greater or less *compression over the abdominal aorta and uterus, before proceeding to further measures*.

The limits of these remarks prevent any prolonged inquiry into the relative theoretical value of this principle, as contrasted with others. I would say, however, that it is by no means wished by me to undervalue or distract attention from any other methods of treatment, for each and all should stand in the relation of fellow-helpers towards the same end. I rather ask my professional brethren, in determining how they will arrest flooding, to consider first its causes, and then not only whether such and such measures are generally useful, but which measure will be the *best one to commence with*. To assist this decision, we inquire whether flooding will sooner cease, by directing the treatment in the first instance to the abdominal aorta, or to the uterus?

In flooding, the tendency to death is averted just in proportion as a greater amount of blood is kept circulating in the body, *absolutely* as well as relatively. That this result is most likely to follow an efficient arrest of the flow of blood through the abdominal aorta, will be evident upon considering how a well applied abdominal pad will act.

1. It exerts considerable equable and permanent pressure over the abdominal viscera, including especially the abdominal aorta and uterus, assisting materially to keep the latter contracted.

2. By moderating the flooding, blood is, by the pad, kept circulating for a longer time in the upper part of the body, and even in the brain itself; hence it averts syncope, which might prove fatal directly, or indirectly by inducing secondary relaxation of the vessels, and subsequent increase of the flooding.

3. It supplies the vacuity in the abdomen, caused by the expulsion of

the child, and thus tends to support, in its stead, the vena cava. In the analogous condition associated with tapping for ascites, the removal of the fluid requires to be compensated for by the support of the abdominal walls by bandages, else syncope would ensue. From these advantages attending the action of the pad, although other measures may enhance its value, they can hardly be said to supply, or supersede it, in intrinsic worth.

With regard to the blood-supply of the uterus, let me notice incidentally the origin of the two superior or ovarian arteries from the aorta or emulgent arteries, to supply the upper part of the uterus, Fallopian tubes, and ovaries; while the two inferior or uterine arteries are derived from the internal iliac, and supply the cervix uteri and upper part of the vagina; moreover, these vessels anastomose freely. The veins are more numerous than the arteries, capable of greater distension, and lie superior to their corresponding arterial branches; they have no valves, and, like the arteries, increase in size very much during pregnancy, to form the uterine sinuses.

Recollecting these facts in treatment, if attention be paid not only to the terminal exit, but also to the course through which, in the first instance, the blood has to flow, it will be understood how, on the one hand, in cases of uterine inertia, compression over the abdominal aorta and uterus, in proportion as it is used early after delivery, will assist all other measures directed to ensure permanent contraction of the uterus; while, on the other, the second class of cases, those of hæmorrhage from limited rupture of the cervix uteri, will derive more benefit from pressure over the abdominal aorta and uterus, than from securing a rigid contraction of the uterus only.

## THERAPEUTICAL MEMORANDA.

### TOXIC ACTION OF QUININE.

By THOMAS SKINNER, M.D., Liverpool.

THE following case so fully corroborates the observations of Mr. Garraway, Mr. Hemming, and Dr. Thorowgood, and is in itself so interesting, that I have much pleasure in recording the main facts. I was consulted by a lady, the wife of a clergyman in the neighbourhood. She was suffering from irritable uterus, with weakness of the lower extremities, her constitution being a delicate one. She warned me against giving her quinine; but I cared not. I told her that I could make quinine agree with any one in almost any dose. I prescribed a pill containing a quarter of a grain of quinine, thrice daily, after meals. Immediately after the second pill she had a rigor, followed by heat, and a brilliant scarlatinoid eruption all over her body, accompanied with fever, and intolerable itching; the symptoms being much the same as I have very frequently observed to follow the internal administration of tar. She was much relieved by sponging with a mixture of sal volatile, eau de Cologne and water, and subsequently dusting the parts with wheaten flour. Externally, Mindererus' spirit and ice were freely given. One remarkable point in this case is that not only did all the skin exfoliate, but it continued to exfoliate for nearly three months.

Some months after this, I was again consulted by the same lady on account of dyspepsia, combined with neuralgic headaches. Without dreaming of what the poor creature had suffered previously, I prescribed a mineral acid with quinine—half a grain to each dose. The lady never read the prescription, and she never knew of the quinine being in the mixture, until she swallowed the first dose, and then she only suspected its presence. A few hours afterwards, I was at her bedside, summoned by her indignant husband, who was in a towering passion at my stupidity. The same palliative treatment was followed by the same effect. The exfoliation this second time lasted over two months. I have since been informed by the lady's husband that the same toxic action followed one dose of quinine, administered by Mr. Batty, of this town, who was very slow to believe that his quinine was to blame, particularly in a single small dose. One year subsequently to the last exfoliation, I was again consulted by the same lady on account of irritable bowels. Having now a vivid recollection of my weakness for quinine in her case, I determined to change the medication to strychnia. One twenty-fourth of a grain was ordered, twice daily, after meals, with five minims of diluted hydrochloric acid. The effects were in every respect the same; with the exception, that the exfoliation on this occasion was over in six weeks.

Since then, I have not had the honour of being again consulted; suffice it, that the lady at present enjoys better health and spirits, and is better able for fatigue than she has been for years previously. Whether this is the effect of the remedies or not, I am at no small loss to say.

## TWO CASES OF OBSTINATE STRICTURE OF THE URETHRA, TREATED BY PERINEAL SECTION.

By RICHARD DAVY, F.R.C.S., Surgeon to the St. Marylebone General Dispensary.

### CASE I. *Imperforate Stricture at Ball: Existed for four years.*

This man, aged 20, on Feb. 27th, 1866, after a debauch, tried to expel his urine, failed, and felt something snap at the triangular ligament. Extravasation of urine occurred, which was treated by free incisions; the urine passed through these artificial outlets.

On March 3rd, 1866, aided by chloroform, I attempted to pass a Syme's staff through the stricture, but failed. I therefore cut down freely in the middle line of the perineum, divided the stricture, met with an old abscess on the left side, posterior to the stricture, large enough to admit the tip of the forefinger, and passed a gum catheter through the incision into the bladder. The catheter was not interfered with for four days; then a clean instrument was introduced along the whole course of the urethra, and so maintained for five days.

The patient convalesced rapidly; he could easily admit No. 10; the sinuses and incision healed up, and he was instructed to guard against a recurrence of stricture by an occasional self-introduction of a full sized sound.

CASE II. *Stricture of fifteen years standing: Fistulous Openings in Scrotum and Thigh.*—This man, aged 45, subsequently to a gonorrhœa, had stricture near the bulb; a tough, gristly, hard scrotum and perineum; fistulæ in his thighs, and one in the raphe of the scrotum.

Mr. Osman Vincent gave chloroform on June 20th, 1869; and a staff having been introduced as far as possible through the stricture, I cut down through a creaking fibrous tissue upon its point in the central line; as I was foiled in introducing the staff into the bladder, it was withdrawn, and the dissection was continued carefully, by division of the hardened structures, as far as the anterior margin of the prostate; where the healthy urethra was hit on again, and a No. 8 catheter was introduced from the meatus into the bladder, and there retained. He was ordered to have two glasses of sherry, and bread and milk diet. On June 24th, the wound and fistulæ were healing. He was allowed a pound of beef daily, and vegetables. On July 4th, the catheter was removed from the bladder. The man was allowed a generous meat diet, and a pint of stout daily. He was in excellent spirits. On July 20th, a full stream of urine passed through the natural channel. The fistulæ healed. He was ordered to present himself once a month at the dispensary, for the introduction of a sound.

The liberality of the governors of the St. Marylebone Dispensary deserves support, and is well worthy of imitation by such like institutions. Our committee sanctions the employment of surgical nurses, and deputes their surgeons to order meat, wine, spirits, milk, etc.; thereby giving the surgeon a fair field for operative cases, and the patients a privilege of submitting to treatment at their own homes.

## OBSTETRIC MEMORANDA.

### A CASE OF DROPSY OF THE AMNION.

By SPENCER T. SMYTH, M.D., F.R.C.S., Great Yarmouth.

[Abstract.]

LABOUR commenced in the evening of October 29th, 1869, and terminated on the 30th, at 3.30. The abdomen was unusually large for seven months. The child could not be felt, as it was high up. The membranes were ruptured by introducing the hand. A large quantity of fluid at once escaped; it could not be measured—"probably a pailful." The fœtus was a "monster." The mother made a good recovery.

### LOOSENING OF THE BONES OF THE PELVIS IN PARTURITION.

By PHILIP C. RUSSELL, A.B., M.B., Lurgan, Ireland.

[Abstract.]

THE author had his attention called to the subject twenty years ago, while attending a lady in her fourth confinement, which passed without any complication occurring. She, however, told him that Dr. Montgomery (Dublin) had attended her in a previous confinement, and had informed her that "loosening of the bones of the pelvis had occurred." She was quite unable to walk, and could feel the bones move on one another. She was ordered a strong belt to wear round the pelvis, and was at once able to walk. In a few weeks, she said, she was able to dispense with any support.



The author was consulted by a lady one month after confinement, on account of inability to walk, and almost of even standing. She pointed out the symphysis pubis as the weak part, and said she could feel the bones move. Dr. Russell could not feel any separation; but this might be owing to the lady being rather stout. A strong bandage was ordered, and the patient at once was able to walk about the room. At the end of six weeks, the bandage was left off. This lady consulted Dr. Russell after a second confinement, suffering from the same inconvenience; was treated in the same way; and again, in a few weeks, recovered.

## REPORTS

### MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

#### KING'S COLLEGE HOSPITAL.

CASES UNDER THE CARE OF SIR WM. FERGUSON, MR. WOOD,  
AND MR. SMITH.

At a recent visit to this Hospital, Mr. Mills (the House-Surgeon) kindly showed us a patient on whom Mr. Wood had operated, on Jan. 15th, for Tumour of the Lower Jaw. The patient was a woman, aged 47, and had noticed a swelling on the right side of the jaw just in front of the angle for about twelve months. She had had some pain, however, longer than that. The tumour was about the size of a hen's egg, and fluctuated freely. It had been punctured before her admission. Mr. Wood, having let out the contents by a puncture inside the cheek by the side of the gum, then removed a portion of the jaw with forceps, and succeeded in withdrawing also the wall of the cyst. No wound was made in the skin. The fang of a tooth was felt projecting into the cavity. Mr. Wood, we were informed, considered the cyst to have arisen in connexion with the sac of one of the permanent teeth.

*Lithotomy.*—We also saw a child, aged 4 years, on whom Sir Wm. Ferguson had operated a fortnight before for stone. The wound was almost entirely healed. The lateral operation was adopted.

*Excision of the Knee-joint.*—We saw a female, aged 20, who was operated on by Mr. Smith, on Jan. 8th, for disease of the knee-joint. Considerable disease of the head of the tibia was found, and a rather larger piece than usual had to be removed. The disease was considered to have extended from the tibia into the joint. The patient, so far, is doing well.

The other cases lately noted are all doing well.

#### UNIVERSITY COLLEGE HOSPITAL.

NOTES ON MISCELLANEOUS CASES.

(Under the care of Dr. TILBURY FOX.)

*Lichen Urticatus.*—Dr. Tilbury Fox has recently been testing the effects of an improvement of the personal hygiene of children affected by lichen urticatus upon that disease. He has admitted several well-marked instances of the affection, both of its acute and chronic forms, into the children's ward, and treated them with good diet and simple or alkaline baths. The cases have, with special attention being paid to cleanliness, got rapidly well. These same children have been sent home again, when the disease has recurred in all its intensity, to disappear again on being taken into Hospital, and to crop up once more on returning home. The object of these experiments has been to show how large a part inactivity of the skin, uncleanness, bad air, and the like, play in the intensification, if not the genesis, of the disease, and in inducing that malnutrition which is so frequently evidenced in it. In some cases, bugs have probably been the excitants of the affection.

*Pityriasis Nigra* (?).—Willan described a variety of pityriasis which occurred in young children who had been brought from India to England, and which was remarkable in the fact that there was a black discoloration in connection with furfuraceous exfoliation. Cazenave mentions that many cases of this disease were seen in Paris in 1828-9. English writers do not seem to have met with these cases. An instance in an adult, of what had all the appearance of a pityriasis nigra, came under Dr. Fox's notice recently. The man was 41 years of age, and had had the disease for twenty-one years. He got it in the Mauritius. The whole of the back and lateral parts of the chest are covered by an almost sooty-black desquamating discoloration; in the centre of

the chest, in front, it was much lighter. The eruption was at once seen to be the ordinary lichen versicolor, complicated by marked pigmentary deposit. The subject was of the bilious temperament, and of Spanish origin. No one seems to have hitherto suspected for the patient the parasitic nature of the disease.

#### ST. BARTHOLOMEW'S HOSPITAL.

OPERATION DAY, JANUARY 22ND.

*Strangulated Umbilical Hernia.*—Mr. PAGET operated on a lad aged 14, who had just been admitted for strangulated umbilical hernia. The case was interesting, Mr. Paget remarked, on account of the age of the patient. He had never operated on one so young before. The hernia was first noticed, as not uncommonly occurs, during an attack of ascites and general dropsy, about two years before, in connexion with rheumatic fever. The heart was affected, and a loud systolic bruit remained. Hernia of such a character generally caused very little inconvenience till middle life, when people began to become stout; but in this case, twenty-four hours before admission, while the lad was taking his dinner, he felt something "slip out from his belly," and he was soon very sick, and continued to vomit till his admission. The tumour was of the size of an egg, globular, freely fluctuating, and dusky on the surface; there was some ascites present. All attempts to empty the sac by taxis, under chloroform, having failed, it was opened, and the intestine exposed. Though the strangulation was of short duration, the intestine was of a very dark colour, and covered with lymph. Where two surfaces were in contact, they had become adherent. A quantity of bloody fluid escaped when the sac was opened, and, after the return of the intestines, clear peritoneal ascitic fluid. Mr. Paget called particular attention to this, as showing that the strangulation had been sufficiently tight to prevent the mingling of the two fluids. He also pointed out how well the lad had taken chloroform, and impressed on all present the fallacy of supposing that valvular disease of the heart contraindicated its use. On his part he was firmly convinced that old, weak hearts were the only dangerous ones.

*Necrosis of Femur.* This was a case in which Mr. Paget removed a large fragment, with considerable difficulty, from the posterior surface of the lower end of the femur. The new bony case was extremely hard, and the sequestrum was in a very dangerous locality. The knee was acutely flexed. A large wound had to be made, and acupuncture-needles were employed to check hemorrhage.

#### MIDDLESEX HOSPITAL.

CASES OF INTEREST UNDER THE CARE OF  
MR. CAMPBELL DE MORGAN.

THERE are at present an unusual number of interesting and instructive cases in the surgical wards, under the care of Mr. Campbell De Morgan, illustrating the value of certain therapeutic agents at present in use at the Middlesex Hospital. The two first cases show the results following the use of a strong solution of persulphate of iron as a styptic. It is used pretty largely in the surgical wards, and is considered by Mr. De Morgan and several of the other surgeons to be more effectual than any of the other preparations of iron.

In the Female Accident Ward there is a case of Compound Fracture of the Tibia and Fibula, with a good sized wound situated about the middle of the leg in front. On admission, the wound was well washed out with strong sulphurous acid; but the slight bleeding, which was present from the commencement, continued. The strong liquor ferri persulphatis was then poured into the wound; lint soaked in the same fluid pushed into the laceration; and a shot-weight kept on the surface of the lint. A firm hard pad was thus speedily produced, and no bad results followed. The wound now looks well, and the patient in other respects is progressing admirably.

In the Male Accident Ward, again, there is a patient whose case is very remarkable. He was admitted with a severe Compound Comminuted Fracture of the Tibia and Fibula, with considerable laceration of the tissues. Blood kept oozing from several deep points; but no bleeding vessels were detected. Strong sulphurous acid was in this case also employed, but without any marked effect. The strong solution of persulphate of iron was then tried, in the same way as in the foregoing case. Decomposition in the surrounding parts commenced on the second day, and the limb became swollen. Several openings were made, and from them a quantity of air and semi-congealed blood escaped. The limb became swollen, and diffuse cellulitis rapidly spread upwards as far as the centre of the back. An opening was made in the back of the thigh, and from this a large quantity of decomposed purulent matter flowed out. During his illness, the wounds were fre-

quently syringed well out with a solution of sulphurous acid, one part in eight of water. Notwithstanding the extent and severity of the cellulitis, the patient never showed a single constitutional symptom; his pulse never rose above 80 in the minute; his sleep was not affected; and his appetite was excellent throughout.

For some time past, Caries of the Bone has been treated at the Middlesex Hospital with solid potassa cum calce, applied locally. There are at present several cases under Mr. De Morgan's care which have been treated in this manner. In Forbes Ward, for example, there is a boy who was admitted with a large carious cavity in the tibia, with bare ragged walls. The diseased part was cut down upon, and well gouged out; a piece of solid potassa cum calce pushed into the cavity, and allowed to remain. From that time, the boy has done well, and the walls of the cavity have granulated rapidly. In Percy Ward there is a second case, under the same surgeon's care, of Caries of the Tarsus, which was treated by the same agent, and is doing well. The potass was, however, not applied in the solid form, as in the former case; but, as Mr. De Morgan prefers it, the powdered potass was taken up by lint drawn through alcohol. He believes that in this way the surrounding tissues have less chance of being damaged. The application of this remedy is, for the time, painful, but its use has been followed, in a large number of cases, with very marked and gratifying success.

In Bird Ward we saw an interesting case of Acute Idiopathic Arthritis affecting the left knee in a girl about eleven years of age. When admitted, the disease was of about fourteen days' standing; the joint and surrounding structures very painful and much swollen, measuring an inch and a half in circumference more than the right; and the head of the tibia was pushed outwards. The limb was fixed in a splint. Ice was kept constantly applied, to the immediate relief and benefit of the patient. Since that time, the progress has been uninterrupted. This treatment is considered by Mr. De Morgan of great value, provided the ice be kept constantly applied.

## ST. GEORGE'S HOSPITAL.

### CASE OF FATAL CHOREA.

(Under the care of Dr. WADHAM.)

THE patient, a girl, 15 years of age, was admitted on January 5th, under the care of Dr. Wadham. She had been ill since Christmas with chorea, which was attributed to intense excitement. The catamenia were present for the first time on admission. She was suffering from a most violent attack of chorea, grinding her teeth, screaming, and throwing herself about. No history of rheumatism was obtained, and no cardiac murmur was detected. She was ordered a drachm of antimonial wine every three hours, and half a grain of acetate of morphia was injected subcutaneously. She slept five hours. On the following day, half a drachm of bromide of potassium was added to the draught, but she was so noisy that she was removed from the wards. She gave evidences of sinking towards the afternoon, and died at half-past two o'clock. At the post mortem examination, which was made by Mr. Pick, the *rigor mortis* was noted to be slightly marked. There were a few scratches about the face and trunk. The auricular surface of the mitral valve was found covered by soft and recent vegetations. The right ovary was converted into a single cyst of the size of a walnut. The left contained a false corpus luteum. In the cavity of the uterus were found a clot of blood and much bloody mucus. The brain was much congested; the puncta vasculosa were seen to be very numerous and well marked; the brain-substance was found to be microscopically quite healthy.

## LONDON HOSPITAL.

### RELAPSING FEVER.

By the kindness of Mr. Grubb, the Resident Medical Officer, we have paid two or three visits to the wards specially set apart for cases of relapsing fever at this hospital. The arrangements appear to be very good. The fever-patients are quite separated from the ordinary cases of disease, access to the wards being obtained by means of a separate staircase. There is no overcrowding, and carbolic acid is used freely. There is, of course, a special staff of nurses, and there are four clinical clerks to make daily reports of cases. The pulse, respiration, and temperature are noted twice at least in the twenty-four hours, and other details of the cases are entered on a form, especially prepared for the occasion by Dr. Sutton.

There are now forty cases in the wards, including one of typhoid fever, and one doubtful case. One or two cases of typhus were received, but these, we believe, have not been retained. Judging from what we saw, the fever appears to be of a mild type, and, with the exception of one woman

previously suffering from advanced tubercular disease, there has been no death. The average age of the patients is twenty-six years, and they are nearly all young adults. There is one little fellow, only 2 years old, who seems to have had a mild attack, whilst there are three 48 years of age. At present, there are nearly twice as many males as females.

It is remarkable that nearly one-fourth of the cases come from one street in Spitalfields (Flower and Dean Street). This locality has long been known as a fever-haunt and a nest of crime as well. Eight more cases come from its immediate neighbourhood; the rest from Shadwell, Ratcliff, Limehouse, and Hackney.

We made particular inquiries about the mode of life and amount of food previously taken, and find that nearly half of them have been half-starved before being attacked with fever. Three had walked to London from Devonshire, Birmingham, and Cheltenham respectively. One was picked up in the street quite destitute, and taken first to the workhouse. Several had slept in casual wards; and one or two in the same houses in Spitalfields which have furnished other patients.

All the cases appear to be doing well. The chief features of the attack appear to be—great muscular prostration, muscular pains, severe head ache (acute delirium has occurred in three or four cases only), and has been much relieved by the local application of ice), profuse sweatings, slight enlargement of the liver and spleen, with considerable tenderness over the region of these organs, particularly of the latter, and, in many of the cases, vomiting. The smell of the perspiration is peculiar, almost *sui generis*. The hue of the skin is yellowish, and one case has been rather deeply jaundiced, but we have not seen any so markedly icterode as occurs in some epidemics, and as we recently saw in a fatal case in the country. Most of the cases have had one relapse; one woman has had three.

The first relapse usually occurs on the fourteenth day, although the temperature rises again about the seventh day; after the first relapse, there is either a fresh relapse or a noteworthy rise of temperature every seven days. The highest temperature we have seen on the charts was 106.4 deg., the lowest was 94.2 deg.; another was 94.6 deg.; and we are assured that these temperatures were very carefully taken. Several of the patients, indeed the majority, have had a fall to 96 degs. noted on two or three occasions. The pulse varies from 150 to 52, or even 48 in one case. The respirations are from 20 to 28, apart from bronchitis or other pulmonary complication. As a rule, the urine has not been much diminished, in some cases it seems increased. It is loaded with lithates and bile-colouring. Albumen has been noted in only two or three cases. The bowels are mostly constipated; the tongue large, flabby, with prominent red papillae, often dented by the teeth, and sometimes coated with a thick yellow fur.

There has been but little affection of the special senses; slight deafness, dilated pupils, and congestion of the retinal veins, being the chief phenomena of note. The catamenia have occurred in some of the cases, coincidently with a fall of temperature and increased frequency of the pulse. The treatment has been in some cases expectant; in others, salines, an occasional purge, ice to check vomiting and allay headache, and two-grain doses of quinine, have been employed. The appetite is good in a majority of the cases; indeed, some of those who vomited still craved for solid food.

Many of the patients are allowed meat, but the use of alcoholic stimulants seems the exception; and certainly the treatment so far appears very successful. We hope to give some further account on another occasion, but venture to suggest that, if practicable (for we know how much time these details require), it would be extremely interesting to have the temperature of a few well-marked cases taken as often as six times in the twenty-four hours, as was done in the cholera; and, also, that it would be interesting to try the effect of large doses of quinine, used to anticipate the relapse, as in the case of other intermittents.

## BRIEF NOTES OF THIRTEEN CASES OF HERNIA OPERATIONS.

(Under the care of Mr. JAMES ADAMS.)

[Concluded from page 83.]

CASE VI. *Strangulated Umbilical Hernia*.—Female, aged 46; mother of twelve children; a large fat woman. She had had the hernia for several years, and no fewer than six different times had required the application of ice and taxis to relieve symptoms of strangulation. A large portion had always been irreducible. On the morning of admission, the bowels acted; but all noon she was seized with sickness, and the tumour became painful. Ice was applied for ten hours, during which time she vomited frequently; and then the taxis was tried under chloroform, but unsuccessfully.—*Operation*. The sac was opened; a recently protruded piece of intestine of a port-wine colour was found in the centre of the tumour, surrounded by omentum, which was firmly adherent to the walls of the sac. The intestine was reduced easily. She died from peritonitis in three days.

**CASE VII. Strangulated Femoral Hernia.**—Female, aged 55. The hernia became strangulated five days before admission. When admitted, she had stercoraceous vomiting, and general appearance of collapse.—*Operation.* The sac was opened. The intestine was much congested, but did not appear to have lost vitality anywhere. It was adherent at the neck of the sack. It was all reduced. She died in three days from peritonitis. The intestine had sloughed at the seat of the stricture.

**CASE VIII. Scrotal Hernia containing Cecum and small Intestine.**—The hernia had existed twenty years, and had been strangulated forty times. When admitted, the patient was almost in a state of collapse. The tumour had been manipulated before admission, and, when I saw it, was much bruised. It was as large as a fetal head, and very irritable. The left testicle could easily be felt, and the left ring was free. The tumour, descending on the right side, extended over to the left and pushed the right testis before it. On carefully feeling the tumour, it gave me the impression that the sac had been ruptured.—In the *Operation*, the intestine was exposed very soon, owing to the superficial covering being very thin, and there being no sac. The greater part of the protruded intestine proved to be the cecum, with the appendix, behind which was a coil of small intestine. They were firmly adherent, and the small intestine was much congested. The stricture was freely divided, but reduction was impossible. He died in two days. *No post mortem* examination could be obtained.

**CASE IX. Strangulated Inguinal Hernia, with Peritonitis at the time of admission: Reduction by Taxis: Continuance of Symptoms.**—Male, aged 20. He had had hernia four years. He had worn a truss, which had been for some time useless. Two days before admission, he was at work as usual; he went home to bed at night, was sick several times, and had much pain in the abdomen. On the following morning, he found that he could not return the tumour. He continued vomiting, and in great pain, until the next day, when he came to the hospital. The bowels had not acted for two days, and he said he had not passed urine for twenty-four hours. He had, when admitted, gonorrhoea, soft sores on the penis, ecchymatous spots on the body, and appeared to be very weak and anemic, and the eyes were much sunken. Under chloroform, the tumour was (with some force) reduced, but vomiting continued, and, towards evening, became stercoraceous.—*Operation.* Finding him in this condition, I opened the sac and examined the rings; I also passed my finger into the abdomen and reached a portion of intestine. This proved to be the piece which had been strangulated; it was covered with lymph and shewed the mark of the stricture. I could find no constriction of any kind, so I returned the intestine and closed the wound. He had very severe peritonitis, accompanied by vomiting and constipation; terminating in death at the end of a week. *On post mortem* examination, the peritoneum was found inflamed at every part. In the right inguinal region, there were very strong adhesions, binding the lower portion of the ileum, which was intimately coiled on itself, firmly to the abdominal wall at the internal ring.

**CASE X. Strangulated Femoral Hernia.**—October 31st. Female, aged 50. She had a small tense femoral hernia of the left side, supposed to have been strangulated five days. The symptoms were urgent; there was great tenderness both of the tumour and of the abdomen generally. A very slight attempt at taxis was made. The sac was opened. There were recent adhesions at the neck. All the contents of the sac were returned (gut and omentum). Recovery was somewhat delayed by an attack of bronchitis; but there was no evidence of any peritonitis whatever. She was discharged cured on December 6th.

**CASE XI. Femoral Hernia.**—November 17th. Sarah B., aged about 60, had a hernial tumour in the right femoral region as large as an egg, with distinct arterial pulsation communicated to it. It was soft, not tender. Vomiting and constipation had lasted five days. Some portion of the tumour had always been irreducible. The neck of the sac was exposed, and dense bands were divided immediately external to it. The tumour was still irreducible. The sac was then opened. A piece of deeply congested gut was found adherent to, and surrounded by, a portion of omentum, which was adherent to the sac. The gut was returned, the omentum left. There was subsequently a good deal of supuration and sloughing about the wound, but no peritonitis. The patient recovered.

**CASE XII. Femoral Hernia.**—November 21st. Mary Ann B., aged 40, had had a rupture for many years, usually all reducible. It became "fixed" and painful on the 19th. Vomiting commenced on the 20th. At the time of operation, the tumour was small and tense; she had great pain in the abdomen and marked prostration. Taxis was tried for some time, under chloroform. In the operation, the neck of the sac was quite freed, after notching slightly Gimbernat's ligament. The contents were still irreducible. The sac was opened, exposing a small piece of deeply congested gut, bound down and constricted by a dense

band of fibrous tissue, which stretched across the sac. After division of this, reduction was easily effected.

**CASE XIII.**—December 7th. This case is very incomplete and unsatisfactory, as *no post mortem* examination could be obtained. Emma B., aged 60 (?), when admitted, was almost collapsed. There had been constant vomiting, and great abdominal pain and tenderness, for several days. The tumour was very small, and could only just be felt. No attempt at taxis was made at this time, as the tumour had been much handled. The sac was opened; a large quantity of reddish fluid, devoid of feculent odour, escaped. A small piece of empty gut was found, tightly nipped at the neck. The stricture was freely divided, and the gut carefully examined; but no perforation could be found, and it was just replaced within the cavity. Death ensued in three days, from peritonitis.

## REVIEWS AND NOTICES.

**A SYSTEM OF SURGERY, by various Authors. Edited by T. HOLMES, M.A., F.R.C.S. Vols. I and II. Second edition. London: Longmans and Co.**

THE new edition of the first two volumes of Holmes's *System of Surgery* is now before the public; and we congratulate the indefatigable editor on the great improvements which are apparent. The introduction of illustrations forms a main feature in this edition, but not by any means the sole one, for many of the articles bear evidence of the most careful revision by their authors. We shall briefly mention, *seriatim*, most of the articles.

Mr. Simon's masterly account of Inflammation is presented to the reader shorn of part of its glory. The researches of Cohnheim and others have made it necessary, in the opinion of the author, to leave the discussion of the "process of inflammation" till the latest period allowable in the re-issue of the System. The book-references are also left out. The remaining part of the essay has been thoroughly revised. The modern views as to the penetrability of the walls of the capillaries, the amœbiform character of pus-cells, and their power of migration, are noticed. Dr. Meissner's conclusions from his experiments on "Trophic" Nerves are given (p. 40). At p. 52 is a sketch of the views of Hallier, Salisbury, and others, as to the presence of fungi in the blood in cases of certain contagious diseases. Mr. Lister's Carbolic Acid Antiseptic Treatment is noticed (p. 74).

The Ligature of the Main Artery of a Limb for the control of inflammation, is noticed both by Mr. Simon (p. 85) and by Mr. Holmes Coote (p. 136).

In the article on Erysipelas (Mr. De Morgan), we see that Dr. Bastian's views of the explanation of the delirium, often present, are given (p. 214).

The essay on Traumatic Fever (Mr. Croft) has been transferred to this volume, and is much enlarged. Tables of the variations in the temperature in different cases have been added.

The able article on Tetanus (Mr. Poland) has received valuable additions. The researches of Lockhart Clarke and of Dickinson are noticed. A plate has been added, after Dickinson, showing the changes found in the spinal cord after death. A list of the remedies which have been employed in tetanus is given, but the doses are not mentioned. Nicotina is merely mentioned; its value, etc., not being discussed. Woogara has received some notice, but its dose and mode of administration are not stated. The summary of the treatment is as follows: "Although there is no specific remedy that can be relied on, yet, inasmuch as some remarkable recoveries have taken place from the use of certain medicines, we should at once select one of these well-recognised agents, and fully carry out the treatment with energy" (p. 332). We may confess to a suspicion that an inference quite as logical as the author's would be that the recoveries were not due to the remedies, and that it would be well to ascertain, first, how many cases will recover if left quite alone as regards specific treatment.

In the article on Scrofula, by Mr. Savory (p. 362), the experiments of Drs. Andrew Clark, Burdon Sanderson, and others, on the inoculation of tubercle, are alluded to.

Mr. Henry Lee's excellent article on Syphilis shows evidence of having been, to a large extent, re-written. The latest doctrines are put forth prominently. He does not think that any of the natural secretions will convey syphilis. He notes that the semen and other secretions have to pass over long tracts of mucous membrane which are liable to secondary affections. The secretions may thus be mixed with infected products of inflammation. At p. 453, he remarks: "The fitful and uncertain way in which syphilis is imparted by hereditary transmission from the father, and the very small number of cases in which it has been supposed



to have been transmitted by the saliva, seem to point rather to some accidental causes of contamination than to any inherent disease in the semen or in the saliva of syphilitic subjects. Such accidental causes at once present themselves to our minds when we contemplate the admixture of the diseased secretions of mucous membranes with the proper secretions of the glands." How does our author account for the transmission of syphilis to the ovum and thence to the mother years after the secondary stage has passed by in the father? There can be no diseased mucous membrane here for the semen to pass over and be contaminated by. Seeing a chapter headed "Hereditary Syphilis," we expected to find some account of the disease as met with in children, or its modes of transmission from parents, but were disappointed. The author merely discusses the question how far acquired syphilis may be modified by the presence of hereditary taint. At page 457, he suggests that an unappreciable taint may be transmitted to those members of a syphilitic family who escape the ordinary congenital symptoms, and asks whether it is possible for atavism to occur. He quotes the case of a son of a syphilitic subject who had escaped acquired symptoms, though exposed to contagion, who married, and whose wife, after some time, had an eruption supposed to be syphilitic. Afterwards an eruption appeared on the husband, which the author saw and considered a mild form of hereditary syphilitic disease. A sister, when of the age of 17 or 18, also had an eruption, which was treated with sarsaparilla. The eruption is not described, and might have been some simple form of skin-disease. We would also suggest that, in the wife's case, no evidence is given to show that she had not had primary syphilis. No mention is made as to whether any child inherited the disease. We were not aware that eruptions are common in hereditary syphilis except soon after birth, and should like to see some further evidence on this point. Mr. Lee mentions the case of a young woman who had a supposed syphilitic eruption for the first time after puberty, which he could not explain till he saw a similar eruption on the arm of the mother. No facts are adduced to shew why the mother's eruption was supposed to be syphilitic; a portrait is given in order to prove this point, but opinions will differ much as to whether it accomplishes it. (Page 458.) Under the head of "Vaccino-Syphilis," reference is made to Dr. Vienne's essay, to the cases at Rivalta and Lupara, and also to a case which Dr. Druitt saw in Paris. A sketch of the sores on the arm in the latter case is given, but no particulars as to the vacciner, etc. The explanation offered of such cases is that blood from a syphilitic child must have been inoculated with the vaccine lymph. We suppose that the discussion of the symptoms of congenital syphilis is deferred to another volume, but there is no statement to that effect. We notice the absence of any definition of syphilis or statement as to its relationship with the exanthemata. There is no sketch of the history of the disease.

Mr. Paget's original article on Tumours has been re-edited by Mr. Moore, and twelve plates of most admirable microscopic drawings are added. They are from drawings by Mr. H. Arnott, and, together with the appended descriptions, form the most available account of the histology of tumours extant.

In Mr. Poland's article on Animal Poisons, under the head of "Bites from Serpents," Dr. Weir Mitchell's researches (Philadelphia) are given very fully (pp. 677-684), as also those of Dr. Halford. At page 694, the activity of the poison of hydrophobia is said to be less than that of some others, and to be more volatile; "hence, all that are bitten do not suffer"; "only one in four matures the complaint." No mention whatever is made of the very simple explanation of escape in some cases, that the poison has been wiped off the teeth of the animal before they could penetrate the skin, etc. This is generally acknowledged, we believe. In a fatal case of hydrophobia which came under our notice, we followed up, as far as possible, others who were bitten at the same time. We ascertained that our patient (a little girl) was bitten first, in the bare leg; whereas a boy who was bitten just afterwards, not only reaped the advantage of the cleansing of the teeth in the girl's leg, but also had on thick trousers and thick stockings.

To the account of Glanders, a plate of the character of the eruption and the enlarged glands in the human subject has been added (p. 703).

An illustration of the various modes of applying acupressure is given in the article on Hemorrhage (p. 728).

We have not mentioned several of the articles for the reason that but few important alterations are to be found in them.

#### VOLUME II.

The second volume embraces the treatises on Local Injuries, and contains upwards of 900 pages, and about 140 illustrations. The woodcuts interspersed are so chosen as to be of great service in explaining the text. They are much more so than the chromo-lithographs in the first volume. Nearly all the narratives of cases are printed in small type, which is a great advantage. On looking through the book, we do not find that any very important changes have occurred during the

eight years since the last edition. Changes are more frequent in subjects of General Pathology than in those of Local Injuries.

Mr. Holmes' article on Burns and Scalds has two illustrations added of ulceration of the duodenum, opening a large arterial branch.

The essay on Fractures generally (Mr. T. K. Hornidge) has been much improved by the addition of some very good woodcuts. One shows a vertical fissure of the tibia. Another illustrates a green-stick fracture of the outer part of the clavicle. Eleven are devoted to the modes of union.

The essay on Gun-shot Wounds (Professor Longmore) has been considerably enlarged, and is illustrated by about twenty woodcuts. The valuable statistics of the Surgery of the late war, published by the American Government, have been carefully used.

Mr. Prescott Hewett's essay on Injuries to the Head has had about twenty woodcuts added. Several of them represent very unusual conditions. One shows a wound of the lateral sinus leading to fatal hemorrhage; another, fracture of the base of the skull by the condyle of the lower jaw. We should have liked to see further facts adduced as to the importance of trephining in compound depressed fractures of the skull. Professor Longmore goes fully into the question as regards gun-shot wounds (p. 175, etc.), and only advocates interference in a very small proportion of cases. He appeals to the number of cases on record where bone has been depressed and yet the brain has accommodated itself to the pressure. The statistics of the late American war are, he admits, in favour of operating more frequently; but these are not yet sufficiently complete to be trusted.

The article on Injuries of the Back, by Mr. Alexander Shaw, has been thoroughly revised, slightly enlarged, and woodcuts have been added.

Dr. Bastian's case of Concussion-Lesion is quoted, as also Dr. Lockhart Clarke's case.

The article on Injuries to the Neck now bears the signature of A. E. Durham, and has been entirely re-written. It now occupies 116 instead of 70 pages, as written by Mr. Gray. The arrangement is much more systematic, the headings facilitating reference to any particular division of the subject. Statistical tables are given of the more common situations of homicidal wounds of the neck; of cases of fracture of the cartilages of the larynx; of periods of expulsion of "foreign bodies" spontaneously; of the results of cases of "foreign bodies," whether treated by operation or without; and a further table of the results of tracheotomy is also given. The number of cases in which oesophagotomy has been performed for the removal of foreign bodies, and which are tabulated, has increased from eight to twenty-one. Of these twenty-one cases, in seventeen the operation was perfectly successful; in four the foreign bodies were removed, but death followed, though not in any way due to the operation. (Oesophagotomy has been several times practised in cases of disease, but in no instance has any satisfactory result followed. The number of cases of gastrotomy has increased from six to sixteen. They are now arranged in two tables, one comprising those in which the operation was performed for stricture of the oesophagus. These were nine in number, and the result was fatal in each. The second table shows the cases in which gastrotomy was performed owing to the presence of a foreign body in the stomach. They were seven in number, and in each case a foreign body was extracted with a successful result. Woodcuts of laryngeal forceps, tracheotomy tubes, probangs, etc., have been added. The whole essay bears traces of careful revision at nearly every page.

The article on Injuries of the Chest, by Mr. Pollard, has been enriched with woodcuts and elaborate tables, the latter embracing cases of dislocation of the ribs at either extremity, and of the sternum. Tables of 452 cases of Wounds of the Heart are given, and also of 47 cases of Foreign Bodies in the Heart and Pericardium.

The article on Injuries to the Abdomen, by Mr. Pollock, has woodcuts added illustrating the conditions of artificial anus.

The subject of Injuries of the Pelvis, treated by Mr. Birkett, is illustrated by woodcuts of a pelvis, from an old man, showing union after extensive fracture; another showing the head of the femur driven through the acetabulum; and one of old injury to the corpus spongiosum urethre. Recent cases illustrating various points have been incorporated.

The article on Injuries of the Upper Extremity has been revised by Mr. Hulke and fourteen woodcuts added.

The subject of Injuries of the Lower Extremity remains in the hands of Mr. Carsten Holthouse. About 16 pages of letterpress and 30 woodcuts have been added. A good table of the symptoms in the different injuries met with about the neck of the femur is given. Under the head of fractures of the patella, no notice is taken of the plan of treating such cases without elevation of the limb. The author evidently believes elevation to be of considerable importance. There

is no hint that the use of Malgaigne's hooks has ever been followed by a fatal result.

In concluding our notice of this part of the new edition of an almost national work, we must again record our high opinion of its general excellence. Many of the articles are without equals in this or any other language, and the addition of illustrations now made adds yet more to their value.

ON THE CONNECTION BETWEEN CHEMICAL CONSTITUTION AND PHYSIOLOGICAL ACTION. PART I: On the Physiological Action of the Salts of the Ammonium Bases, derived from Strychnia, Brucia, Thebaia, Codeia, Morphia, and Nicotia. PART II: On the Corresponding Compounds of Atropia and Conia. By Dr. A. CRUM BROWN, and Dr. THOMAS R. FRASER. Edinburgh: 1868 and 1869.

It is a great pleasure to examine a research of such excellence as the one before us; and the satisfaction is increased when, as in the present case, the results of the investigation seem likely to be of practical interest.

Although there clearly is a relation between composition (using the word in its widest sense) and physiological action, the nature of this relation is, in most cases, as yet undiscovered. It is certain, however, that physiological action does not depend simply on the presence or proportion of any particular element or elements; for, if this were the case, sugar, for instance, would have the same effect as acetic acid, and there would be at least a resemblance in action between the cyanides and the ferro-cyanides, both of which contain hydrocyanic acid. In seeking to generalise on this subject, we cannot, in the present imperfect state of our knowledge, proceed on the plan of comparing chemical constitution and physiological action in a number of cases; enough is, however, known, both of the chemistry and physiological action of a few bodies, to allow our making known changes in their constitution, and noting the action of each, before and after the chemical alteration.

The authors selected for experiment certain of the natural alkaloids, which (with the exception of conia) belong to the group of *nitrile bases*,\* and each of which has a well-defined physiological action. The necessary change in constitution was made by adding two atoms to each nitrile base, so that, instead of being *triatonic* (as in ammonia) it became *pentatonic* (as in chloride of ammonium). It was anticipated that such an addition would alter the effect of the compound on the animal economy, because it had before been proved that such alteration does follow in many cases an increase in the complexity of a molecule; while it is probable that complete saturation, *i.e.*, inability on the part of any molecule to receive further addition, often coincides with physiological inactivity.

The method pursued was to add iodide of methyl, or sulphate of methyl, to each of the alkaloids, thus producing, in the case of strychnia, for example, iodide or sulphate of methyl-strychnium, corresponding bodies being obtained from each of the alkaloids employed. The new compounds were administered subcutaneously, and by the stomach, to various animals; among which, rabbits and frogs yielded the most satisfactory results.

The conclusions drawn from these experiments are very definite, very important, and, in some cases, rather startling; in each case a short account of the action of the unaltered alkaloid is furnished for comparison. Strychnia, brucia, thebaia, codeia, and morphia, all produce muscular spasm in a more or less marked degree, they increase reflex excitability, and are followed rapidly by *post mortem* rigidity. The convulsant action of these substances is due to an influence on the spinal cord. In addition to the convulsant action of codeia and morphia, we find in these two bodies a certain hypnotic power, more marked in the latter, so that animals under their influence will fall asleep in almost any position, in the intervals between the *s. asms*.

The methyl and ethyl derivatives of these bodies (iodide and sulphate of methyl-strychnium, brucium, etc.) also have certain physiological effects in common, but these differ widely from those of the simple alkaloids. They all produce marked paralysis of voluntary muscles, but not of the heart and other hollow muscular organs; they do not increase the reflex excitability; they delay the onset of *post mortem* rigidity. They produce no spasm whatever. The complete loss of the power of voluntary movement is not due to any action on the spinal cord, nor to a change in the muscular tissue, but to the influence of the poison on the peripheral terminations ("end-organs") of

the motor nerve-fibres.\* The methyl derivatives of codeia and morphia retain the sporic effect of their respective alkaloids, but lose all convulsant action.

The results obtained with nicotia and its methyl derivatives were less decisive than in the cases above mentioned; the experiments, however, showed that the convulsant effect of nicotia (one of its actions only) was absent in its methyl derivatives.

Atropia has a somewhat complicated action. It produces convulsions by its action on the spinal cord; but it also impairs or destroys the conductivity of the sensory, and, at a later period, of the motor nerves; paralyses the inhibitory cardiac branches of the vagi nerves, and causes dilatation of the pupils; lastly, in large doses it is cathartic and diuretic. The methyl derivatives of atropia have no convulsant action, and they do not produce catharsis and diuresis, nor do they destroy the conductivity of either the afferent nerves or the spinal cord, but they produce paralysis by acting on the "end-organs" of the motor nerves. In their action on the vagi and on the pupils, they agree with atropia.

Conia, as ordinarily prepared, appears to be of uncertain composition, and to consist of two substances in varying proportions, normal conia (an *imide base*) and methyl conia (a *nitrile base*).

Normal conia probably has a curare-like action, paralysing the "end-organs" of the motor nerves.

Methyl-conia (comparable to strychnia, etc., in constitution) produces spasm of voluntary muscles, and exaltation of reflex excitability; but before death it causes paralysis, and it is found that both reflex action and the conductivity of the "end-organs" of motor nerves, are destroyed, though not always in the same order. The salts of dimethyl-conium correspond to those of methyl-strychnium, etc., both in chemical constitution, and in their action on the peripheral ends of the motor nerves.

The fatal doses of these methyl derivatives are, in most cases, much larger than those of the corresponding alkaloids; thus one-twentieth of a grain of strychnia was fatal to a rabbit, while four-fifths of a grain of sulphate of methyl-strychnium (a very soluble salt), containing two-thirds of a grain of strychnia, was followed by recovery. In the case of atropia, however, the reverse holds good, for the "lethal activity" of the methyl-atropium compounds is much greater than that of the simple alkaloid.

We are struck at once by the similarity of the methyl and ethyl derivatives of these alkaloids to *curare*, in point of physiological activity; for curare also kills by paralysing the motor nerves at their peripheral terminations, so that, "when a nitrile base possesses a strychnia-like action, the salts of the corresponding ammonium bases have an action identical with that of curare." This similarity, however, does not argue identity of composition with curaria, for the fatal dose of the most energetic of the methyl derivatives is much larger than that of the active principle of curare. The artificial curare-like bodies are, however, quite powerful enough to answer all purposes of therapeutics.

## NOTES ON BOOKS.

*Voluntary Patients in Asylums.* By STANLEY HAYNES, M.D. Edin., etc. Reprinted from the *Journal of Mental Science*, January 1870.—Dr. Haynes advocates the extension to England of the Scotch system, by which persons desirous of restraint and supervision can be admitted as *boarders*, not as *patients*, into lunatic asylums, without medical certificates of lunacy. It is believed that many persons might be prevented from becoming permanent inmates against their will, if they had the opportunity of voluntarily placing themselves under control at the onset of a dangerous uncontrollable impulse. The author agrees generally with those who advocate legislation against drunkenness, and suggests the expediency of a special report on the condition of the American "Inebriate Asylums", before decisive steps are taken at home. The pamphlet concludes with some proposed conditions for the regulation of voluntary boarders. They seem well calculated to effect their object, and to prevent anything like forcible detention against the will of the boarders.

\* The two latter points were proved by isolating a muscle or set of muscles from the general circulation, but allowing them to retain their nerve-distribution. It was found that although both poisoned and non-poisoned *muscle* retained their contractility, only the *unpoisoned* motor nerves retained their power of conducting motor impressions.

\* *L. b.* bases representing ammonium, in which three atoms of hydrogen have been replaced by three atoms of a basic radical or radicals.



## CLINICAL LECTURE ON HERNIA.

By MR. PAGET, F.R.S.

MR. PAGET said that he had chosen the subject of hernia for this morning's lecture (Wednesday last) as he had lately had under care several cases which presented features of special interest.

The first case to which Mr. Paget referred was that of a woman who, at an advanced period of pregnancy, had become the subject of an acute strangulated inguinal hernia of large size. The gut rapidly became gangrenous, and was therefore not returned at the operation; and about fourteen days afterwards, a piece of small intestine, eight inches long, came away by the wound. She began to pass fecal matter *per rectum* about three weeks after the operation, and, at the present time, very little fecal material passes from the wound, showing that the continuity of the intestinal canal has been completely restored. She aborted soon after the operation. Mr. Paget considered that this case well illustrated the importance of disturbing the intestine as little as possible at the seat of constriction in cases where the strangulated portion is gangrenous; and gave as the rule for practice, that the constriction should be just sufficiently divided to enable the finger to pass into the intestinal canal above the seat of stricture, in both directions from an opening made in the strangulated portion, so as to make sure that feces will pass freely from the wound.

Mr. Paget next made some remarks on the subject of congenital hernia and undescended testis in connection with a case of this sort upon which he had lately operated. The patient, a young man, had never suffered from hernia before, and the rupture for which he was admitted came on suddenly after a strain; he was admitted four days after strangulation had set in, and two days after the bowels had ceased to act. The testicle on the ruptured side was very small and lay in the inguinal canal.

On the subject of the condition of undescended testes, Mr. Paget remarked that they are generally imperfect and sometimes very small. In speaking of the liability of these organs to be complicated with hernia, Mr. Paget said that this liability is *nil* when the testis is completely within the abdomen, but that if the organ be situated in any part of the inguinal canal, the patient lies in constant danger of hernia. Allusion has been made to certain rare cases in which persons with undescended testes occasionally suffer from attacks of obstruction, the symptoms of which closely resemble those of strangulated hernia, but no hernia can be made out. Mr. Paget considers that, in such cases, a small portion of the gut does get strangulated for the time being, but that it is so soon again reduced.

Particular attention was drawn to the possibility of confusing an inflamed retained testis with a strangulated hernia, and the necessity of always examining the scrotum in every case of hernia in a male was insisted on. Apart, however, from the absence of a testis from the scrotum, Mr. Paget considers that the character of the vomiting is a great help to diagnosis in these cases: in *hernia*, the vomiting is free, but there is comparatively little nausea, while the nausea in cases of *inflamed undescended testis* is constant, and the vomiting comparatively slight.

Mr. Paget drew attention to the important fact, that a congenital hernia, when of large size, passes through the aponeurosis of the external oblique, instead of passing downwards into the scrotum, as in ordinary cases, so that in operating for congenital hernia, the surgeon often comes to the hernial sac immediately beneath the superficial fascia.

*Treatment of Retainable Hernia complicated with Undescended Testis.*

—Mr. Paget advised that a truss should be worn for a number of years when the position of the testis will allow it; viz., when this organ is at, or immediately outside, the external ring; but that no truss should be worn when the testis lies at the internal ring, for it may descend lower; nor when it is situated midway between the external and internal rings, for then the pressure of a truss would be insupportable. Mr. Paget mentioned five years as the smallest period after the last descent of the hernia during which a truss should be worn; but alluded to cases in which a congenital hernia had reappeared after much longer intervals than the time specified, and thought it advisable that, if possible, the truss should be worn as a permanency.

Mr. Paget made a few remarks on the case of umbilical hernia in a boy on which he operated last Saturday (see page 104). This patient has died since the operation, but no *post mortem* examination has been allowed. He had suffered severely from rheumatic fever, and subsequently from ascites; and Mr. Paget remarked that some such history generally preceded the appearance of umbilical hernia in young persons, the hernia usually appearing after the relief of the ascites has left the abdominal walls weakened and lax; and in connection with this

subject, attention was called to a museum specimen (taken from the dissecting-room, and without history), in which four herniae existed—two inguinal and two femoral—probably induced by some cause of distention acting at the points naturally weakest.

## MUSEUM NOTES.

## SPECIMENS ILLUSTRATING RECOVERY AFTER SEVERE FRACTURES OF THE SKULL.

OUR museums contain but few preparations which bear evidence as to the condition of the skull in cases of recovery after severe fractures. Such specimens are of much value in several directions, but chiefly in two; 1st, as to the kind of repair which ensues; and, 2nd, as to the history of the patient's subsequent health. In some instances, we find that the patient's after-life could scarcely be considered a gain either to himself or the community; whilst in others the recovery appears to have been perfect in all respects. We shall append some remarks to the conclusions of our notice of these specimens. In the mean time we shall be much obliged to any correspondents who can supply us with histories and descriptions of other specimens.

## THE ARMY MUSEUM, NETLEY HOSPITAL.

THIS MUSEUM contains some especially valuable specimens of injured skulls, and, among them, the following.

Nos. 2783, 2506. The calvaria of a man aged 30, showing a united fracture of the frontal bone to the left of the middle line. The fracture was caused by a blow with a broom. It is of an oval form, an inch wide and an inch-and-a-half long; the fragments slope down to a common centre, "pounded", the depression at the middle being a third-of-an-inch; consolidation is perfect. The man lived two years after his accident, but was liable throughout to epilepsy, and at length died in a fit.—[Qy. Would it not have been better to trephine?]

Nos. 2507, 2784. Calvaria of a young man who received a compound fracture of the frontal bone in the left side from a quill. He was stunned, but soon recovered, and walked to the Hospital. He refused an operation, and recovered well. Three months later, he became liable to epilepsy. Fits recurred, and finally he died in coma after a severe epileptic paroxysm. The dura mater was thickened and adherent.

No. 2835. Union after a depressed fracture of the parietal bone. No history of the accident. Probably the fracture was not compound.

Nos. 2851. From a man who recovered after a "bullet wound" of the skull (gunshot). The soft parts were much bruised, and ulcerated afterwards. He recovered perfectly. This and several other specimens show the edges of the fractured inner table well smoothed down or concealed by new bone.

No. 2511. Recovery perfect, after fracture of frontal bone, with depression.

No. 2788. (Dr. Jameson, Assistant-Surgeon, Royal Dragoons.) A depressed fracture of parts of temporal and parietal bones well united by bone. The depression in the middle is about half-an-inch. The area involved is as large as the palm of a hand (nearly). Union complete. The patient's recovery was perfect in every respect; and he had good health until his death, from fever. No history of the injury, but probably the fracture was not compound.

No. 2505. A calvaria with a long fissure (Qy., sabre-cut) in the right parietal bone. It is partly closed by new bone, and partly still open. The patient, at the time of his death, was an epileptic lunatic, of morose and violent habits. No history as to the injury.

## THE DUBLIN MUSEUMS.

*State of the Bones in a Skull, removed from a young woman.*—[No. 279 (Museum of College of Surgeons, Dublin) is the skull of a young woman in whom a fracture had occurred in childhood. In all probability the fracture was compound, and the bone was removed at the time. In the right frontal region there is a vertical cleft, passing up from the orbital notch nearly to the coronal suture. This cleft is, in parts, closed by bone, but in several places apertures pass through it, one hole being large enough to admit a cherry-stone. It was presented by Dr. Minchin, to whose courtesy we are indebted for the following valuable particulars respecting it.

"56, Dominick Street, Dublin, 20th January, 1870.

"Sir.—The case of the individual whose cranium is numbered 124, 279 in the Museum of the College of Surgeons, has not been published, and is a very interesting one. It is that of a young woman aged 20 years, who died in a violent epileptic fit a short time after admission into the hospital. All that I was enabled to learn of her history was,



that at the age of two years she fell from a window and fractured the skull. She made a good recovery from the accident, and remained tolerably well till her eighteenth year, when she caught typhus fever. From that time she became subject to epileptic fits, and after about two years she came under my care in the hospital. On the second or third day, as well as I can recollect, she died in one of these fits.

"About a quarter of an inch above the superciliary ridge, immediately over the centre of the orbit is a round hole about the size of a small bullet wound, perforating the skull completely; from this extends, in an upward direction, in a line parallel to the mesial plane, an irregular groove which is carried backward to about half an inch beyond the fronto-parietal suture. No trace of a continuation can be traced from the perforation downwards towards the orbit, the roof of which is quite smooth and normal.

"The appearance during life was that of an old ulcerated surface, like what is seen in those who have fallen in the fire at some remote period.  
I am, etc., H. MINCHIN."

*Recovery after Fracture of the Skull, with great Depression.*—In the Museum of Trinity College, Dublin, there is another interesting specimen from a case of recovery after fracture of the skull, with depression. The injury was caused by a blow from a stick in a fair in Tipperary. The lower posterior angle in the left parietal bone is depressed. The depressed area is larger than a crown-piece, and the depression is greater in its centre (pond-like). A line of fracture passes forwards through the squamous part of the temporal bone. At one part, this fracture still gapes, union having failed. In the middle of the pond consolidation is complete. The depth of the depression is perhaps nearly three-quarters of an inch where deepest. The man from whom it was obtained committed murder some years after the accident, and was acquitted on the ground of lunacy.

## COMPARATIVE PATHOLOGY.

### PERFORATING ULCER OF THE STOMACH IN A CAMEL: DIFFUSE PURULENT PERITONITIS.

THE following case is recorded by Drs. Hilgendorf and Paulicki of Hamburg in the *Wiener Medizinische Wochenschrift* for November 17th.

Roll, in his work on the *Pathology and Therapeutics of Domestic Mammalia*, says that perforating ulcer of the stomach is very rare among them. It most frequently, according to the same author, occurs in dogs; where, however, it is rarely found to extend beyond the muscular coat. In making the *post mortem* examination of a camel which died in the Hamburg Zoological Gardens on August 4th, there was found in the first stomach (the walls of which were four millimetres, or about 0.158 inch thick) an ulcer of irregular shape, notched, with sharp-cut edges, and having as its base, for the most part, the muscular coat. The ulcer measured about a centimetre in its greatest diameter; and in its centre both the muscular and serous coats were penetrated by an opening about the size of a pea. Lying over the opening in the peritoneum was a finely flocculent fibrinous deposit, about eight centimetres long by two and a half wide; it had the appearance presented by the separation of two organs that have been joined by a fibrinous exudation. The mucous membrane, for about half a centimetre behind the ulcer, was of a slate-colour; and the rest of the mucous membrane of the stomach appeared reddened. Besides the perforating ulcer, there were six others, at the distance of two to six centimetres from the first, mostly having a round or elongated form, with sharply cut edges; none of them had penetrated beyond the mucous membrane. The peritoneal cavity contained an abundance of purulent fluid, with flocculi of coagulated fibrin. The other organs were all healthy.

### THE PROPAGATION OF FOOT-AND-MOUTH DISEASE IN PIGS AND CATTLE.

(Note communicated by Mr. McBRIDE, of the Royal Agricultural College, Cirencester.)

THE milk of diseased cows is not the only article for the propagation of this exanthem in pigs. It may be communicated by the litter on which diseased oxen have lain, being used as bedding for pigs; the virus contained in it is thus brought in contact with the sensitive parts between the digits, or the mucous membrane of the mouth; further, the virus from pigs will produce the disease in cattle. It is a well-known fact amongst pig-dealers, that piggeries are privileged spots, or centres for the spread of this disease, as the virus becomes adherent to the woodwork and bedding; even the ground may be saturated with

it. The poison appears to retain its vitality for a considerable period, so that, if animals be placed in such styes, within twenty-four hours they are all lame, bleeding from the feet, and at the same time showing the other characteristic symptoms of the disease; so much so is this the case, that pig-dealers kill them at once to prevent loss. I am not aware of any cases proving the transmission of this disease from cattle to pigs, or from pigs to cattle, by infection.

### THE EXANTHEMATA OF DOMESTIC ANIMALS.

A Table showing the Chief Exanthematous Diseases of some Domesticated Animals. (Those in the same horizontal lines are intercommunicable.)

HORSE.	OX.	SHEEP.	PIG.	DOG.
<i>Strangles.</i> Probably infectious, perhaps inoculable. Occurs generally only once.				
<i>Cattle-Plague.</i> Rinderpest. (Ovine typhus.) Infectious, contagious, inoculable. Incubation-period after inoculation, 7-10 days. Infection, probably 14 to 21 days. Occurs generally only once.		<i>Sheep-Plague.</i> The same disease as Rinderpest, communicable from cattle to sheep, but less easily than between individuals of the one species. Some other Ruminants are also capable of being infected.		<i>Distemper.</i> Probably infectious, contagious, and inoculable. Occurs only once.
<i>Foot-and-Mouth Disease.</i> Infectious, contagious, inoculable. Incubation period after inoculation, 2-5 hours; after infection, about 3 days. Contagious, inoculable.		<i>Foot-and-Mouth Disease.</i> Communicable between any two species liable to it.		<i>Foot-and-Mouth Disease.</i> It occurs also in some birds, and probably in the human subject.
<i>Erysipel.</i> Infectious? inoculable. Incubation period after infection, uncertain—perhaps a week to 16 weeks.		<i>Varicella.</i> Infectious, contagious, inoculable. Incubation period after inoculation, 8-9 days. Infection, 7-10 days; generally 9 days. Occurs only once.		<i>Typhoid Fever.</i> Infectious? identical with human typhoid.

It will be seen from the above list, that the exanthemata which have as yet been proved to occur in the domestic animals, are much fewer than those which affect the human subject. Probably, however, our information is as yet very incomplete.

**HICCUGH TREATED WITH MUSTARD.**—Dr. Januarez reports in the *Siglo Medico*, the case of a Spanish physician, who, during convalescence from an attack of enteric fever, had obstinate hiccough, which lasted three days, in spite of antispasmodics, narcotics, counterirritants, etc. He desired his wife to prepare him some infusion of linseed; she gave him by mistake an infusion of mustard—which had the effect at once and permanently curing the hiccough. He afterwards tried the remedy on some of his own patients, with this same result, and Dr. Januarez has given it successfully in three cases where the symptoms had lasted several days. The dose is a teaspoonful of mustard in four ounces of boiling water.—*Bulletin Général de Thérap.*, January 15th, 1870.

## SELECTIONS FROM JOURNALS.

**CATAMENIAL INFLUENCE ON MILK.**—The occasionally poisonous nature of the milk at the menstrual period is well illustrated by a case of Dr. N. Hobbs's in the *Western Journal of Medicine* for January 1869. A child at the breast was attacked on four separate occasions with sickness, diarrhoea, and convulsions. These attacks lasted a few days only, after which the baby quite recovered. They recurred at regular intervals, corresponding in date with the appearance of the catamenia in the mother. Lastly, after the child was weaned, it had no return of these attacks.

**SPASMODIC STRICTURE OF THE OESOPHAGUS IN CONNECTION WITH HYSERIA.**—M. Broca was consulted by a young married woman aged 26, suffering from spasmodic contraction of the oesophagus. Its spasmodic character was proved by its occasional disappearance for a short time. M. Broca first tried dilatation with probangs, but without success. The largest size could often be passed; but the almost instantaneous occurrence of spasm made it very difficult to withdraw the instrument. M. Broca then had a leaden bullet made, with a deep groove round its middle. He intended this to remain for some hours in the stricture; this, too, proved unsuccessful. He then determined to try dilatation with forceps, and had a pair made, the blades of which remained parallel when open. This instrument proved completely successful, and there had been no relapse for two years. Since the operation, the patient had been attacked with spasmodic contraction of the sphincter ani, which yielded, like the other, to forced dilatation.—*Bulletin Général de Thérapeutique*, 30th August, 1869.

**ORIGIN OF THE FIBRINE OF THE BLOOD.**—Dr. Heynsius has been making a series of experiments tending to show that the quantity of fibrin which can be obtained from blood (by whipping, etc.) is larger than that of the fibrin-forming substance which can be separated from the plasma. He thinks, therefore, that the albuminoid substance of the so-called stroma of the blood-corpuscles contributes to the formation of fibrin. The corpuscles can furnish fibrino-genetic as well as fibrino-plastic substance.—*Quarterly Journal of Science*.

**POISONING BY TANSY.**—A case of poisoning by the oil of tansy is recorded in the November number of the *Canada Medical Journal*. Dr. Aldridge was called to an unmarried lady (who was *enclinte*) late one evening, and found her perfectly unconscious, though not profoundly comatose. Her pulse was feeble and somewhat frequent. The pupils were slightly dilated. He fancied he could detect the odour of tansy on her breath, but was told she had been drinking camomile tea. A dose of ammoniated tincture of valerian was ordered her. In half-an-hour she vomited, and the vomited matter smelt strongly of tansy. The emesis was encouraged. In a couple of hours she was so far recovered as to talk. The next morning all symptoms were gone. The quantity taken was said to be "not more than half a teaspoonful of the oil." No miscarriage followed.

**PROLONGED ACTION OF NITROUS OXIDE.**—Prof. T. G. Thomas reports the case of a girl who remained partially under the influence of nitrous oxide for at least four days; she was conscious and understood what was said to her, but did not know when she was. Another case in which the effect of the gas remained for four days was mentioned.—*New York Medical Gazette*, Jan. 8.

**PSORIASIS AND DYSPEPSIA.**—Prof. McCreedy, in a clinical lecture on psoriasis, notices that dyspepsia occasionally alternates with psoriasis on the fingers.—*New York Medical Gazette*, Jan. 8.

**ETHER VERSUS CHLOROFORM.**—Dr. Lyman B. How, in his "Report on Surgery," deprecates very strongly the use of chloroform as an anæsthetic. He does not use any new arguments, but condemns chloroform for the simple reason that it does sometimes kill, and extols ether, which he assures us is not known to have caused a single death of late years.—*Boston Medical and Surgical Journal*, Dec. 23, 1869.

**SOURCE OF FREE HYDROCHLORIC ACID IN THE STOMACH.**—Professor Horsford of Cambridge, Mass., considers that the free hydrochloric acid is produced by the reaction of acid phosphates, found in the stomach, in the alkaline chlorides. This free acid, then, coming in contact with the epithelial cells of the gastric tubules, bursts and destroys some of them, thus forming pepsine.—*Quarterly Journal of Science*.

## NOTICE.

THE ANNUAL SUBSCRIPTIONS TO THE BRITISH MEDICAL ASSOCIATION FOR THE YEAR 1870 ARE NOW DUE: and it is a matter of great convenience to the Association, and conduces to the efficiency of its working, that they should be paid promptly.—Members of Branches, and all others who usually receive circulars at the beginning of the year from the local Secretaries, will greatly oblige, and will prevent trouble, by PAYING THEIR SUBSCRIPTIONS TO THE LOCAL SECRETARIES, AND NOT TO THE GENERAL SECRETARY.—All other members should pay their Subscriptions without delay to the General Secretary, T. WATKIN WILLIAMS, Esq., 13, Newhall Street, Birmingham.

Members of the Association residing in the counties of Middlesex, Essex, and Hertfordshire (except those belonging to country Branches), should pay their Subscriptions to Dr. A. P. STEWART, 75, Grosvenor Street, W.; or Dr. ALEXANDER HENRY, 16, Great Coram Street, W.C.

## BRITISH MEDICAL JOURNAL.

SATURDAY, JANUARY 29TH, 1870.

## CHLOROFORM ACCIDENTS.

WE have received, during the last few weeks, numerous letters containing suggestions in reference to the selection and use of anæsthetics. A communication which we print this week, from Mr. Bader of Guy's Hospital, shows that immunity from accidents in the use of various kinds has been secured through a very large number of cases. It also contains a statement that the simple measure of turning the patient over to the left side has been found efficient in all cases of apparent danger. This is well worth further trial. It has been employed in the Eye Department at Guy's for the last six years. It has the recommendation of but little interfering with other measures, such as stimulation of the external surface, and, if not speedily effectual, might of course be at once replaced by artificial respiration.

From the Leeds Infirmary we have been supplied with facts in support of the practice of the use of diffusible stimulants (of which brandy is the best) before giving chloroform. The subcutaneous injection of morphia is also occasionally employed there in cases in which patients are unusually nervous. Dr. Eddison has written to insist, very properly, on the great importance of the recumbent position in obviating the danger from cardiac syncope.

Several correspondents have expressed their convictions as to the danger of employing a too concentrated vapour; and one of these (Dr. G. Bodington, of Sutton Coldfield) suggests that, as is done in horses, only one nostril should be employed, air being allowed to enter by the other. The other means in ordinary use for obtaining due dilution of the vapour are both more efficient and more convenient.

The bichloride of methylene and the protoxide of nitrogen both hold their ground with some of those who have learnt their use. The former has now been given in a large number of cases, with, as yet, but a single death. It is habitually employed by several ophthalmic surgeons; but the belief that it possesses any great special advantages over chloroform does not seem to increase. It is not unfrequently followed by sickness; nor are cases of alarming syncope less common with it than with chloroform.

The attention which the subject of accidents from anæsthetics has received since the appearance of our "leader" on November 27th does not enable us to materially modify the suggestions which we have published. Next to the obvious necessity for extreme attention on the part of the administrator, in order that he may take warning at the first indication of danger, we believe that the previous use of alcoholic stimulants, and the resort, if danger occur, without the loss of a moment's time, to external irritation of the skin and to artificial respiration, are the chief means of safety. The number of those who are rallied by the prompt and efficient employment of these measures, and who would

have died had they been neglected or delayed, is probably very great. Cases of apparent death (temporary death) are far from uncommon; and the measures of treatment which our *Memoranda* proposed are those which have proved successful on very many occasions, and not unfrequently under extreme conditions. Objection has been taken to the plan recommended (of irritating the peripheral nervous system by "flipping"), that it is not likely to be efficient if the patient be far gone. We may quite grant that it will not rouse one who is really dead; but the point upon which we insist is this, that it should be used the moment that alarm is felt. There is the interval between the first symptoms of syncope and the absolute suspension of vital functions, during which the nervous system is certainly susceptible of irritation. The "flipping" which we mean is such as would, were the patient awake, excite the sharpest (but transitory) pain; and it should be employed simultaneously on the cheeks, chest, abdomen, thighs, etc. It is quite capable of rousing a patient sufficiently asleep to have borne any ordinary operation without movement; and no one who has witnessed its trial in awakening a patient, after the conclusion of an operation, can doubt its power. We have no objection whatever to the employment of electricity or of bellows for artificial respiration, when these means can be obtained. We do insist, however, upon the importance of not wasting the first moments in search of remedies which are not at hand; and we do so in the conviction that, if the simple measures which we have suggested be promptly used, the more elaborate ones will be but rarely wanted.

In conclusion, we are in the strange position of having to defend one of our recommendations not only against the charge of inefficiency, but against that of "cruelty". In reply to this, it might be simply stated that, if flipping be so painful that it is "cruel", it is probably a remedy of considerable power. It is, however, scarcely necessary to reply at all to such a charge. A provincial surgeon, whose death we had to include in last year's list, mentioned to the writer the following fact, which happened, we believe, to himself. He was called one cold winter night to the seaside, where a wreck had occurred. Kegs of brandy had come on shore, and his patients were men who were dead drunk. Having done what was necessary, he rode home; and, on his way, found a man lying in drunken sleep in a hedge-bottom. As the readiest means of resuscitation, he sat on horseback and flogged him. After some minutes, the man was sufficiently roused to growl out an inquiry, "What are you flogging me for?" and was answered, "If I don't flog you, you'll die." He had sense enough to rejoin, "Flog away, then." We think that, for a prize for practical wisdom, this boor might have ventured into not unhopeful competition with our critic.

#### CONTROL OF PROSTITUTION.

He who takes interest in the study of opinion, will find a wide field in the discussion upon which we are entering as to the best modes of dealing with sexual evils. The subject is in itself very complicated; it presents many sides; it is one which interests everybody, but respecting which comparatively few know the facts. It is one upon which nearly every one will form an opinion, hold it strongly, and express it, probably, with vehement denunciation of all opponents. In nine cases out of ten, the denunciator will be perfectly honest, and will, when, according to the side which he has taken, he describes those who do not agree with him as the wilful palliators of vice, or as the narrow-minded victims of prejudice, say only that which he believes to be true. These differences of opinion result quite naturally from our different points of view; and we are well aware that it is useless to protest. A moral middle-aged gentleman, who has married in early life, and who has lived throughout in the guarded and comparatively innocent *entourage* of country life, may be well excused if he do not regard the prevention of the venereal distemper in the same light as a surgeon to the Lock Hospital. If he thinks of the ocular and instrumental inspection of women as a means of securing immunity which could never have been conceived of but by a degraded and filthy mind, it is no more than we

must expect; nor can we wonder if he believes that there is a considerable section of the community who would gladly see that which he regards as heinous sin rendered as safe as it is pleasant. He recoils with righteous horror from such proposals as those now afloat. He regards them as schemes for taking vice under State protection; nor is his antipathy to them lessened by the deep conviction that they are one-sided and selfish, and that they will result in degrading the one sex for the service of the other. That men of this stamp are abundant in England—men ignorant and prejudiced in all that relates to the details of sexual irregularities, is no disgrace to us; it ought to be our pride. Would that we could do what is needed without thrusting loathsome knowledge upon them; would that it were safe to intrust the matter privately to Mr. Acton, with instructions to publish no more books, but to manage all for the best in the quietest possible manner. The mere knowledge of the facts of sensuality often results in degradation of the mind; and there is an aspect of this question to which Sancho Panza's caution to his master after his morning's mishap is in every way applicable, "The more you stir it the worse it will stink."

If, however, such prejudices and such ignorance are excusable, or even laudable, in educated men, they become more than meritorious when met with in the gentler sex. We cannot bring ourselves to feel any warm zeal for that kind of instruction which should induce the women of our land to regard with approval the Act which it is now proposed to extend. The Ladies' Association, which has just been formed to oppose it, whilst it fails to obtain our good wishes, secures our sympathy. It is a perfectly natural expression of womanly sentiment on a matter of great moment to the sex. With respect to Miss Nightingale and her coadjutors, we have but one regret, and that is not the side which they have taken, but the fact that they should have thought it desirable to take any side at all. The interests of the two sexes are, in this matter—may we not add, and in all others—so absolutely identical, if they are only rightly understood, that the investigation of it and all public action in respect to it might, we think, have been suitably left to that sex which alone has any hope of understanding it, and to which alone, with the rarest exceptions, its study can be considered suitable.

The camp of opponents to the proposed extension of the Contagious Diseases Act will then naturally contain all those who, whilst they have retained purity of mind and zeal for morals, have not had those qualities counterbalanced by the acquisition of special knowledge. It will enlist almost the whole of one sex and many of the best and warmest-hearted of those belonging to the other. In addition to those whose main motives for allegiance are moral and æsthetic, it will possess the support also of a small section of men of excellent information on the subject, and free from prejudice, but who are by no means convinced that the proposed measures would effect any material amount of physical good.

These remarks have been well illustrated by a long letter which has just appeared in the *Pall Mall Gazette* from the pen of Miss Garrett. The medical training of the writer, her knowledge of what syphilis is, and of the extreme inequality with which its penalties fall, has enabled her to take the side on which probably a majority of our profession are ranged. She defends the proposal for extended legislation, and does so in terms which are characterised by caution, candour, and sound sense. We have not read any better summary of the arguments for and against than our fair *confrère* has supplied. The clearness of Miss Garrett's views, however, by no means leads us to regret that she is amongst her sex almost in a minority of one. The difficulties of the case are necessary results of its complexity. There is morality on one hand—there is syphilis on the other. If prostitution were not complicated by moral questions, sanitarians would certainly know how to deal with it so as to reduce its influence for physical evil. On the other hand, were it attended by no such disease as syphilis, no one in his senses would propose that the vice should be in any degree whatever recognised by the State. Every argument that could be used as to the Christian duty of attending to the welfare of prostitutes might be met



by others of tenfold force. We repeat that it is the problem of balancing morality against physical health which makes the question so difficult and causes so much difference of opinion.

To the advocates of interference we have one piece of advice to give, and that is, to meet opponents fairly. Let us have no special pleading and no concealment of facts. The gross exaggerations in which some writers have indulged, so far from helping the cause, will retard it. What is wanted, is a full and impartial examination into all aspects of the question. Neither prostitution nor syphilis are new evils, and there is no reason why we should hurry to attempt reforms, respecting the desirability of which the bulk of the nation is by no means decided.

#### THE LORD-RECTORSHIP OF THE ABERDEEN UNIVERSITY.

SINCE November, the public of Aberdeen and its neighbourhood have been in a state of some excitement in connection with the election of a Lord-Rector to the University; and the warmth of feeling displayed by the students in the matter has been unprecedented, excepting perhaps on the occasion of Mr. Maitland's election, when the supporters of Sir Andrew Leith Hay disgraced themselves by inflicting bodily injury on their legally elected Lord-Rector. The present election is happily, however, unprecedented in another sense. It will be understood that the votes of the students are given in four "nations"—a custom of the University of Paris in the thirteenth century, and adopted by its younger sister the University of Aberdeen. On the election-day, December 24th, Mr. Grant Duff received the support of two out of the four nations, while Sir William Stirling Maxwell carried the remaining two; there was, however, a numerical majority of students in favour of the former gentleman. In such a conjuncture, the ordinance provides that the Chancellor of the University (who happens at present to be the Duke of Richmond) shall give the casting vote. On learning the result of the voting, Sir W. Maxwell expressed to the Chancellor a hope that he would be guided in his decision by the wish of the majority of students. After a delay of three weeks, the Duke of Richmond announced that he had given his support in favour of Sir W. Maxwell; but now that gentleman, as we hinted he would do last week, has promptly and, we think, most honourably, declined to be placed in so false and unenviable a position as it was anticipated he would accept, thus reasserting the principle of his previous wish to the Chancellor the Duke of Richmond, who, it seems, has given no reason for the assumption on the part of any one to presume that he has the least acquaintance with, or real knowledge of, the interests of the University. A laborious candidature being thus frustrated, it becomes necessary, it is alleged, to institute a fresh election at a most unfortunate time, when the students ought to be preparing for the examinations which take place in April. Doubts, however, are now thrown on the legality of a fresh election. Whether such honourable conduct as that displayed by Sir William Maxwell, or the mistaken but not the less excusable disregard of popular liberties shown by the Chancellor, were unanticipated by the framers of the ordinance, it is difficult to say; but in any case they do not seem to have contemplated the possibility of an election being nullified, and they have accordingly made no provision for a second election. The Senate has resolved to take the opinion of Edinburgh counsel as to the course it ought to adopt under the circumstances. Whatever steps may be advised, the election has brought prominently before the public the absurdity of keeping up a mediæval custom in the election of Lord-Rector; which, however much good it may have at one time possessed, has on more than one occasion led to serious inconvenience and great dissatisfaction among the students. If the privilege of electing the Lord-Rector be put into the hands of the matriculated students of the University, it should be placed beyond the reach of any one to interfere with the proper exercise of the privilege; and that students of the Aberdeen University are able to discriminate who is the most suitable person for the office of Lord-Rector is evident from the fact that they, three years ago, con-

ferred their votes on an eminent educationalist—Mr. Grant Duff; and they had the satisfaction, a few weeks since, of seeing the fruit of that gentleman's labours in the adoption, by the Senatus, of a more liberal and modern programme of studies.

#### DR. McDOWEL'S DISMISSAL.

A COPY of the correspondence between the Governors of Sir Patrick Dun's Hospital, the Board of Trinity College, and Dr. McDowel, has been forwarded to us. Dr. McDowel has very properly printed it in defence of his own character. A more gross case of injustice can scarcely be conceived; nor could it well have been inflicted with greater discourtesy.

Dr. McDowel was dismissed from his appointment without notice, without any satisfactory examination into the circumstances of the case, and upon a charge which was in itself trivial. A patient was admitted with a contusion of the head, and was seen by Dr. McDowel on the day of his admission. In the evening of the same day, the man was worse, and Dr. McDowel was sent for; but, in his absence from home, Dr. Butcher attended for him. On the following day, Dr. Butcher was again in the hospital, and prescribed for the man; and, in consequence, the resident pupils did not think it necessary to summon Dr. McDowel. On the third day, the latter attended, and learned for the first time that his patient was not doing well. After this, Dr. McDowel's attendance on the case was unexceptionable. The omission to visit a patient respecting whom he had no reason to know that there was anything serious, and on a single day only, was therefore his whole fault. There is no proof of general irregularity of attendance, nor any attempt to insinuate it, excepting that it is alleged that he frequently omitted to go to the hospital on Sundays.

We understand that the professional feeling in Dublin is strongly in favour of Dr. McDowel, and that general indignation is felt at the manner in which he has been treated. We hope to hear that a movement has been organised to endeavour to secure a re-investigation of his case.

#### AMALGAMATION OF THE MEDICAL SOCIETIES.

A MEETING of the delegates was held on Monday last, for the final consideration of the resolutions which had been drawn up for the consideration of the various societies. Some changes were, however, proposed in the general scheme, an outline of which we gave last week. The Obstetrical Society object to the formation of a Medico-Chirurgical Section, and insist on its division into a Medical and a Surgical Section: the present Fellows of the Royal Medical and Chirurgical Society, however, becoming members of both these sections. This was carried by a small majority. The Obstetrical Society also wishes a larger representation in the Council; and proposes that an arrangement should be come to by which a President should be appointed from the Obstetrical Section in rotation with the Medical and Surgical Sections. This request was not, however, pushed. It was also resolved that a certain number of members of Council should retire every year. There should be four meetings in the year of the Society of Medicine for the discussion of medical subjects. No further changes worth recording were made in the scheme. The remaining resolutions have all been reconsidered, and are being printed. They will then be brought before the various societies as early as possible.

It is a pity that, after certain resolutions had been agreed upon, and considerable unanimity appeared to exist amongst the delegates, an attempt should be made to upset the whole scheme by the reintroduction of questions which had already been fully debated, and this when the Committee had met together for the final consideration of the resolutions which had previously been agreed to. If it were known to any of the delegates that their societies would not agree to the resolutions that were brought before their notice, it was their duty to say so whe

the first vote was taken upon them, and to leave the scheme to be worked out by those who did not entertain similar objections. It is unfair to waste by this proceeding the time of the other members of the Committee. If any one of the societies refuse co-operation, we see no reason why a scheme for the formation of a Society of Medicine likely to do much good to medicine should be abandoned. The resolution recommending the separation of medicine and surgery is, in our opinion, a most deplorable one, and fraught with the most serious consequences.

CAPTAIN DOUGLAS GALTON has been appointed to the Directorship of Works and Buildings, a new office under the First Commissioner of Works.

THE foundation-stone of a new Hospital and Dispensary has been laid at Rotherham. The Earl De Grey and Ripon presided. Miss Nightingale of Rotherham has promised £1,000.

PROFESSOR WILSON will commence his lectures at the Royal College of Surgeons on Monday next. As there will be no Hunterian Oration this year, on the 14th proximo, Professor Flower will commence his course of lectures on that day.

AN Infirmary for Sailors and an Institute are about to be established at Holyhead, by the exertions of the Hon. William Owen Stanley, M.P. for the Boroughs and Lord Lieutenant of the County, and Mrs. Stanley. Upwards of £1,500 has been already subscribed, and the Government have given a free site for each building.

DR. REGINALD SOUTHEY has been appointed Physician to St. Bartholomew's Hospital.

THE inquiry, by the Poor-law Board, into the St. Pancras Workhouse case, was resumed on Thursday.

A QUARTERLY meeting of the Poor-law Medical Officers' Association was held on Wednesday last. A report of the proceedings will be given in next week's JOURNAL.

#### DEATHS IN A CROWD.

A LAMENTABLE occurrence, similar to that lately recorded at Bristol, has happened at Liverpool. Fifteen persons have been killed while a panic-stricken crowd tried to rush out of a Roman Catholic church through one small doorway. The ages of the fifteen persons will be seen to contrast with those of the sufferers in the Bristol catastrophe, who were mostly under 20. Of the females, three were about 50, one was 25, one 13, and the ages of two not known. Of the men, four were middle-aged (30, 40), one was 71, one 60, one 11, and one 7. Of the whole, five were above 50, four middle-aged, one was a young adult, three were children; and of two, the ages were unknown. Nine out of the fifteen had reached or past middle life. The inquest is adjourned.

#### THE USE OF PIGMENT IN THE SENSE-ORGANS.

AT the meeting of the Royal Medical and Chirurgical Society on Tuesday last, Dr. William Ogle, one of the secretaries, contributed a very interesting paper on some points in relation to the physiology and pathology of the sense of smell. Among other matters to which he alluded, was the function of the pigment which is found in the sense-organs. Pigment-cells are present in close contiguity to the nerve-matter, not only in the eye, but also in the olfactory region and in certain parts of the internal ear. In the eye, it has been taught by physiologists that the function of the pigment is to absorb the excess of light; but as to its use in the nose and ear nothing, so far as we know, has been said. Dr. Ogle, taking into consideration the presence of pigment in the sense-organs, and the fact that the essential property of dark colours is to absorb light, suggested that sight, hearing, and smell, were each dependent on peculiar undulations of matter which it was the function of the pigment to absorb and then communicate to the sentient extremities of the nerves. In support of the view that the

presence of pigment was connected with the sense of smell, he said that, as far as his observations had extended, pigment was more abundant in animals having a highly developed sense of smell than in those whose smell was less acute; and pointed out that, as regarded races of mankind, smell was most acute among the dark-skinned, in whom the abundance of pigment on the integument was an *à priori* argument of its supply in other parts. He referred also to a case reported some years ago, in which a negro had gradually lost his colour—while at the same time his sense of smell became impaired. The question raised by Dr. Ogle is one which requires, of course, further research before it can be settled; but, as a physiological and physical problem, it is of great interest.

#### LEEDS FEVER HOSPITAL.

THE Annual Report of the Leeds Fever Hospital gives the number of patients as 627. Nearly all the cases were typhoid, typhus, small-pox, or scarlet fever. The epidemic of the latter is lessening. Small-pox is less common, and the protective effects of vaccination are considered to be proved by the daily experience of the hospital. There has been no case of relapsing fever. The death-rate of typhoid has not reached 15 per cent.

#### "HOSPITAL SUNDAY."

A CONTEMPORARY has been most worthily advocating a hospital Sunday, on which day a church collection should annually be made towards the support of the hospital or hospitals in the locality. It brings forward the case of one or two English provincial towns in which the custom is observed. This plan of collecting funds is a very old and admirable one, and has been very generally in force for many years throughout Scotland. Our contemporary will have no difficulty in obtaining information on the subject.

#### A DOUBTFUL SURGEON COMMITTED TO PRISON.

GEORGE BROWN of Silverdale, said to be well known in the neighbourhood as a "Surgeon", has been sent to prison for six months, with hard labour. He had committed an indecent assault on a girl nine years of age. He was intoxicated at the time; and during his trial behaved in a most excited manner. He arranged a miscellaneous collection of bottles, scales, a drumstick, a pair of gloves, etc., before him, and tried to interrupt the evidence by absurd speeches, giving rise to the suspicion of his being insane. The magistrates did not send him to the County Asylum, as they thought "that if he were kept from spirits for some time, he would be sane like other men."—[We cannot find the name of George Brown in the *Medical Directory*.]

#### WISE SANITARY PRECAUTION.

A SALE of furniture, announced for the 21st inst., at 13, Buckingham Palace Road, was stopped by order of Dr. Aldis, the Medical Officer of Health for St. George's, Hanover Square; and a notice was left by the Inspector under the twenty-second section of the Sanitary Act, in consequence of the house being infected with scarlet fever.

#### DUST AND DISEASE.

PROFESSOR TYNDALL delivered an exceedingly able and interesting lecture on the above subject on the 21st inst., at the Royal Institution. An abstract will be found in another column. We all know that, when a ray of bright sunlight enters a room, particles of "dust" are at once revealed floating about in the air. Many of us have probably regarded this dusty beam with curiosity, mixed with dismay when we reflected that the same amount of dust was diffused in other parts, and inhaled by us when we breathed. Any uncomfortable feeling on this score soon gave place to the indifference with which microscopic revelations of the forms of organic life in drinking-water are treated. Now, however, a new light has been thrown on these floating particles by the experiments of Professor Tyndall, who has come to the conclusion that they are really organic particles, and not mere inorganic dust.

Such a result confirms the views of Professor Lister as to the importance of excluding atmospheric air from all wounds, abscesses, cavities, etc. Moreover, Dr. Tyndall finds that the organic matter can be removed by simply allowing the air to filter through cotton-wool, or by exposing it to the flame of a spirit-lamp. Dr. Tyndall was led to make his experiments because the floating particles interfered with his researches on "vapours", and he found great difficulty in getting rid of them. He wanted to get a current of air which, when exposed to a beam of light, would be invisible. He first succeeded with the flame of a spirit-lamp, which led him to the unexpected conclusion that the particles were combustible. He tried filtration through cotton-wool, after he was aware of their organic nature, as previous experimenters (on spontaneous generation) had arrived at the conclusion that such filtration removes germs from the atmosphere. Dr. Tyndall deduces the practical recommendation to wear cotton-wool respirators when we approach the bedside of any one suffering from a contagious disease.

#### VACCINATION.

DR. LANKESTER'S "Facts and Reasons" in favour of vaccination, as drawn up for St. James's Westminster, are as plain, as forcible, and as well put, as they could be. They are printed in type of fair size on one side of a single sheet of paper. We hope they will be posted up conspicuously in all suitable places, and distributed freely amongst the poor. Some months ago we directed attention to the need of such a document.

#### POISONOUS COSMETICS.

DR. HARRIS, the New York Sanitary Superintendent, in his first weekly report to the Board of Health in 1870, calls attention to cases of lead-poisoning by means of various fashionable hair-dyes and cosmetics. A letter from Dr. Sayre was read to the Board, informing them of three deaths from the use of a cosmetic. It was stated that iodide of potassium supplies the simplest test of the presence of the poison likely to be found in hair-dyes and other such compounds.

#### DEATH FROM BITES FROM A MOUSE.

THE *Sentinella Bresciana* narrates the following. Two children were amusing themselves by torturing a mouse. They covered it with petroleum, and set fire to it. In its fright, it fastened on the leg of one, and bit the hand of the other. A doctor was sent for; but it is said that, notwithstanding his attention, both the children died three days later. The asserted double fatality makes the statement less easily credible than it might have been.

#### DEATH FROM SUFFOCATION BY CHLORINE GAS.

AN inquest was held last week in Dublin on the body of a sailor named Dennis Kelly, who was found insensible in his hammock on board the *Lavinia*. The *Lavinia* was chartered to convey a cargo of lime and salt-cake from Morgan Mooney's chemical works to Antwerp, but was detained by the weather in the Liffey. All the crew were on board at eleven o'clock on Monday night, when the mate found three men insensible in their berths in the fore-castle. Poisonous vapours were escaping from the hold; and, on examination, it was found that one of the casks containing chloride of lime had apparently spontaneously ignited, and the vapour of chlorine was carried by the current of air to the fore-castle. The three men were carried to Sir Patrick Dun's Hospital. One, named Kelly, was found to be dead; but the two others have improved, and are now said to be out of danger. Dr. Richard Egan made a *post mortem* examination of the body of Kelly, and deposed that death had occurred from the inhalation of poisonous gas (chlorine). Death was not caused by carbonic acid gas. Dr. Cameron, City Analyst, deposed that he had examined the cargo. Death might have occurred from the inhalation of chlorine (from the chloride of lime), or from carbonic acid and carbonic oxide from the stove. He had no reason to think, after examining the fore-castle in which the men were, that the latter was the cause. The witness knew a case in which a vessel had to be sunk, owing to evolution of chlorine from chloride of lime, which was

being acted on by sulphate of lime shipped while too hot. A portion of the "salt-cake" (sulphate of lime), which he took out of the *Lavinia*, was sensibly warm (go to 100 deg. Fahr.) The jury recommended that all vessels having similar cargoes should be examined by the City Analyst before being allowed to go to sea.

#### LONDON WATER.

PROFESSOR FRANKLAND has reported that lately only one of the water companies on the Thames delivered water fit for household consumption. The New River and Kent Companies' water was transparent and pure, whilst that of the East London was full of "living organisms", including some which are abundant in putrid sewage. Notwithstanding this, the aggregate mortality of the metropolis has not increased. The number of deaths during the last three weeks have been 1697, 1664, and 1652. Of deaths from special diseases, those from scarlet fever and bronchitis alone show any increase.

#### A COMPENSATION CASE.

ANOTHER action, arising out of the accident at New Cross, is worthy of notice. Mrs. Simmonds complained of loss of teeth, a severe cut in the cheek, general nervous shock, and an injury to the right arm, causing paralysis. The claim was £1500, and £100 for expenses, etc. In cross-examination, the plaintiff admitted being able to move the fingers of the paralysed hand. Dr. Ramskill, Physician to the Hospital for Paralysis and Epilepsy, is reported to have given evidence to the effect that this movement of the fingers "was a physical impossibility." The case lasted the whole day. The jury returned a verdict for £120.

#### VACCINATION AT NORTHAMPTON.

THE Northampton Board of Guardians have apparently at last come to their senses, and have determined, by a majority in a full Board of twenty-six, to carry the Vaccination Act into force. We may now hope to hear a different report from that which the Government Inspector, Dr. Stevens, passed upon the Union—viz., that it was the worst vaccinated Union which he had inspected. The step just taken by the guardians appears to have been the result of a letter from the Medical Department of the Privy Council informing the Board that they would not be allowed to jeopardise the lives of Her Majesty's subjects with impunity. We hope this will act as a wholesome check upon any other Board of Guardians who may feel inclined to set the law at defiance.

#### HOSPITAL FOR JEWS IN FLORENCE.

A SMALL hospital for Jews has been lately opened in Florence. The funds have been provided partly by private subscription, and partly by a grant from the Jewish congregation in the city. Dr. Giuseppe Levi is medical superintendent; Dr. Cohen, physician; and Dr. Martini, surgeon. Six of the leading practitioners in Florence are consulting medical officers.

#### TOWN-SEWAGE.

THE British Association Committee on the Treatment and Utilisation of Sewage has issued a circular stating that a number of towns\* and private individuals have already sent in or promised subscriptions to a fund sufficient for defraying the expenses of the contemplated investigation of this subject. A special meeting of the Committee is to be held on February 15th next, to decide what further steps are to be taken in furtherance of the object in view; and it is requested that town or district authorities, who have not yet replied to the application of the Committee, will do so at their earliest convenience, by stating what sum will be subscribed, or, if it be desired not to subscribe, what is the reason for declining. Should the total amount subscribed be insufficient for adequately continuing the inquiry, it is the intention of the Committee to return the subscriptions received.

\* Southampton, Trent, Plymouth, Devonport, Exeter, Exeter, Exeter, Exeter, Maidstone, Torquay, Walsfield, Dewsbury, Hereford, West Hartlepool, Kendal, Weymouth, Bristol, Plymouth, Bristol Heath, Bromley, Brompton, Malvern, Abingdon, Abingdon, Tootock Park, Watlington Hill.



## A CASE FOR INVESTIGATION.

MR. RICHARDS, Deputy Coroner, held an inquest last week on the body of a child six months old, which was found dead by its mother in bed. It had been, to all appearance, in good health an hour previously. The child, according to the mother's testimony, had not been seen by any medical man during life; and yet Dr. Talbot, of Burdett Road, had given a certificate to the effect that the child died of convulsions from dentition, and had written to Dr. Kernott, who gave evidence in the case, to the effect that he had attended the child for a month.

## FEVER AT COVENTRY.

A COMMUNICATION has been received by the Coventry Local Board of Health from the Medical Officer of the Privy Council, together with a preliminary report by Dr. Thorne Thorne on the outbreak of fever at the Red Lane Estate. It is stated in the report, 1. That there is universal pollution of wells; and 2. That the privies and middens are in an extremely neglected state, with consequent accumulations of filth and saturation of soil. One portion of the district has a sewer, and this carries away only surface-water and house-slops; so that, with this exception, the district may be regarded as entirely destitute of proper drainage. The Board is charged by the Privy Council with neglecting to exercise the powers given to it for the removal of nuisances and for the proper supply of water. It is requested by the Council that proper steps be immediately taken by the Board towards remedying a state of things which we believe to be by no means overstated in Dr. Thorne's report. The question of expense in adopting effectual hygienic measures will, we trust, receive no encouragement from the more enlightened members of the Board.

## SUICIDE UNDER UNUSUAL CIRCUMSTANCES.

AN American merchant has committed suicide near Leeds, under peculiar circumstances, while in a state of unsound mind. His life was insured in a New York company, and he had lately thought of increasing the amount of his insurance. For this purpose he consulted a physician; who, however, told him he could not give him the required form of certificate. After this he became low-spirited; considered his liver out of order; was subject to delusions about matters of business, etc. A few days ago, he came up to London to consult a well-known physician. He was recommended to attend to his diet, and told that if he did so he would probably soon be better. When he got back home he was advised to take things quietly next morning, and lie in bed awhile. He said he would. He was not disturbed till late in the morning; and when his brother-in-law went to call him, he was found in bed with his throat cut, having committed suicide with a razor. The case well exemplifies the need for great care and tact in giving patients unfavourable opinions as to their state of health. A fellow-countryman of the unfortunate suicide (Dr. Oliver Wendell Holmes) has vehemently insisted on the cruelty of informing a patient that he is the subject of incurable disease. "To tell me that I shall die is to kill me." It is not every one who can receive such information as coolly as did the Yorkshireman, who replied, with glee, "I always was a lucky fellow! I shall do t' Insurance Company!" There is no reason to think that in the present instance any lack of caution occurred; but the case shows strongly how depressing to some minds such knowledge is.

## COMMITTAL OF A SURGEON FOR MANSLAUGHTER.

THE deceased was a haulier in the employ of the Dowlais Company aged 33. He received a kick from a horse on his knee about two years ago. He was attended by Mr. T. J. Dyke for twelve months previously to May 1869, on account of a disease of the skin covering the knee-pan and inner side of the knee. At that time there was no affection of the bone. He ceased to attend at the time mentioned, because his knee was quite well. In August of the same year (1869), he came under Mr. Dyke's care again, with an enlargement of the inner part of the lower end of the right femur. Amputation was advised. Mr.

Cresswell had seen the man, considered him to be suffering from a myeloid tumour of the femur, and advised amputation. Mr. Webster saw the patient also, and he agreed in recommending amputation. The man refused to submit to the operation. Mr. Cresswell saw him in the end of November, and did not then consider him in a fit state to undergo any operation. He was taken to Mr. Price's house on January 2nd. A seton was passed through the tumour, and the ends tied over the top of it. On the 5th, he was purged, and fetched a good deal. On the 7th, he died. Mr. Webster and Mr. Cresswell examined the body, and considered that the cause of death was exhaustion, owing to gangrene of the tumour and blood-poisoning, probably hastened by the treatment adopted. The examination of the tumour confirmed their opinion as to its myeloid character. It will be seen, then, that the charge of manslaughter refers to the introduction of a seton through the tumour. The following is a copy of the curious certificate of cause of death:—"This is to certify that Thomas Price died on January 7, 1870. The original cause of his death is the law of the land.—William Price."

## POISON EMPLOYED BY TROPMANN ON HIS VICTIM.

PROFESSOR ROUSSIN gave evidence at Troppmann's trial as to the contents of the stomach, etc., of Jean Kinck. Sulphate of iron, Prussian blue, and an alkaline sulphate, were found. These were accounted for by the rudimentary process Troppmann adopted to manufacture his hydrocyanic acid. Ferrocyanide of potassium and sulphuric acid were used; but he was unable to prevent the formation of incrustations of sulphate of potassa and sulphate of iron. In addition, there was formed a white substance, which turned blue on exposure to the air. All these substances were found in the stomach. Some of the Prussian blue was handed round at the trial.

## TETANUS FOLLOWING INJURIES RECEIVED IN A DRUNKEN ROW.

AN inquest has been held at Uxbridge on the body of an agricultural labourer who died five days after injuries received in a fight. He and several others were turned out of a public-house in a state of intoxication; and he began to fight with one of them, and had several falls. The cause of his death is said to have been tetanus. No evidence could be obtained from his drunken companions implicating any one.

## SCABIES CRUSTOSA.

IN the *New York Medical Gazette* of January 1st, Dr. Boeck of Christiania records four cases of scabies crustosa, in which he found plentiful remains of male acari. Generally, the female acari are easily detected, and the males are very scarce. The first case was that of a girl aged 15. The eruption had existed for two years, and was said not to have been contagious. It covered her hands, feet, elbows, posterior part of scalp, and neck. The eruption first commenced on the hands and toes as "red spots"; the "crusts" appeared later. "Upon examining the crusts microscopically, great was my surprise to find them composed almost entirely of acari scabiei, with their eggs, egg-shells, and excrements. A large proportion of the acari were males." Neither a living acarid nor a burrow could be found by the Doctor, but one of his colleagues found one. A large number of the other patients soon manifested symptoms of ordinary scabies. The patient improved, and then had a relapse; and, on examining again, two layers of crust were found—one of epidermis; and a deeper one of acari, which seemed to burrow deeply. A second case occurred two years later, in a woman aged 35. There was considerable resemblance to the former one; but a great number of living acari, deep in the substance of the corium, were found. Two additional cases were afterwards seen, presenting similar features.

## DR. BUCHANAN AND THE MERTHYR LOCAL BOARD OF HEALTH.

THE Merthyr Local Board of Health have been rather in a fix with regard to their fever-patients. The Medical Officer of the Privy Council recommends, on the strength of Dr. Buchanan's Report, that a hospital shed should be constructed for the reception of sixty patients, and that the Fever-Hospital at Dowlais should not be used for patients from Merthyr.

The local board, perhaps naturally, considers that the existing accommodation is enough for existing requirements, consisting, as it does, of thirty-eight beds for fever-patients at Merthyr, and thirty-two at Dowlais, many of which, it appears, are at present unoccupied. When we bear in mind, however, that fever-patients are, for the most part, suffering from typhus; that only eighteen of the fever-beds at Merthyr are in a *separate* fever-hospital; and that patients taken to the Dowlais Fever-Hospital have to pass all through the latter town, we cannot but agree with the wisdom of the recommendation of the Privy Council. One gentleman recommended renting a row of cottages for the purposes of a fever hospital. We should think there could be scarcely two opinions as to the undesirableness of using cottages as dwellings for fever-patients, unless they be very different from the majority of those at Merthyr, of which Dr. Buchanan says that they are generally ill-ventilated by one small window in each room.

## SCOTLAND.

### ANATOMY LECTURES TO FEMALE MEDICAL STUDENTS.

It appears that Dr. Struthers of Aberdeen and Dr. Bell of St. Andrew's have both expressed their willingness to offer the required instruction in anatomy to the female medical students who have been unable to obtain encouragement from any of the anatomy lecturers in Edinburgh.

### NEW OPHTHALMIC INSTITUTION IN GLASGOW.

A NEW hospital for ophthalmic cases has been established in West Regent Street, Glasgow, to supply a want said to exist in the south-western and southern districts of Glasgow. A temporary hospital had been in operation in Bath Street, as an experiment, for the last twelve months; and now the present commodious premises have been purchased, with the intention of putting the institution on a permanent footing. The staff consists of Professor Macleod as consulting-surgeon; Dr. Charles Ritchie, consulting-physician; Dr. Wolfe, surgeon; and Dr. Adams, physician.

### DERMATOLOGY AT GLASGOW.

We have received from Dr. McCall Anderson a remonstrance as to the terms in which we alluded last week to the opportunities afforded to Glasgow students for the study of skin-diseases. Our correspondent, however, confirms our impressions, instead of altering them. We expressed regret that the teaching of so distinguished a dermatologist in reference to his speciality should not be directly under the eyes of the students attending the practice of the Glasgow Infirmary. In doing so, our reference was to the fact that Dr. Anderson is attached to a special hospital for skin-diseases which is not in connexion with the Infirmary, and the practice of which is not open to its students without the payment of a special fee. As physician to the Infirmary, Dr. Anderson no doubt treats skin-diseases amongst others; but his letter does not alter our belief that he has no special opportunities for so doing, and that, in fact, the Glasgow Infirmary has made no provision for clinical instruction in skin-diseases as a special department. We shall be very glad to hear that we are mistaken. We have no wish to say a single hard word of special hospitals; but we hold most firmly that it is the duty of all institutions where students are taught to provide within their own walls the means of obtaining clinical knowledge of the specialities. Students ought not to be left to exercise their own discretion as to whether they will or will not seek instruction at independent institutions on such important subjects as ophthalmology, dermatology, etc.

## IRELAND.

DR. PURSER has been appointed Surgeon to the City of Dublin Hospital, in room of Dr. Geoghegan, deceased.

IN consequence of the illness of the Right Hon. the Lord Chancellor, the visitation of the King and Queen's College of Physicians was adjourned from yesterday week *sine die*.

### UNIVERSITY OF DUBLIN.

THE valuable Chair of Physical Science is to be conferred by competitive examination. Two of the candidates have protested against the addition of chemistry to the other subjects of examination.

### ROYAL COLLEGE OF SURGEONS.

AT the examinations just concluded, one-twelfth of the candidates were rejected on operative surgery—a proportion far less than before. Notice of motion for the institution of clinical examination has been given.

### COLLEGE OF SCIENCE.

THE appointment of Mr. Dyer, of Cirencester Agricultural College, to the Chair of Botany, has given rise to much dissatisfaction. Among other candidates, the claims of Professor Wright, of the University of Dublin, were pre-eminent.

### ROYAL IRISH ACADEMY.

DR. SIGERSON, F.L.S., read a valuable paper on Monday, on the Microscopic Characters of Air in Towns, Country, and at Sea. Crystals of ammoniacal salts, fungi and vegetable spores, and crystals of common salts, characterised the specimens. Photographs and drawings also illustrated his paper.

### SIR PATRICK DUN'S HOSPITAL.

AT a meeting of the Council of the Irish Medical Association, held on Friday, the 21st instant, the following resolution was passed unanimously: "That this Council, having taken into consideration Dr. McDowell's statement with reference to his recent dismissal from the post of Surgeon to Sir Patrick Dun's Hospital, feel it their duty to record their opinion that dismissal of an officer without a full and open inquiry into his alleged offence (especially when such an inquiry has been demanded by the officer), is a proceeding of a most arbitrary character, and one which cannot be too seriously deprecated." This resolution is signed by the Chairman and Vice-President of the Irish Medical Association.

### COW-POCK INSTITUTION.

THE Annual Report of this useful Institution has just been published, and is pre-eminently satisfactory. During the year ending March 31st, 1869, there were performed at the Institution and its branches 1,321 vaccinations, while 14,720 charges of lymph were issued. These numbers are sufficient to indicate the popularity and usefulness of the body; but its influence has borne fruit in another manner also. In 1864, as a consequence of the strong and repeated representations of the Directors of the Cow-pock Institution, in common with the Poor-law Commissioners, an official system of registration and of *compulsory vaccination* was for the first time established in Ireland—with what results as regards the mortality from small-pox, the following figures from the Registrar-General's Reports will show. In the first place, we may state that, previously to the year 1863, the average death-rate from this disease in Ireland amounted to about one thousand *per annum*. In 1864, the number of fatal cases fell to 854; in 1865, to 347; in 1866, to 187; and in 1867, to 20. The first three quarters of 1868 return only 19 deaths; "and it is a deplorable fact" (we quote from the Institution's Annual Report) "that in ten of these (occurring in the Ballinrobe, Claremorris, and Tuam Unions) the disease was produced by a small-pox inoculator early in the year 1868; and further, that, in open violation of the law, it was introduced with impunity by the same indi-

vidual into the Castlebar Union in 1869, causing 63 cases and 2 deaths in that Union." During the latter half of 1869, however, Ireland may be said to have been free from small-pox, as the quarterly returns of the Registrar-General report no death due to that disease in the quarter ending September 30th, and only one death (and that in a case imported from the Baltic) in the last quarter of the year. From the foundation of the Institution in 1804, the total number of vaccinations has been 225,042; and of charges of lymph issued (many to India, France, America, the Colonies, etc.), 415,274.

#### CAUTION TO MEDICAL STUDENTS.

AN accident, fortunately unattended with serious results, which recently occurred to the resident pupil in one of our hospitals, may be worth notice, particularly as its cause might easily come into play. The gentleman in question had occasion to use strong nitric acid locally in a case of diphtheritic exudation. He dipped into the acid a piece of lint that had previously come in contact with a small quantity of carbolic acid. Immediately an explosion took place, and some of the nitric acid was blown into his face. The rationale of the mishap is simple. As is well known, *carbasotic* (or *picric*) acid is a product of the action of nitric acid on complex organic substances, such as carbolic acid; and, if suddenly heated, it is again decomposed with explosion. In the present case, the formation of the picric acid was attended by such heat as was sufficient to decompose it instantaneously.

#### MEDICAL SOCIETY OF THE COLLEGE OF PHYSICIANS.

AT the third meeting of the present session, on Wednesday week, Dr. Hayden read an interesting paper on a case of "Double Facial Paralysis". A valuable communication was also made by Sir Dominic Corrigan, Bart., on "Incontinence of Urine in Children". The author, having pointed out the chief constitutional and mechanical remedies hitherto adopted in the treatment of this distressing and often intractable affection, proposed to add collodion to the list of agents already included under the latter class. Unexpectedly good results had followed the use of this remedy in the author's experience. Its application is sufficiently simple to admit of its being used in many cases by the patients themselves. A drop of the collodion is smeared, by means of a camel's hair-brush, over the orifice of the urethra. In drying, it causes the soft parts to contract, and the opening thus becomes sealed. A slight touch of the finger-nail in the morning removes the hardened collodion. Sir D. Corrigan had not tried the remedy in the case of females, but in boys it had answered admirably.

#### PATHOLOGICAL SOCIETY OF DUBLIN.

ON Saturday last, Dr. Alfred McClintock exhibited an embryo five or six weeks old, which had not been expelled from the uterus until the seventh month of gestation. The patient, who was mother of several children, had suffered for some time from severe uterine hemorrhages. These were found to depend on the presence of the dead fetus. Dr. McClintock called attention to the absence of any evidence of putrefaction in connection with the specimen. He also alluded to the importance, from a medico-legal point of view, of arriving at a correct opinion regarding a case of the kind, where an embryo, whose vitality had long since ceased, was retained, perhaps for months, in the uterus. Dr. Barton showed a foreign body and calculus which he had removed from the bladder of a married woman in December last. From the patient's own account, it would appear that, on the 3rd of June 1869, she had introduced a hair-pin into the urethra. Some time afterwards, symptoms of stone in the bladder set in, and she sought medical advice. The urine was found to be turbid from the presence of ammoniaco-magnesian phosphate and ropy mucus. On introducing a sound, it was easy to establish the existence of a calculus. The viscus was found much contracted, capable of holding only two or three ounces of urine. Without much difficulty, a hair-pin, imbedded in a mass of phosphatic deposit, was extracted. The calculus weighed eighty-six grains, and was composed of triple phosphate and phosphate of lime.

## DUST AND DISEASE.

A LECTURE DELIVERED AT THE ROYAL INSTITUTION.

PROFESSOR TYNDALL, in making some experiments on "vapours," wished for a current of air quite free from the particles of dust always seen in a beam of sunlight. He tried various means for this purpose; one consisted in passing air through a tube filled with sulphuric acid; another, in passing the air through a tube filled with solution of potash. In each case, particles, capable of refracting light, and rendering themselves visible, were still present. In October 1868 he hit on the plan of allowing the air to pass over the flame of a spirit-lamp. "The floating matter no longer appeared, having been burnt up by the flame. It was, therefore, organic matter. If the air were sent too rapidly through the flame, a fine blue cloud was noticed. This was the smoke of the organic particles." The Professor was not prepared for the discovery that the dust of our air was organic. He had always considered it inorganic and non-combustible. Mr. Valentin now furnished him with a small gas furnace with a platinum tube, which could be heated to redness. Air was passed through this tube when cold, and then when hot. When combustion was perfect, no particles could be detected.

Further experiments led to still more interesting results. A beam of light was made to illumine the dust of the laboratory, and the flame of a spirit-lamp allowed to play on it. Wreaths of darkness were at once seen to mingle with the flame, just like intensely black smoke. "When the flame was placed below the beam of light, the same dark masses steamed upwards." They were at times blacker than the blackest smoke. A red-hot poker placed under the beam produced the same dark wreaths. A large hydrogen flame led to the same result. Smoke was therefore out of the question. What, then, was the blackness? Simply that of stellar space resulting from the absence, from the track of the beam, of all matter capable of scattering its light.

The Professor then remarked: "Nobody could, without repugnance in the first instance, place the mouth at the illuminated focus of the electric beam and inhale the dirt revealed there. Nor is the disgust abolished by the reflection that, although we do not see the nastiness, we are churning it in our lungs every hour and minute of our lives." The wonder is, that so small a portion of this dirt should appear to be really deadly to man. What is this portion?

The lecturer then alluded to the notion, at one time prevalent, that malarious diseases were due to organic matter in a state of decay (fermentation). It was then shown that fermentation really depended on the growth of the yeast-plant. Further, Schwann, in 1837, showed that meat, in contact with air which had been heated, did not putrefy; and he affirmed that putrefaction was caused by something derived from the air, which could be destroyed by high temperature. The germ-theory of epidemic disease soon followed, and found an energetic supporter in Sir Henry Holland, the present President of the Institution. The spread of cholera and that of small-pox were adduced as instances in support of the germ-theory.

Professor Tyndall alluded to the difficulty that must be experienced in freeing surgical instruments (a cannula, for instance) from the means of carrying contagion, in the presence of an atmosphere such as ours, unless a high temperature were employed, and this is not done. Thus, notwithstanding all the surgeon's care, inflammation often sets in after the use of such an instrument. When an abscess has been tapped, the pus, which was at first sweet, becomes fetid and swarms with vibrios. Professor Lister's views were quoted; also, Helmholtz's observations on himself when suffering from hay-fever. He found vibrios constantly in the nasal secretions at such times, and never on other occasions. Dr. William Budd's exertions against the spread of zymotic diseases were warmly praised.

Professor Tyndall then went back to the "dust." It could not be blown away with a pair of bellows; but, if the muzzle of the bellows were stuffed with cotton-wool, it was found that the air which escaped was free from particles. Schroeder used cotton-wool as a filter in his experiments on spontaneous generation; and subsequently it was used in those of Pasteur. Since 1863 Dr. Tyndall has used it himself.

The most interesting and important illustration of such a filtering process is furnished by the human breath. After inspiring a quantity of common air, a long expiration is made through a glass tube across the electric beam. At first, the luminous tract is uninterrupted. The breath impresses on the floating matter a transverse motion, but the dust from the lungs makes good the particles displaced. After a time, however, an obscure disc appears upon the beam, and, at the end of expiration, the beam is, as it were, pierced by an intensely black hole, in which no particles whatever can be discerned. The air, in fact, has lodged its dirt in the lungs. A handful of cotton-wool placed over the nose and



mouth during inspiration makes the dark hole in the beam of light appear from the beginning of expiration. A silk handkerchief answers nearly as well, but the filtration is not nearly so perfect as with cotton-wool.

In conclusion, the use of cotton-wool respirators to exclude the entrance of the germs of contagious diseases by means of respiration, was strongly advocated. "By means of the respirator, so far as the germs are concerned, the air of the highest Alps may be brought into the chamber of the invalid."

## DR. W. A. MILLER ON REFORMS IN MEDICAL TEACHING AND EXAMINATION.

At the annual meeting of the Medical Teachers' Association on January 21st, the President, Dr. W. A. Miller, of King's College, referred in his address to the means to be adopted for ensuring uniformity in the minimum scheme of education and examination, necessary for admission to the *Medical Register*. Having expressed a doubt whether the fusion of the licensing boards was the method to be adopted, and having alluded to the difficulty arising out of the pecuniary interest which the medical corporations have in maintaining their present monopoly, he said:—

"Let the sums now paid to the corporations by candidates for the ordinary licence to practise be paid into a common chest; let the examiners be selected by the Central Board or Medical Council, entirely irrespective of their position as members of any corporation, but solely on account of their eminence in particular departments of science or of practice, and their fitness for the discharge of their special duties as examiners; let them be elected year by year, and let them be re-eligible annually for a fixed period (say four or five years) and no longer; let the actual practice of teaching be regarded as no bar to the selection of examiners, but rather as a recommendation, inasmuch as they will know from experience both the capacities of the average class of candidates and the difficulties which they have to encounter; and let the examinations combine both the scientific and the practical element, in the way insisted upon by this Association, and we shall no longer have complaints that exploded systems and antiquated notions are enforced upon candidates by examiners who are unqualified for their duties. The success of the measure will depend entirely upon the constitution of the Board of Examiners, and the scheme of examination laid down for their guidance. It is almost needless to insist on the fact that no permanent body of examiners, who elect themselves as vacancies arise, can satisfactorily perform these duties. It is notorious that such a body falls into stereotyped habits of procedure, and lacks the freshness and energy which can only be infused by changes made from without, and at intervals not distant, but not too frequently recurring, the necessary stability being given by changing a part only of the body year by year.

"The central body should, however, not only fix the different branches of study which are to be pursued by the pupil as a preparation for practice, and in each of which they will arrange that he shall be examined; they should further define clearly the portions of each subject upon which the examination shall be directed, the syllabus or programme of subjects thus included being carefully revised at suitable intervals."

It would be necessary that, for each of the three divisions of the kingdom, an examining board should be constituted. It would be a great mistake to exclude from such a board all who are engaged in teaching. The board should include examiners from various schools; and in the selection of the members of such a board this point ought never to be overlooked, provided that the desire of bringing in examiners who are members of different educational establishments be not permitted to exclude men of remarkable fitness.

In order to secure the services of examiners who are not necessarily resident in the three cities, it would be useful to fix definite periods for the examinations. The progressive examinations should follow in due course, without interfering with each other. Such divisional examination would be conducted by particular examiners, selected on account of their special acquaintance with the subject, while one or two others might usefully be joined with them as assessors. Probably a staff of about twenty examiners upon each board would be required. Their salaries would be fixed.

Dr. Miller said that the practice of publishing the question-papers, although it had its advantages, was not without objections. It appeared to have a tendency, on the whole, to render the style of examination unduly difficult. Another objection was that it tended to favour the

system of grinding and cramming; against which, however, no plan of examination was completely proof.

An uniform pass standard would still leave the corporations, and the different universities, free scope in fixing any higher standard of qualification for their degrees or other honorary distinctions.

Adverting to matters of detail, Dr. Miller said that the plan of certifying the fitness of each candidate for examination, and the publication of the number of successful and unsuccessful candidates which are sent up by each school, cannot fail, if adopted, to exercise a most wholesome influence upon the style of teaching, and upon the pains taken in the preparation of candidates at the institutions where they are trained. Nothing would conduce more to the attainment of these desirable objects than the systematic introduction of examinations into the lectures. Dr. Miller noticed the various methods at present followed, and remarked that it would probably not be desirable to lay down any uniform rule upon which all such examinations should be conducted.

"Those who have not been in the habit of examining *visu voce*, as an integral part of their method of teaching, may not unnaturally object to it when applied to a large class, as being calculated to reach but a small number of the students who are present. This, however, will depend entirely upon the mode in which the examination is conducted. If properly managed, it will afford an opportunity of recapitulating a subject to the entire class, often with details of a more explanatory character, and in forms more familiar, than those which are easily admitted in the more precise language which befits the systematic statement of the subject. Moreover, if skillfully conducted, the whole class may be interested and stimulated; for even the apathetic and indolent may be thus reached and roused. In certain cases a question which the particular person under examination may be unable to answer, will, if put generally to the class, awaken the minds of most, and thus cause many to participate in an exercise which may appear calculated to reach but a small number. Care, too, must be taken not to follow a strictly alphabetical order in questioning; otherwise the idlers will presume upon immunity, and will neglect to prepare themselves.

"Still but a limited number can be reached each day. *Visu voce* examinations are therefore defective, unless combined with written ones. And in order to reap the full benefit of these, due and sufficiently early notice of the subjects of the examination should be given to the class. For some days the student will thus be enabled to direct his reading to a definite object. The habit of reducing his ideas to writing will gradually enable him to acquire the power of precise and succinct expression, or at any rate will put him upon a course which will reveal to him his deficiencies in these respects, and can scarcely fail to develop more or less of a power useful to him through life, though he may at the time chiefly consider it of importance as enabling him to prepare himself for the examinations."

Regarding improvement in the method of occupying the students in the clinical work of the hospital, Dr. Miller recommended that the students be subdivided into groups, the number of which shall correspond to the number of physicians and surgeons to the in-patients. Let it be required that for three months consecutively, on two given days in the week, the attendance of certain students on a particular physician or surgeon will be insisted on, and let each group of students be required to attend in succession each physician or surgeon similarly; a list of students thus specially in attendance being furnished to each medical officer once in three months. The requirement of punctuality on the part of the student presupposes that the physician or surgeon sets the example by strict punctuality on his part.

A report was presented which had for its object a proposal by which the supply of anatomical subjects to the schools may be placed on a more satisfactory footing.

**HOMŒOPATHY IN AMERICA.**—We observe in the *Missouri Democrat* of August 11th, 1869, an account of a case of poisoning of an infant from an overdose of morphine, administered by a homœopathic practitioner. At the coroner's inquest, the doctor admitted giving morphine to the child, but asserted he did not give enough to hurt it. The quantity of the alkaloid given was not stated; but three powders were prepared, the first of which was sufficient to end the case. Another St. Louis paper states that the amount was one-tenth of a grain. This is hardly within homœopathic limits, we think. Another case of a similar nature occurred in this city a short time since, to which the physician stated, on oath, at the inquest, that he was a homœopathic practitioner, and that he had administered to the infant a powder containing one-eighth of a grain of acetate of morphia.—*New York Medical Journal*, December 1869.

## REPORTS OF SOCIETIES.

### MEDICAL SOCIETY OF LONDON.

MONDAY, JANUARY 17TH, 1870.

PETER MARSHALL, Esq., President, in the Chair.

Mr. J. WICKHAM BARNES brought before the Fellows a patient suffering from Aneurism of the Arch of the Aorta. The symptoms in this case came on suddenly after overexertion. The pulses on both sides were similar.

Dr. JOHN LOWE of Lynn read notes of a case on which he had performed the operation of Gastrotomy for the administration of food to the patient suffering from stricture of the Œsophagus.

Dr. C. B. TAYLOR of Nottingham read a paper on the operation of the Contagious Diseases Act, in which he strongly condemned the measure.—The discussion on the paper will be resumed on Monday evening next, the 31st instant.

### MANCHESTER MEDICAL SOCIETY.

ANNUAL MEETING, JANUARY 12TH, 1870.

HENRY SIMPSON, M.D., President, in the Chair.

The Reports of the Committee, Librarian, and Treasurer were read, from which it appeared that the Society is at present in a more flourishing condition than it has ever been heretofore. It numbers now 114 members; and the duties of the librarian have increased to such an extent that it was resolved to appoint two gentlemen to that office instead of only one as has hitherto been the custom.

The following are the office-bearers elected for the ensuing year:—*President:* J. O. Fletcher, M.D. *Vice-Presidents:* L. Borchardt, M.D.; J. Galt, Esq.; J. E. Morgan, M.D.; and J. Thorburn, M.D. *Treasurer:* E. Lund, Esq. *Librarians:* J. Finlayson, M.D., and D. Little, M.D. *Secretary:* Wm. Heath, Esq. *Committee:* S. M. Bradley, Esq.; J. Hardie, M.D.; W. O. Jones, Esq.; D. J. Leech, M.B.; W. Roberts, M.D.; J. Roberts, M.D.; L. Roberts, M.D.; H. Simpson, M.D.; A. Wahluch, M.D.; J. Walsh, Esq.; W. Whitehead, Esq.; and T. Windsor, Esq.

Dr. WM. ROBERTS showed two specimens of Calculi of Pure Cystine. Both had been evacuated spontaneously by two male patients.

Dr. RANSOME described the process of Franklin and Chapman for the Detection of Organic Matter in Potable Water, and suggested its application to certain physiological purposes, particularly to the examination of expired air.

Mr. W. WHITEHEAD showed a boy with Syphilitic Ulceration of the Tongue, in whom no benefit from treatment resulted till a mercurial course was adopted, when the ulcers quickly began to heal.

## CORRESPONDENCE.

### ON THE CAUSE OF DEATH FROM CHLOROFORM.

SIR,—The frequency of deaths from chloroform lately recorded in the medical journals, and the almost invariably medical evidence of failure of the heart's action—cardiac paralysis—as the cause of death, leads me to ask the profession the grounds for such belief, and to inquire whether in reality the primary cause is, or is not, cessation of the respiratory function, beginning in the respiratory nervous centres, the cardiac palsy being probably a secondary phenomenon. In the drunken subject we have stertorous breathing, then slow intermittent breathing, gradually increasing with profound coma till death; but the cardiac action is observed to continue, for a longer or shorter period, after respiration has ceased. Death from chloroform is simply a more acute degree of etherisation, and hence in the human subject more difficult of observation in its different stages; but in experiments on the cat and dog, especially on the cat, repeatedly performed with the assistance of my friend Dr. Johnstone of Russell Street, (for experimenting on the cat is no simple matter) I have found that the different stages of anæsthetic death can be clearly demonstrated, and that in no instance was failure of heart-action the primary cause of death. In the dog—an animal which has little toleration of anæsthetics—from the very first stage of anæsthesia it was observed that the expiration was in excess of inspiration, and was in fact prolonged, with an almost invariable yelping whine. In both cat and dog, expiration increased, while the inspiration diminished, until the latter stopped; upon which the head

of the animal was placed in water, the heart was exposed to view, and its forcible contractions were observed to continue from four to six minutes. After death, the left auricle and ventricle were empty, the lungs anæmic, while the right side of the heart, *venæ cavae*, jugular veins, and sinuses of the dura mater were fully engorged with black venous blood. The functions of the respiratory centres were overpowered by the anæsthetic; and that action was intensified by the stasis of venous blood, and consequent mechanical pressure. The pupils were invariably dilated to the utmost. At the stage of complete stoppage of inspiration, the dog never recovered, although artificial respiration was kept up for half an hour, and the heart-action was then strong for several minutes after it was exposed to view; while the cat invariably recovered. The result of these experiments, made nearly two years ago, leads me to say that the cause of the heart's arrest, as frequent a cause of death as it has lately been stated to be; and I was gratified to find, on mentioning the results of my experiments to Dr. Banks, of the School of Medicine here, that Mr. Bickersteth had arrived at similar conclusions, from a series of experiments made many years ago.

Let me observe, that my dogs and cats had not fatty degeneration of the heart. I am, etc., J. WALLACE, M.D. Edin.

Liverpool, January 11th, 1870.

### THE MORBID ANATOMY OF CROUP.

SIR,—Mr. Squire, in his letter published in the JOURNAL on the 22nd inst., referring to my paper on croup which appeared on the 1st inst., states that, in his two articles on Croup and Diphtheria, in Reynolds's *System of Medicine*, "the results arrived at agree generally with the contents of Dr. Johnson's paper." The object of my paper was to show that most English writers on croup have erred in not recognising the fact clearly pointed out by Bretonneau, Trousseau, and other French pathologists, that the formation of a coherent false membrane within the larynx is a result of diphtheria, and not of inflammatory croup. The error consists in combining the history, the symptoms, and the treatment of acute laryngitis, with the morbid anatomy of diphtheria. If this be an error, Mr. Squire's article on Croup is not free from it; for a part of his definition of croup is, that "it induces thickening of the mucous membrane, and an altered secretion, which may become either membranous or puriform." (Reynolds's *System of Medicine*, vol. i. p. 234.) And again, (*Ibid.*, p. 258) he says, "the formation of false membrane, more or less continuous, is an usual result of the inflammatory process in croup." Now this is the very point in question. I differ from Mr. Squire, and I maintain that a continuous false membrane never results from a simple inflammatory form of croup, though it is a frequent result of diphtheria.

I have seen many cases of laryngitis in patients of all ages, but I have never, either in the dead or in the living larynx, seen false membranes as a result of simple inflammation. In a considerable number of cases I have seen membranous exudation within the larynx. These have all been undoubted cases of diphtheria.

This is not a mere dispute about words and terms, but it involves questions of great pathological interest and practical importance, and I beg permission to restate the case as briefly as possible.

The term croup appears to have been long in popular use to designate a disease attended with symptoms of obstruction in the windpipe. In 1765, Dr. Home published his treatise "On the Nature, Cause, and Cure of Croup." He considered the disease to be of an inflammatory nature, to be treated by active antiphlogistic measures, and he, for the first time, described the appearance of a false membrane within the air-passages, as the distinctive anatomical feature of the disease. From that time to the present, English writers on croup have followed Home in describing the disease as an inflammation, usually, but not quite constantly, attended with an exudation of false membrane.

In France, the course of events has been different. In that country, diphtheria has been far more prevalent than in England during the present century, and the French pathologists have made good use of their opportunity to study that disease. Bretonneau, in a series of essays, now translated by the New Sydenham Society, has contributed more than any other pathologist to our knowledge of the nature of diphtheria. All recent French pathologists agree in restricting the term croup to a disease characterised by an exudation of false membrane within the air passages; this false membrane is looked upon, not as a result of simple inflammation, but as the specific product of diphtheria. Croup, with the French physicians, is "laryngeal diphtheria." True croup is distinguished from the simple inflammatory disease, which it resembles in some of its symptoms, by the absence of false membranes in the larynx. Inflammatory croup is called false croup, simple or catarrhal laryngitis, or stridulous laryng-



itis. It is to be regretted that the translator of the second volume of Trousseau's *Clinical Medicine* renders "*Laryngitis stridulosa*" by "*Laryngismus stridulus*." This is an error which is likely to cause confusion in the minds of many readers. By "*Laryngitis stridulosa*," Trousseau and other French writers obviously mean stridulous inflammation, and not spasm of the larynx.

The cough and voice in cases of simple laryngitis are much louder than in cases of laryngeal diphtheria. The term stridulous laryngitis is therefore very expressive. The membranous exudation of diphtheria impedes the vibration of the vocal cord, and the sound of the cough and voice is stifled.

The muffled character of the voice and cough affords one means of diagnosis between laryngeal diphtheria and simple laryngitis, but a laryngoscopic examination gives results far more precise and trustworthy.

The points of distinction between the simple inflammatory and the diphtheritic disease of the larynx, are given with admirable clearness by Trousseau, in his Lecture xxiii: "*Laryngitis stridulosa*." (French edition.) In this lecture, which has not yet been translated, Trousseau remarks upon the deplorable confusion which has resulted from the fact that, in Home's treatise on croup, the two distinct diseases—laryngeal diphtheria, or true croup, and stridulous laryngitis, or false croup, are confounded under one name.

We now see clearly that three distinct diseases have received the generic name of croup. 1st. *Laryngismus stridulus*, or spasmodic croup. All writers agree that this is a purely nervous affection, unassociated with structural disease of the larynx. 2nd. Simple laryngitis, or inflammatory croup. This is not associated with the formation of false membranes in the air-passages. 3rd. Diphtheritic croup, or membranous laryngitis. This is a specific contagious disease.

It matters little whether, with the French writers, we call laryngeal diphtheria true croup, or whether, with English authors, we look upon true croup as an inflammatory disease; but it is of the highest practical importance that we recognise the true nature of each. Repeated doses of calomel have been given in numberless cases of croup, to prevent the formation of false membranes. Now, with reference to this practice, let us bear in mind the following facts. In cases of inflammatory croup, false membranes never occur; mercury, therefore, is not required to prevent their formation. In cases of diphtheria, the mercurial treatment is almost universally condemned as injurious. What reason, then, is there for the administration of repeated doses of calomel in any form of croup? Calomel in frequent doses, if not useful, can scarcely fail to be injurious, more especially in the case of children.

I am, etc., GEORGE JOHNSON.

11, Savile Row, January 24th, 1870.

### MORBILLI AND RUBEOLA.

SIR,—I beg to offer the following as a contribution to the discussion of "morbilli" or "rubeola".

On the 4th of December last, three boys (John, aged 10; George, aged 8; and Benjamin, aged 6½) arrived at home from school; the boarding-school at which they had been placed having been broken up, owing to a reported invasion of measles. There were at that time in the family at home, Florence, aged 2, and Annie, aged 1 year, both in good health; and Arthur, aged 1½, then convalescent from an acute illness. The three boys who came from school all had coughs.

On December 6th, George, and on the 7th, John, showed an eruption in distinctly crescentic patches over the whole body, but most abundantly on the back, rather paler than measles usually is, but otherwise undistinguishable from it. At any rate, I failed to distinguish it, regarding the two cases as mild examples of measles. In neither case, however, was there the least affection of the eyes; but, on the second or third day of eruption, John had a little sore-throat. On December 12th, the eruption of measles appeared in Benjamin; on the 24th, in Florence; on the 25th, in Arthur; and on the 27th, in Annie. All the cases went through the usual course, and were of moderate severity. In all, the rash was preceded and accompanied with conjunctivitis, coryza, and catarrh, varying in degree in each case. Benjamin had slight sore-throat; and Annie, croupal breathing.

And now comes the point of interest. On the 15th, John, being then convalescent from the attack which had appeared on the 7th, broke out with an eruption, much brighter in colour, and more copious, than before; and on the trunk of the body so confluent, that it closely resembled scarlatina. The non-confluent crescentic patches on the extremities, the complete absence of sore-throat, the coryza, watery eyes, and hoarse cough (much more severe than on the previous occasion), enabled me, however, to pronounce the case measles. It ran the usual course. On the 19th, George, also quite recovered from the pre-

vious attack, again appeared full of eruption. In his case, it was nowhere confluent, though copious, and bright in colour. The conjunctivitis was considerable, and the cough very severe, with breathing much oppressed for several days, and subcrepant *râles* all over the chest.

Now, either John and George had each of them a second attack of measles, occurring on the eighth and thirteenth days after the first attack respectively (reckoned from eruption to eruption); or the *first attacks were of a distinct and separate exanthem*. I incline to the latter view; and would note as the chief features of this exanthem, the paler colour of the crescentic patches, the comparative sparseness of the eruption, and its preference for the back of the trunk, the entire absence of conjunctivitis and of coryza, the small amount of cough and of febrile disturbance, the general slightness of the symptoms and their shorter course. It was probably the rubeola of Vogel; and which Trousseau also (*Clinical Medicine*, vol. ii, p. 236, *Syd. Soc. Trans.*) treats as a disease altogether distinct from measles. Trousseau states that "the lacrymatus coryza and cough which belong to measles are never seen in rubeola;" but in my cases there was cough. I regret that I cannot positively say whether there was the intense itching which Trousseau (following, as he states, Vogel) describes; but, at all events, I did not observe it. There was none of the alternate disappearance and reappearance of the eruption, of which Trousseau speaks.

I learn that the whole of the children who were sent home from the school which my patients attended (numbering between thirty and forty) had the "measles," except three or four who had previously had it. It would be interesting to know how many of these had the rubeola and how many the measles. I have been informed that a cousin of my little patient's who attended the same school, and had previously had the measles, had "a slight attack" on this occasion; and also that another of the scholars had, like my two patients, two attacks resembling measles.

Did John and George bring with them from the school the poison of two distinct diseases; or did they only bring the "rubeola," and subsequently take "measles" from Benjamin?

If I may be permitted to say one word as to nomenclature, it is that in my opinion the name "morbilli" should be restricted to measles, and the term "rubeola" rather than "roséola" used for the new exanthem. For although the seven varieties of roséola described by Willan cannot be made out, yet there do occur cases of non-contagious rose rash in irregular patches of larger or smaller size, but non-crescentic; and to these the name "roséola" should be restricted. On the other hand, as remarked by Hebra, some cases named as roséola are slight cases of "measles;" that is to say not "morbilli," but "rubeola."

I am, etc.,

THOMAS SCATTERGOOD.

Leeds, Jan. 18, 1870.

### DEPRIVATION OF FOOD FOR TWELVE DAYS.

SIR,—At the present time, when public attention has been so much occupied by the case of the "Welsh Fasting Girl," it may not be uninteresting to adduce an instance of long involuntary privation of food which occurred under my personal knowledge, and under circumstances which precluded the possibility of fraud or deception.

The case occurred as far back as in 1819, when I sent its details to the *London Medical Journal*, No. 43, page 99; and I shall only now reproduce a few of its more prominent features.

A man (John Evans) of strong frame, about five feet ten inches in height, in perfect health, was working in a coal mine one hundred and twenty yards from the surface, when a sudden irruption of a large body of water from an adjoining pit drowned two of his companions, whose fate he must have shared, but that providentially he occupied a place above the highest level of the water. Completely cut off from communication with the outlet of the pit, he remained in his situation for twelve whole days, with no other sustenance than a small quantity of water collected from time to time in his hand. Hunger soon ceased. He lay down on the same spot, and must have passed the greatest part of the time in sleep, miscalculating the period of his incarceration as nine instead of twelve days. He felt confident in the belief that every means would be used for his deliverance. Hearing that this was effected, I visited him in the pit, and found him much emaciated, and, of course, much excited by the consciousness of his safety. His pulse was very small, feeble and 112; extremities cold. He complained only of thirst. I directed his removal to the surface, after giving some warm liquid food, in a tub which admitted of his being kept in the horizontal posture. Many hundreds of anxious spectators crowded round the mouth of the pit; and when the wild and haggard, and almost spectral face of the poor man slowly emerged from the pit, there was, for a short time, an awe-struck silence the most profound. The feeling in himself, and



probably in those around him, was near akin to that of witnessing a resurrection from the grave.

On the following morning, after a fairly good night, he was more calm. The pulse had sunk to 60. He had no desire for food, and became faint if raised from the lying posture. By a very cautious administration of light nutritious food, with perfect rest and warmth, he slowly recovered, and, at the end of some weeks, resumed his usual employment.

During his whole stay in the pit, his bowels acted once only, but passed water several times in small quantities. On the fourth day after his restoration, I had him weighed; and, though he had by that time taken food frequently, we found that he had lost twenty-eight pounds weight. I believe that one means of prolonging life consisted in the peculiar air he breathed. He spoke of the heaviness of the "damp air" (carbonic acid gas or choke damp); and, whilst I was below, I found the air heavy and oppressive, and the candles burnt in an imperfect manner. Under such circumstances, with an atmosphere of carbonic acid gas diluted below a poisonous state, the vital functions slowly performed, no exhaustion from excreta, and but little wear or tear of the system, mentally or physically, he had many advantages in favour of prolonged life. The absorption of nearly thirty pounds of bodily material must have afforded a sufficient *fabulum vite* during the period of a quasi-hibernation. I am, etc., THOS. TAYLOR GRIFFITH.

## MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on January 25th:—

Barnes, Edgar George, Eye, Suffolk (St. George's)  
Cogan, Lee Fyson, Northampton Infirmary (Guy's)  
Cumberbatch, Alphons Elkin, Great James Street, W.C. (St. Bartholomew's)  
Deane, John, Waltham St. Lawrence, Berks (University College)  
Droodney, Edwin, Farmstead, New South Wales (Bristol School)  
Downing, Edward Hugh, Deptford (Guy's)  
Holroyd, William Stephen, Hugh Street, Pimlico (St. George's)  
Jingwell, William Thomas, George Oxford (London)  
Pearse, Francis James, St. George's Square (Westminster)  
Ranger, William Gill, Finsbury Square (St. Thomas's)  
Saunders, Herbert James, Peasehall, Suffolk (Kingston School)  
Smith, George, Newcastle-on-Tyne (Newcastle School)  
Smith, Herbert Alder, Hatton Garden (St. Bartholomew's)  
Squire, Robert Hemington, Kilburn (St. George's)  
Stedman, Frederick, Dopham Road (University College)  
Stephens, Richard Frederick, Henry Cornwall (Guy's)  
Tait, Robert Lawson, Wakefield (Edinburgh School)  
Taylor, Reginald, Liskeard, Cornwall (Guy's)  
Turner, Henry Guntton, East Meon, Petersfield, Hants (Guy's)  
White, Richard Wentworth, Norwich (King's College)

Admitted members on January 26th:—

Argles, Robert, Maidstone (King's College)  
Baumgarten, John Richard, Great Yarmouth (King's College)  
Boyer, Joseph John William Robert, Toronto (St. Thomas's)  
Cochrane, William Blakely, Cradley (Birmingham School)  
Coleman, Henry William, Pontefract (Leeds School)  
Dayman, Barnfield, Poundstock, Stratton, Cornwall (St. Bartholomew's)  
Deacon, Henry Pelham, Clapham (St. Bartholomew's)  
Irving, Charles, Long Bennington (St. Bartholomew's)  
Latham, William Henry, Sandbach, Cheshire (St. Bartholomew's)  
McCann, Charles, Parliament Street (Westminster)  
Manson, Richard Taylor, Witton-le-Wear, near Darlington (Newcastle School)  
Maynard, Charles Dudley, Horsey (Guy's)  
Oldham, Charles James, Brighton (Guy's)  
Preston, Theodore Julian, Belisle Road, N.W. (St. Mary's)  
Skrimshire, Frederic William, Holt, Norfolk (King's College)  
Taylor, William Ernest, Hove, Brighton (Guy's)  
Turner, Horace, Norwich (University College)  
Walker, Hugh Eccles, Chesterfield (Guy's)  
Wayman, Clement Page Scott, Great Thurlow, Suffolk (St. Bartholomew's)

It is stated that nine candidates failed to acquit themselves to the satisfaction of the Court of Examiners, and were consequently referred to their hospital studies for six months. The examinations for the membership will not be brought to a close until this (Friday) evening.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, January 20th, 1870.

Eale, Henry Adney, Charlotte Street, Fitzroy Square  
Leake, George d'Alton Nugent, Twickenham  
Minors, Richard, Sudbury, Derby  
Stedman, Frederick, University College Hospital  
Taylor, Reginald, Liskeard  
Wilkinson, Thomas Marshall, Wanstead  
Wilson, John Henry Parker, Her Majesty's Penitentiary, Millbank

The following gentlemen also on the same day passed their first professional examination.

Moore, Arthur Jackson, London Hospital

Parker, Alfred Henry, London Hospital  
Rix, Benjamin, Guy's Hospital  
Way, Edward Willis, Guy's Hospital

As Assistants in compounding and dispensing medicines.

Footitt, Charles Miller, Marlow, Bucks  
Pilley, Henry Thomas, Boston, Lincolnshire

## MEDICAL VACANCIES.

The following vacancies are declared:—

BRISTOL ROYAL INFIRMARY.—House-Surgeon: applications, 10th Feb.  
BRITISH LYING-IN HOSPITAL, Endell Street.—Physician: election, about 10th Feb.  
CARDIFF UNION.—Medical Officers for the Llandaff District, the Workhouse & the Canton and the Schools at: applications, Jan. 31st; election, Feb. 1st.  
DINGLE UNION, co. Kerry.—Medical Officers for the Dingle and Ventry Dispensary Districts: election about Feb. 13th.  
GREAT NORTHERN HOSPITAL, Caledonian Road.—Junior Surgeon: applications, Feb. 1st.  
HIGHWORTH AND SWINDON UNION, Wilts.—Medical Officers for Districts Nos. 2 and 4 and Workhouse: applications, Feb. 1st; election, Feb. 2nd.  
HOLBEACH UNION, Lincolnshire.—Medical Officer for the Sutton Bridge District: applications, Feb. 1st; election, 7th Feb.  
LEICESTER INFIRMARY AND FEVER HOUSE.—House-Surgeon and Apothecary: applications, Feb. 1st; election, Feb. 12th.  
LIVERPOOL EYE AND EAR INFIRMARY.—Surgeon; Assistant Surgeon: applications, Feb. 1st.  
LIVERPOOL NORTHERN HOSPITAL.—House-Surgeon: applications, Feb. 7th; election, Feb. 11th.  
MAGHERAFELT UNION, co. Londonderry.—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Maghera Dispensary District.  
NORTH DUBLIN UNION.—Medical Officer for the Howth and Clontarf Dispensary District: Feb. 1st.  
NOTTINGHAM DISPENSARY.—Consulting Surgeon: Feb. 21st. Assistant Resident Surgeon: applications, Feb. 7th; election, Feb. 21st.  
ROYAL COLLEGE OF SURGEONS IN IRELAND.—Professor of Forensic Medicine: Feb. 17th.  
ST. BARTHOLOMEW'S HOSPITAL.—Assistant-Physician.  
SALISBURY GENERAL INFIRMARY.—House-Surgeon: Feb. 5th.  
SHEFFIELD GENERAL INFIRMARY.—Resident House-Surgeon: applications, Feb. 5th; election, Feb. 9th.  
SOUTHEAST, Argyllshire.—Faroach Medical Officer.  
SOUTH LAMBETH, STOCKWELL, and NORTH BRIXTON DISPENSARY.—Visiting Medical Officer: applications, Feb. 6th.  
SOUTH WESTERN PROVIDENT DISPENSARY, Denbigh Street, Pimlico.—Attending Medical Officer: applications, Feb. 6th.  
UNIVERSITY COLLEGE, London.—Professor of Medical Jurisprudence: applications, Feb. 5th.

## MEDICAL APPOINTMENTS.

Names marked with an asterisk are those of Members of the Association.

\*LITTLEWOOD, Joseph Johnson, Esq., appointed Certifying Surgeon to the Factories at Woburn, Bucks.  
\*Peyce, Richard, appointed Surgeon to the Montgomeryshire Infirmary, *vice* Dr. Slyman, deceased.  
SERCOMBE, E. H., M.B. Lond., appointed Honorary Physician to the Metropolitan Convalescent Institution.

## BIRTHS.

FOX.—On January 17th, at Grosvenor Street, the wife of \*Wilson Fox, M.D., of a daughter.  
SHEPARD.—On January 24th, at Usk, the wife of \*A. J. Shepard, Esq., Surgeon, of a daughter.  
SMITH.—On January 23rd, at Seaford, Liverpool, the wife of \*C. Swaby Smith, L.R.C.P. Ed., of a daughter.  
WRIGHT.—On January 24th, the wife of \*M. Hall Wright, Esq., Surgeon, of Birmingham, of a son.

## MARRIAGES.

HOADLEY, Robert, M.D., to Mary Anne, second daughter of the late Percival W. Banks, Esq., Gray's Inn, at Fulham, on January 18th.  
KING, William Moore, Esq., Surgeon, to Marian, eldest surviving daughter of Leopold C. Martin, Esq., of Clapham, on January 19th.  
\*Payce, Richard Matthews, Surgeon, of Newtown, Montgomeryshire, to Elizabeth Mary, only daughter of W. Y. Clarke, Esq., of Welshpool, on January 26th.

The *New York Medical Journal* contains a record of a case of hydrophobia coming on twenty years after a bite from a mad dog.

DEATH FROM HYDROPHOBIA.—About four months ago, a young man was bitten in the finger by a dog, belonging to the landlord of the Ship Inn, Ormskirk. The finger was bathed in spirit, and no more thought about the affair till Saturday last, when symptoms of hydrophobia showed themselves. He died on Monday. The dog had been given away in the mean time to a man living near Liverpool, who, however, killed the dog on December 26th, in consequence of "strange symptoms" appearing.

SUSPECTED POISONING OF CHILDREN.—It will be recollected that last week we recorded the deaths of three children of Mr. Foster of Newport (Isle of Wight). Symptoms led to the suspicion of some irritant poison having been accidentally administered to them. Professor Taylor has made a careful analysis of the contents of the stomach, etc., and has been unable to find any traces of poison whatever.

## OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY.....Guy's, 1.30 P.M.—Westminster, 2 P.M.—National Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.

WEDNESDAY...St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.15 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—St. Thomas's, 1.30 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.

THURSDAY...St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.

FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.

SATURDAY...St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.—East London Hospital for Children, 2 P.M.—Hospital for Women, 9.30 A.M.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8 P.M. Discussion on Dr. C. B. Taylor's paper on "The Operation of the Contagious Diseases Act."

TUESDAY.—Pathological Society of London, 8 P.M. Dr. H. Weber, "Tubercular Meningitis and Tuberculosis of the Serous Membranes, in connection with Caseous Deposits"; Dr. B. Sanderson, "Preparations Illustrating the Communication of Tubercular Infection of Tuberculous Matter"; Dr. Barclay, "Tumour of the Spinal Cord"; Dr. A. B. Squire, "Elephantiasis Græcorum and Accidental Ichthyosis"; etc.—Anthropological Society of London.

WEDNESDAY.—Obstetrical Society of London, 7.30 P.M., Council Meeting, 8 P.M. Dr. Willoughby, "Case of Cicatrices from a Burn, requiring Division during Labour"; Dr. Routh, "A Case of absence of Vagina, with Retention of Menes in an Uterus behind"; Dr. Braxton Hicks, "A Contribution to our knowledge of Puerperal Fever."

THURSDAY.—Harveian Society of London, 8 P.M.—Royal Society.—Linnæan Society.—Chemical Society.

FRIDAY.—Westminster Surgical Society of London, 8 P.M. Dr. Barnes, "A Case of Obstruction in the Bowels"; Dr. Painter, "A Case of Stomach in the Uterus."

## EXPECTED OPERATIONS AT THE HOSPITALS.

KING'S COLLEGE HOSPITAL, Saturday, January 29th, 2 P.M. Operation for Cleft Palate; Hare-lip; Hemorrhoids; and Necrosis of Tibia.

## NOTICES TO CORRESPONDENTS.

All Letters and Communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen Street, Lincolns Inn Fields, W.C.

CORRESPONDENTS not answered, are requested to look to the Notices to Correspondents of the following week.

PROFESSOR LAYCOCK is thanked. His letter shall appear next week.

VERY UNFAIR.

SIR,—Will you kindly give me your advice as to how I should act under the following circumstances. In the village in which I am practising, there is a L.S.A. who styles himself "Surgeon, etc." upon his door-plate, and who ruins what might be a very good field for practice, by attending midwifery for eight shillings, and charging a shilling for a bottle of medicine, but nothing for visits or advice. January 1870. I am, etc., L.R.C.P., etc.

"We do not see that you can personally take any active steps in the matter. But your neighbouring medical brethren with you can form an opinion of the conduct of the person spoken of, and treat him accordingly."

Dr. BEE'S (Colchester) letter shall appear.

THE ROYAL ALBERT HOSPITAL AND EYE INFIRMARY, DEVONPORT.  
SIR,—Permit me to state that your reporter is in error when he states that there is no ophthalmic ward in our hospital. There are two wards specially fitted up for ophthalmic cases. Owing, however, to great pressure they have, unfortunately, been on several occasions appropriated to other uses. This will, for the future, be no longer the case, as another story has been lately added to the building. Six beds are now specially set apart for eye cases—three male and three female. 20, Keo Street, Devonport. I am, etc., W. P. SWAIN, F.R.C.S.

ACURAL SURGERY.—The name of Mr. William Harvey, of the Great Northern Hospital, was unfortunately omitted from the list of arid surgeons whom we gave in last week's JOURNAL.

AMMONIA IN TREATMENT OF SNAKE BITES.—Two successful cases of the treatment of snake-bites by the injection of ammonia, as recommended by Professor Halford, was recorded in the Australian papers. In the first case, that of a man, an hour and a half elapsed before the remedy was used. In about fourteen hours, the patient became unconscious. The second case was that of a woman whose leg was not treated till thirteen or fourteen hours had passed. Seven drops of strong liquid ammonia, in a drachm and a half of lukewarm water, were injected into a vein in the leg by means of a syringe, and the leg was afterwards washed with ammonia. A second injection of ammonia had to be given. In four hours, the patient was allowed to go to sleep.

## NEW MEMBERS.

GENTLEMEN desirous of proposing candidates for admission into the Association, should without delay send in the names to the General Secretary or the Secretaries of the respective Branches, in order that the JOURNAL may be supplied to the new members from the commencement of the year. Forms of application and nomination may be had at the office of the BRITISH MEDICAL JOURNAL, 37, Great Queen Street, W.C.

A MEMBER of the British Medical Association will be obliged if the Editor will inform him through the JOURNAL when the new editions of Dr. Smith's *Surgery* and Tyler Smith's *Obstetrics* will be issued.

## THE SHORT FORCE.

SIR,—As I have had many inquiries as to where the short forces, mentioned in my article of the 10th of December 2nd are to be procured, I think it will save me trouble to state if I mention that they were made by Messrs. Joseph Gray and Co. of Sheffield. I am, etc., JAS. BRAITHWAITE.

Clarendon Road, Leeds, January 24th, 1870.

COTTAGE HOSPITAL STATISTICS.—An error occurred in our statement of the cost per patient in the Driffield Cottage Hospital. It should have been £5 instead of £7.10, as quoted.

SUPPLEMENTARIES.—In our notice of the Sulphocarbolates in the JOURNAL of January 15th, the name of the manufacturer should have been stated to be Mr. Balmer, of St. John Street Road.

## COUNTRY NURSES AND COTTAGE HOSPITALS.

SIR,—I should be much obliged to any one having experience in the matter for information as to the payment of a nurse to attend cases of sickness in the country under the name of the practitioner, and under the name desirable for her to observe. Also, will any medical officer of a cottage hospital let me know if the building has been rated to the parish or paid taxes of any kind; or if any such demand has been successfully resisted. There is usually no special official account of such premises, the nurse being in that respect in the situation of a servant, at her bed room being her only private room, the kitchen of the hospital being used as her sitting room. I append my name and address, that any communications may be made to me without taking up your space. I am, etc., LEE JARDINE.

Capel Surrey, 25th January, 1870.

BETA.—We regret that we shall not be able to make use of your paper.

## THE NOMENCLATURE OF DERMATOLOGY.

SIR,—Your article on Modern Dermatology is so far calculated to advance the progress of that department of medical science that I was sorry to see in it a remark which I sincerely think has an opposite tendency. You say, "we care extremely little whether we speak of a skin with a 'k' or a 'c'." I was rather puzzled to guess what might be the reason of your liberal views in this matter, until I lighted on an advertisement in your front page of the same date, where I found eczema actually spelt with a "k". I at first thought that this might be a misprint to which you had thus humbly condescended. But I find on looking over the paper, that in the same advertisement the same peculiar spelling is invariably adopted. I had never seen eczema so spelt before.

Cudgelling my memory for a precedent, I could only think of the celebrated laconic reply telegraphically sent by the former President of the United States, who had risen by his genius from the ranks. It ran briefly thus, "O. K." and of course was a puzzle to the American gentleman who received it. On inquiry, it turned out to be the short for "Ori Korrek"; and, on its being objected that the spelt, that in the same advertisement the same peculiar spelling is invariably adopted. I had never seen eczema so spelt before. Cudgelling my memory for a precedent, I could only think of the celebrated laconic reply telegraphically sent by the former President of the United States, who had risen by his genius from the ranks. It ran briefly thus, "O. K." and of course was a puzzle to the American gentleman who received it. On inquiry, it turned out to be the short for "Ori Korrek"; and, on its being objected that the spelt, that in the same advertisement the same peculiar spelling is invariably adopted. I had never seen eczema so spelt before. Cudgelling my memory for a precedent, I could only think of the celebrated laconic reply telegraphically sent by the former President of the United States, who had risen by his genius from the ranks. It ran briefly thus, "O. K." and of course was a puzzle to the American gentleman who received it. On inquiry, it turned out to be the short for "Ori Korrek"; and, on its being objected that the spelt, that in the same advertisement the same peculiar spelling is invariably adopted. I had never seen eczema so spelt before.

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**NOTICE TO ADVERTISERS.**—Advertisements should be forwarded direct to the Printing-Office, 37, Great Queen Street, W.C., addressed to Mr. RICHARDS, not later than *Thursday*, twelve o'clock.

#### MORPHEA.

**SIR,**—Will some of your many readers kindly inform me what treatment they have found to be most effectual for morphea. I am, etc., W. S. O.

**ANS.**—To Canon January 8th, 1870.  
 "We are not aware that any treatment has been proved to be useful in morphea, with the exception, perhaps, of long courses of small doses of arsenic. The disease is an exceedingly rare one, and but few opportunities for becoming acquainted with its therapeutics occur. It seldom progresses to the extent of making life in danger, but occasionally, as in one so recorded by Dr. Addison, it may cause the loss of a limb. In many cases, the morbid processes are arrested, but any restoration of the skin to a healthy state is, of course, out of the question. We may add for the information of those taking an interest in it, who there is at present, a remarkable example of its under case in the London Hospital. We should be very glad to receive notes of this case from W. S. O."

**IS VACCINATION AN EVIL OR A GOOD?**—An able *leader* appeared in the *Durham County Advertiser* for January 21st, in which the leading facts in favour of vaccination were given. It was called forth by an anti-vaccination meeting recently held in that city.

**THE TEACHING OF SKIN DISEASES IN THE UNIVERSITY OF EDINBURGH.**  
**SIR,**—Allow me to correct an error that appears in your leading article in *Modern Dermatology* to-day's *BRITISH MEDICAL JOURNAL*. You observe that Edinburgh has never taken a prominent part in its pursuit; and therefore you recommend, as useful, the appointment of a special teacher. It is now nearly twenty years ago that I suggested to the medical officers of the Royal Infirmary that a ward should be set aside for the treatment of skin-diseases. That suggestion was agreed to; and since then I have annually given great prominence at the bed-side, as well as in my lectures, to everything connected with this important branch of practical medicine. I beg therefore to assure you that no special teacher is required; and that every information necessary for the student of Dermatology has been for many years within his reach in the Medical University.

I am, etc., J. HUGHES BENNETT.

**1, Glenfinlas Street, Edinburgh, January 22nd, 1870.**  
 "Professor Bennett's note suggests the remark that the modern notion of a Department for Skin-Diseases certainly includes the attendance of out-patients. At all the hospitals in London at which these departments have been organised, out-patients constitute the chief feature of the system. It is, however, a pity that no accommodation to supply to students the opportunities they require for becoming familiar with the common forms of skin-disease."

#### EAR-COUGH.

**SIR,**—A case similar to that communicated by Mr. William Bush, of Bath, in the *Journal* of January 15th, came under my observation in May 1868, when I was house-surgeon in the Bristol wards of the Royal Infirmary. The patient, a young man, came to the out-patients' room to be treated for deafness, which I found to be due to plugs of hardened cerumen in both ears. While using the syringe, I remarked that he suffered from a troublesome spasmodic dry cough, for which, he said, he had been treated for several months without amendment. I inquired, on inquiry, that the deafness and cough came on about the same time, I thought it not unlikely that the one was the cause of the other ailment. In compliance with my request, the man came back in about a fortnight to say that he had remained entirely free from cough since his ears were cleared.

I am, etc., C. CURRIE RITCHIE, M.D.

**Moss Side View, Manchester, January 17th, 1870.**

**DISLOCATION OF BOTH BONES OF THE FOREARM FORWARDS.**—Dr. Dowse (Medical Club), referring to a case of this injury related in the *BRITISH MEDICAL JOURNAL* of January 1st, calls our attention to a case described by Mr. Canton in the *Dublin Quarterly Journal of Medical Science*, August 1866. F. F., aged 40, a somewhat short, sinewy built, but muscular man, while driving in a light cart at the rate of seven or eight miles an hour, was thrown out, and instinctively extended his right hand to prevent injury to his head. The weight of the body caused sudden and forcible flexion of the elbow; and the humerus came down, twisting the chest. When admitted into hospital, the forearm was forcibly flexed and the hand supinated. From the swelling and ecchymosis, the more salient peculiarities of this part were recognised with difficulty. Externally, and somewhat anteriorly, the cap-like cavity of the radius could be distinctly felt; internally, the condyle was unduly prominent; anteriorly, no particular point for diagnosis could be determined on, on account of the state of forcible flexion and great tumefaction; posteriorly, the swelling was very considerable, but below it was a depression, favouring the idea that the bone had been broken. In the evening, however, when the attempts were made at reduction, but without success; and, in consequence of sloughing and high constitutional irritation, the limb was amputated. The ulna was found to be dislocated forwards, so that the upper surface of its olecranon lay in front of the capitulum of the humerus. The radius was supinated in its natural position—as regards the ulna—as by the coronary and interosseous ligaments. Of the anterior ligament, the only part remaining at all perfect was a shaggy portion about the centre; all the rest of it had been torn through. The posterior and both lateral ligaments were completely ruptured, whilst the oblique and oblique ligaments were uninjured. The triceps extensor muscle was detached from all its points of insertion. The supinator radii longus was uninterfered with at its origin, but the two radial extensors of the carpus beneath it were torn away from the surfaces whence they spring. The muscles arising from the external condyle, with the exception of the supinator radii brevis and anconeus, were detached. The only muscle that was torn through at its origin from the internal condyle was the flexor carpi ulnaris; the olecranon and ulnar portions of it, however, continued intact. No mischief whatever had happened to any of the pronators and flexors. The biceps and brachialis anticus were put greatly on the stretch. No vessel of large size had been injured. The ulnar nerve was torn across where it passed behind the inner condyle. The sheath of the median nerve was uninjured, and its substance permeated with blood. The other nerves were uninjured.

**Dr. BAKER (Brentwood).**—We think that an inquest ought certainly to have been held when the medical man called in was unable to give a certificate of the cause of death. We are much obliged to Dr. Baker for bringing the case under our notice.

**NOTICES of Births, Marriages, Deaths, and Appointments, intended for insertion in the JOURNAL, should arrive at the Office not later than 10 A.M. on Thursday.**

**F.R.C.P.**—The story, as we have heard it (from an authentic source), is, that a zealous padre had a body placed before him, which presented certain doubtful signs of life. He protested that he could not think of doing the *post mortem* examination, as he did not believe that the woman was dead. The next day he had the corpse again put on the table, and, quietly remarking "there is no doubt about this," proceeded with his investigations with the same views as the padre that he recollected, to his extreme chagrin, that he had done nothing whatever for resuscitation. This occurred at one of our largest hospitals.

**VENEFLECTION IN ITALY.**—The long-continued debility of the King of Italy after his attack of military fever, has naturally called attention to the general custom of bleeding in Italy, as it did after the lamented death of Cavour. An insight into the extent to which this practice prevails in the country, is afforded by some of the hospital reports published in Dr. Chenu's *Medico-Chirurgical History of the Italian Campaign of 1859-60*. Large numbers of Italian surgeons were employed at the French hospitals; and the different views held by the French and Italian practitioners on the subject of bleeding, evidently acted as a difficulty in regard to a concerted action between them. Dr. Cattelou, médecin-principal of the French army, writing of the military hospitals under his charge (Chenu, vol. ii, p. 234), says: "We have continually advised our civil convalescents to abstain from the use of excessive bleeding, recommending them, on the contrary, to reach the strength of their patients by a reparative regimen, instead of weakening them from a belief in a fabulous inflammation. In comparing the practice of the Italian surgeons with our own, we find a difference which is not only a disadvantage, but is only in the progress of diseases, but also in its consequences as regards convalescence." The following remarks from Savona (Chenu, vol. ii, p. 241) are very strong on the subject. The practitioners of Savona carry the employment of bleeding and cupping to an excessive extent. One of them prescribes for a consumptive patient six general bleedings, as well as leeches, in less than a month. The same treatment is ordered for chronic diarrhoea. But as if this excessive blood-letting were not enough, they put their patients on a fatal diet of abstinence, and thus weaken them in every possible way. It is a matter of urgent necessity to send away all the really sick, and to replace them by convalescents who do not require hospital treatment." Dr. Morin, médecin-major of the French army, ascribes the weak condition of the inhabitants of Bergamo, and the prevalence of deformities, among other causes, to the prevailing use of venesection among the people. "The abuse of bleeding" (Chenu, vol. ii, p. 60), he writes, "is a cause of debility and degeneracy of the whole population. Among the women, bleeding is so much in vogue, that it sometimes takes the place of the menstrual discharges. I know at this time of one woman, who, at the age of 40 years, has been bled 100, 150, and even hundred and twenty-two times during her life, and who will probably be bled as often again." Other corresponding remarks might be extracted from Dr. Chenu's work; but sufficient quotations have been already given to show the extent to which venesection is carried into practice in Italy.

We are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Indian Medical Gazette, Dec. 8th; The New York Medical Gazette, Jan. 8th; The Parochial Critic, Jan. 1st; The New York Medical Record, Jan. 1st; The Boston Medical and Surgical Journal, Jan. 1st; The Medical and Surgical Reporter, Jan. 1st; The Glasgow Herald, Jan. 21st; The Albany Inquirer for August 1869; The Western Morning News, Jan. 15th and 22nd; The Glasgow Herald, Jan. 21st; The Coventry Standard, Jan. 22nd; The Newcastle Daily Journal, Jan. 25th; etc.

#### COMMUNICATIONS, LETTERS, ETC., have been received from:—

Dr. J. Hughes Bennett, Edinburgh; Dr. H. Charlton Bastian, London; Mr. T. Longmore, Netley; Dr. Sossino, Florence; Mr. M. Jennett, Birkenhead; Dr. A. L. Adams, Cork; Dr. A. T. H. Waters, Liverpool; Dr. G. Pearce, Leicester; Mr. J. Levy, London; Dr. Balmer, London; Mr. M.L. Fraser, Darlington; W. S. O.; M.R.C.S. Eng.; The Honorary Secretary of the Western Medical and Surgical Society of London; Dr. Gervis, London; A Member; Dr. J. Braithwaite, Leeds; Mr. A. J. Shephard, Usk; Dr. C. R. Bree, Colchester; Dr. R. W. W. Griffin, Southampton; The Secretary of the Pathological Society; Dr. Wolfe, Glasgow; etc.

#### LETTERS, ETC. (with enclosures) from:—

Dr. T. McCall Anderson, Glasgow; Mr. C. G. Wheelhouse, Leeds; Mr. Charles Bader, London; Mr. T. Annandale, Edinburgh; Mr. S. Hey, Leeds; Mr. H. C. Lawrence, London; Dr. Paul, London; M.D.; Dr. George Johnson, London; The Registrar-General; The Secretary of Apothecaries' Hall; The Medical Society of Ireland; Mr. T. M. Stone, London; The Registrar of the Medical Society of London; Dr. Balmanno Scrymgeour, London; Dr. J. W. Moore, Belfast; Dr. T. Britton, Driffield; Dr. C. S. Smith, Seaford; Dr. McIntyre, Odham; Dr. Fergus, Marlborough; Dr. Falconer, Bath; Mr. T. Watkin Williams, Birmingham; Messrs. Partridge and Cooper, London; Dr. J. W. Curran, Mansfield; Mr. W. P. Swain, Devonport; Mr. M. Hall Wright, Birmingham; Mr. Squire, London; Mr. A. T. Norton, London; Mr. George Lawson, London; Dr. Payne, London; Dr. H. Fagge, London; Mr. R. M. Pryce, Newtown; etc.

#### BOOKS, ETC., RECEIVED.

*Artistic Cookery. A Practical System, edited for the Use of the Nobility and Gentry, and for Public Entertainment. With Engraved Plates.* By Urban Dubois. London: 1870.  
*Army Surgeons and their Work.* By C. A. Gordon, M.D., C.B. London: 1869.  
*A New Edition of Our Domestic Fireplaces.* By Frederick Edwards, Jun. London: 1870.  
*The American Journal of Syphilology and Dermatology.* Edited by M. H. Henry, M.D. New York: 1869.  
*The Shilling Manual of Pharmacy.* By O. Davies Owen, M.P.S. London: 1870.



# EXTRACT FROM A CLINICAL LECTURE ON PERINEAL SECTION.

DELIVERED IN  
THE LEEDS SCHOOL OF MEDICINE.

BY

C. G. WHEELHOUSE, ESQ., F.R.C.S.,

Surgeon to the General Infirmary at Leeds.

[I VENTURE to publish a few observations recently made by my class on the subject of perineal section, on the following grounds: that I believe the method of performing the operation therein recommended to be practically, so far as its details are concerned, a new one; that it robs a very formidable operation of much of its difficulty; and because, in my own hands, it has led to more than usually happy results.]

I wish now, gentlemen, to ask your attention to the details of certain cases of urethral obstruction which have recently been under treatment in our wards; and I shall be glad if you will endeavour to follow me while I explain to you certain points with regard to the manner in which you have seen me operate for their relief.

During the past fortnight you have had the opportunity of seeing three such cases; two in my wards and one under the care of Mr. Nunneley. The patients, though progressing in the most favourable manner, are still in the hospital, and are therefore open to further observation.

Of my two cases, I would wish you to note, in the first place, the difference in the manner of the origin of the two strictures. One was traumatic, the result of a kick received years ago; the other was the sequel of gonorrhoeal inflammation frequently repeated, and as often neglected, and was also of many years' standing. Both, ever since their commencement, have been steadily progressing towards impermeability, and have finally resulted in a condition necessitating perineal section. (Cases detailed.)

In the first case, the urethra has probably been more or less perfectly torn across, and, in the after-process of healing, has become constricted by the cicatrization of the parts; in the second, an ordinary stricture, arising, as is frequently the case, from neglected gonorrhoeal inflammation, has, by a long process of subsequent contraction, been finally brought to a condition of complete obstruction.

It is not to these points, however, that I particularly wish to draw your attention just now. They are matters which will be explained to you more fully in the systematic course of surgical lectures, and which need not, therefore, detain us to-night; but I do wish to ask you to note very carefully the *little details* of the operation by which I have proceeded to relieve them; for I am sure that, in performing the same operation hereafter yourselves, if you will bear them in mind, you will find them of very essential service.

I regard the operation, as we are called upon to perform it in such cases as these, as amongst the most difficult in the whole range of surgery; for not only are we unable to introduce any guide into the bladder, but even the normal relations of the parts are frequently altogether altered by disease, and the track of the knife must of necessity lie in a very devious course. Moreover, unless that course, however altered and devious it may have become, be both accurately and unswervingly followed, and the urethra be *really* laid open through the entire track of the strictured portion, the operation may prove fruitless in the end, and nothing but disappointment to all concerned will come of it; the patient's condition will be in no way improved, and the operation will be regarded as an unsatisfactory one; but if, on the other hand, it is performed with accuracy and precision, and with such care as you have seen exercised, I venture to say that, in a large majority of cases,

it will lead to such permanent cure that, with moderate after-attention in the occasional use of the catheter or bougie, the urethra may be maintained in a very tolerably perfect condition. The patient, then, is secured in lithotomy position, and is so placed that the light may fall full upon the perineum; the buttocks are slightly raised, that it may strike as much as possible in the line of the axis of the outlet of the pelvis. A curved staff of full size, grooved upon its convexity, is then passed down to the obstruction, and its point is firmly pressed against the stricture; in this position it is steadily maintained by an assistant until the urethra has been opened. For this purpose, operators generally use the catheter they intend to introduce into the bladder; I prefer the grooved staff for the following reasons: it is more easy to cut into; it is less liable to roll under the knife, and so cause it to slip; and there is no choking of the catheter with blood, a circumstance which not unfrequently happens when that instrument is used, and which sometimes prevents the free escape of the urine even after the bladder has been reached, and thus leads to doubt as to whether this object has really been attained or not. I next introduce the forefinger of my left hand into the rectum, and feel for the apex of the prostatic gland; having ascertained that as a landmark, I enter the scalpel, with its back to the rectum, immediately in front of the anus, and, cutting upwards and forwards, lay open the perineum. I then carefully clear the urethra where it is distended by the staff by a few after-strokes of the knife. When I am satisfied that the urethra is quite cleared, I open it, not as is usual, by cutting upon the point of the staff, but by cutting into the groove a quarter of an inch or so above the point which is still kept firmly pressed down upon the stricture. I next seize with artery-forceps each lip of the opening I have made into the urethra, and with these draw open the canal, carefully assuring myself that the mucous membrane is included. The position of the staff is next completely altered. Taking it in my own hand, I reverse it, turn the point out through the opening I have made, and use it to draw forward, fix, and steady the urethra. If the parts are now thoroughly sponged, I have the interior of the canal so fully exposed to view that I can steadily follow its upper wall; this I do with a fine probe-director until I have cut my way completely through the stricture, and have come out into the dilated part of the urethra which usually lies behind it, or, as sometimes happens, into a second or more strictures; this effected, I am generally able to pass the small director which I have been using immediately onwards into the bladder. Now, at this point I have seen the most skilful operators completely baffled; and although they have succeeded in effecting the division of the stricture most perfectly, I have known them fail entirely in their attempts to carry the catheter onwards into the bladder. Without a guide it is often a most perplexing and difficult matter to find the opening into the posterior portion of the urethra, or, when this is found, to insinuate the catheter into it by the side of the director; and it is precisely at this point that my little grooved director becomes of all-important service. Having reached the bladder with that, I turn the groove downwards; with a straight probe-pointed bistoury run along it, I make sure of the division of any further obstructing bands, and, finally, I completely open up the prostatic urethra by sliding along the groove of the director the little instrument which I now show you, the "probe-dilator," an instrument introduced by the late Mr. Teale for use in lithotomy, and thus obtain a broad metallic floor upon which I can, without any danger of failure, introduce a catheter of even the largest size.

Thus, gentlemen, you will perceive that I reduce the difficulty of laying open the stricture as much as possible, by following every touch of my knife through it *with my eye*, and of securing a free passage for the catheter through the posterior part of the urethra by a most easy method of free dilatation. Finally, I retain the catheter, armed with an elastic tube, in the bladder during the early period of the healing of the wound, and thus secure a free passage for the urine for some days at least.

Let me commend this method of operating very earnestly to your notice; you will find it more speedy in the performance, and more perfect in result than any less accurate proceeding, and I venture to hope and think that you will never regret the adoption of my rules.

## REMARKS ON LITHOTOMY:

WITH A STATISTICAL ACCOUNT OF OPERATIONS; COMPARING THE LATERAL WITH THE MEDIAN METHOD.\*

By THOS. W. BENFIELD, F.R.C.S.,

Senior Surgeon to the Leicester Infirmary.

I PROPOSE, with your permission, to give some account of the cutting operations for stone performed in this Infirmary since the year 1851; and, although I find it impossible to enter into the details of all the cases in the short space of time which can be allowed to any readers of papers at such a meeting as the present, I think I may venture to intrude upon your time and patience whilst I bring before you some statistics of the operations which have been performed in the Leicester Infirmary by our present surgical staff, comparing the method chiefly adopted here with the lateral adopted elsewhere.

I am led to do this, because I believe that the lateral operation, as a general rule, is that which is followed at most of our large metropolitan and provincial hospitals, and because so high an authority as Sir Henry Thompson strongly advocates it in preference to the median method. It may, indeed, savour of presumption on my part to oppose in any way such authority; and, therefore, with my comparatively very small experience, I desire only to state facts which have come under my own observation, and to elicit at this meeting the results of the experience of those gentlemen whose opportunities of observation have equalled and exceeded my own, and whose power of concentration and whose judgment have most probably surpassed what it is my lot to possess.

It is most difficult to obtain a perfect comparative analysis of a large number of cases, because it needs a most minute and accurate detail of all the circumstances, such as age and constitution, the nature and size of the calculus, the condition of the prostate and urethra; and hence the great obstacle to the conveyance of such knowledge as shall unmistakably point to the safest and best method of removing stone from the bladder by lithotomy. Each surgeon may have his own bias and opinion according to his individual success and habit of operating; and he may have more tact in operating in *his accustomed* mode than in that which may have been more successful with others.

I have performed both lateral and median operations in several cases, having had only two deaths; and the majority of my operations has been by the median method, or that advocated by Mr. Allarton in a pamphlet which he published in the year 1854. This is the operation which, since its first adoption, has, with some few exceptions, been the practice of my colleagues and myself, and, I venture to believe, with very satisfactory results. It is, as you know, a modification of the Italian operation; but I need not detain you by describing it, as it is, almost certainly, *theoretically* known to all, and *practically* to many of you.

Sir Henry Thompson admits the applicability of it especially in children; though I do not gather from his observations that he recommends it in preference to the lateral, even in them, for he says (p. 69), in his work on *Lithotomy and Lithotripsy*, published in 1863: "The lateral is generally, and no doubt correctly, held to maintain its superiority, as a rule, over other methods." Yet, in speaking of it in children, he says, that "the deep incision in the urethra and prostate should be made with cleanliness and decision, and with sufficient freedom to admit the tip of the operator's index finger with tolerable ease, otherwise he may drive the neck of the bladder along the staff, or slide the finger into the cellular interval between the bladder and rectum."

This, at least, shows how much care is requisite even in the lateral operation in children, and brings to my mind what before appeared to me one of the chief difficulties or sources of anxiety in the median operation in young subjects. Let each one of us be careful how he exerts his own success, for difficulties and *contraindications* occur to all, and do not necessarily imply want of skill. Again, one surgeon may have a long career of success, and yet, by one or two subsequent misadventures, reduce his previously large percentage of successful cases to the average, or below the average, of the good fortune of others.

I have seen a similar accident, against which Sir H. Thompson warns us, occur in the median operation, in which the urethra was so much torn as to preclude the possibility of passing the finger into the bladder, and in which the patient died without the removal of the stone. Mr. Maunder, of the London Hospital, has described, in the *Medical Times and Gazette* (No. 972, p. 167), the case of a child in which this same accident occurred, with failure in the extraction of the stone, and which also resulted in death. These two cases show the importance of a suf-

ficiently free and clean incision of the urethra in both operations, as the like accident may occur in either; and here I may remark, *en passant*, the necessity of being sure of the entrance of the finger into the urethra before any attempt at dilatation of the prostate be employed in the median method.

In Mr. Maunder's case, just alluded to, the difficulty which he encountered was in passing the finger between the upper surface of the probe used and the under and grooved surface of the staff, in attempting which, the prostate and neck of the bladder slipped away in front of his fingers; and he therefore suggests the use of a grooved director instead of the probe, with a view to incising the prostatic urethra if the resistance at that point be great. This is not following, precisely, Allarton's operation, for he recommends the withdrawal of the staff after the introduction of the long probe, and *before* the introduction of the finger. Now, the practice which my colleagues and I have generally followed, has been not to withdraw the staff until the bladder has been entered by the finger, though I have done this in one case, trusting to the probe alone as a director, because I had great difficulty in inserting my finger without the removal of the staff; and I have seen my colleague, Mr. Marriott, adopt the same plan. I have generally, however, found the staff a most useful director to my finger, and I consider that it, in addition to the finger, forms an admirable dilator of the prostate. Indeed, this is the plan which Manzoni, of Verona, adopted; but he gives this necessary caution, viz., not to pass the finger into the prostatic urethra under the staff, but on the patient's right side of it. This plan I have always followed; rather, indeed, curving my forefinger towards the upper surface of the staff; and I am convinced of its importance.

I will now describe the chief structures divided in the two operations. In the lateral, they are the skin and superficial fascia, the transversus perinei muscle, and transverse perineal artery; the deep perineal fascia, the membranous urethra and its muscular surroundings, very probably the artery of the bulb, a part of the prostate gland with its urethra, and frequently the accelerator urinae muscle covering the bulb, and a portion of the levator ani. In the median, they are the skin, the superficial and deep fasciae, the membranous portion of the urethra and muscular fibres surrounding it, but not of necessity the prostate gland, the avoidance of which, according to Mr. Allarton, is one of the chief advantages of the median over the lateral.

I consider that the division of fewer and less important structures renders the median operation worthy the consideration of surgeons. The largest stone that I remember to have seen extracted by this method, without any breaking by the forceps, weighed an ounce and a half avoirdupois; and I have removed several of nearly the same size successfully. If the stone were very large, and the prostate unyielding, I should not hesitate to incise it, and to extend the incision in the deep fascia, and to crush with the lithotrite, although I should incline in such cases rather to the adoption of the lateral.

Sir H. Thompson gives a table of 1827 cases of lateral lithotomy, with 229 deaths, or 1 in 7.977; i.e., nearly 1 in 8; and I am gratified to find that the Leicester Infirmary ranks second only to Cambridge; but I will mention all the hospitals, with their results.

Norwich (Crosse).....	669 cases, with 91 deaths—about 1 in 7½
Since that time.....	124 " " 15 " " 1 in 8½
Oxford .....	110 " " 14 " " 1 in 8
Leicester .....	90 " " 8 " " 1 in 11
Leeds.....	29 " " 4 " " 1 in 7½
Birmingham .....	102 " " 10 " " 1 in 10
Guy's Hospital.....	230 " " 33 " " 1 in 7
St. Thomas's Hospital.....	200 " " 29 " " 1 in 7
University College.....	90 " " 12 " " 1 in 7½
Cambridge .....	183 " " 13 " " 1 in 14

1827 229

It is but just, however, to say that such a table is incomplete without more detailed statistics as to age, etc.

Mr. Martineau of Norwich is reported to have operated on 84 cases, with only 2 deaths (Sir H. Thompson); and I am informed by my friend Mr. Fullagar that his operation was by the lateral method, with curved staff and knife, and by dilatation of the prostate with the blunt gorget.

"Mr. Allarton records 139 cases of median lithotomy at all ages, with 13 deaths" (Sir H. Thompson), or 1 in 10½.

"De Borsa declares, of 100 cases operated upon by him and Manzoni, by the latter's median method only one died, and that from causes irrespective of the operation?" (Mr. Allarton).

The operations performed at the Leicester Infirmary by the present surgical staff, and not included in Sir Henry Thompson's table, are as follows.

*Median operations*, 57; with 3 deaths, or 1 in 19; of these, 9 were adults, or above 17 years of age; the deaths were, 2 adults and 1 juvenile. *Lateral operations*, 12; of which 11 were cured, and 1 adult died, aged 67. The grand total is 69, with 4 deaths, or 1 in 17. The result is, in median operations, 1 death in 19; in lateral operations, 1 death in 12. Comparing these with the statistics of the Leicester Infirmary, given in Sir H. Thompson's table, all of which were *lateral*, it stands as 1 to 11 in that table, and 1 to 17 in our mixed operations subsequently performed; but, in taking our median alone, as 1 to 19 against 1 to 11 lateral.

To economise time, I will not enter into further comparison of the two methods, but rather refer you to my statements, because I believe that the Italian, and its modification in the median method, have not had the due consideration by the profession to which they are entitled. I do not regret to say that I have had very few opportunities of judging whether or not the prostate gland has or has not been lacerated or overstretched in the extraction of stone by the median operation. I can only say that I have never had any ocular demonstration of that lesion, nor have I met with any statement to that effect, and proved by *post mortem* examination; but this is a question, gentlemen, which you must decide from your experience and reading, the answer to which I shall be glad to elicit at this meeting. When I consider the structures divided in the median operation as compared with those divided in the lateral, and at the same time weigh the results of our smaller number of operations with the more generally adopted lateral, I think I have reason, in properly selected cases, to continue its use, and to bring it before your notice as worthy of your consideration. In my own two cases which died, the stones were not large; the extraction of them was easy; there was nothing to lacerate the prostate; and, in Mr. Marriott's single median death, abscess and peritonitis occurred suddenly at the end of three weeks.

In respect of hemorrhage, I must say a few words. In one case only out of twenty-five median have I had occasion to use the lithotomy-tube, or to ligature; but in one lateral operation out of nine, I was obliged to secure two vessels, on account of sharp bleeding. Now I think it is but just and honourable to say why, in my opinion, the hemorrhage, followed by death, occurred in that median operation, and it was this: the perineum was deep, and I failed at first to hit the groove in the staff; and the blade of the knife passed by the side and beyond the urethra, probably wounding the artery of the bulb, or some artery abnormally distributed. In no other cases have I encountered primary hemorrhage which was not easily controlled, or in which I had occasion to ligature or to use the tube.

On referring to Mr. Marriott's notes, which he has kindly given me, I find that he had occasion to use the tube twice in his median operations, and both patients recovered; in three cases there was smart hemorrhage requiring ligatures; but in two out of his three lateral operations there was severe hemorrhage requiring the plug, and one of these patients died from pyæmia in seven days; and in the third case there was free venous hemorrhage.

I have once had secondary hemorrhage in a child, which occurred on the tenth and eleventh days after the median operation, and which was so severe as almost to threaten death. This was controlled by ice applied to the perineum, and by the internal administration of gallic acid, and the child recovered.

Mr. Thomas Smith of St. Bartholomew's Hospital, in a paper lately published in the *BRITISH MEDICAL JOURNAL*, quotes twenty lateral and one median operation, all in children, in all of which he introduced the lithotomy-tube, and he recommends its use in all cases as a preventive of hemorrhage; but from my own experience I think this unnecessary, and, if unnecessary, objectionable; nevertheless, all his cases were successful.

In two or three cases I have observed in my own practice orchitis of one or both testicles following the median method; this I do not recollect to have seen after the lateral operation. The inflammation somewhat retarded the recovery, but occasioned no further inconvenience.

In two cases—one lateral, the other median—liquid feces passed *per arcturum*; and in one of them—the lateral—flatus also escaped by the same passage. In the median, it occurred in a boy 12 years old on the thirteenth day after the operation, in which case the stone was rough and large, and composed of oxalate of lime. In the lateral case, which was a complicated operation, on account of the extraction of two large phosphatic calculi, combined with stricture of the urethra, flatus passed by the urethra at the end of three weeks, accompanied by liquid feces; but both of these recovered completely without further surgical interference. In neither of these was the rectum wounded by the knife, but, as I infer, from sloughing occurring after the operation.

In this latter case, the man, aged 32, had been the subject of stricture for several years; and although I had dilated the stricture gra-

dually for days prior to the operation, I was unable to introduce the curved laterally grooved staff; and, whilst he was on the table, I first opened the stricture by Thompson's dilator, and then readily passed Aston Key's straight staff. The first stone (for there were two) was removed after prolonged careful extraction; but I was compelled to crush the second by the lithotrite, as it could not be extracted without using undue violence. And here, I may remark, that this latter proceeding is one which Sir H. Thompson condemns as a dangerous proceeding in a bladder entirely empty of urine; but, with the exception of the sloughing before mentioned, which, in my opinion, was entirely independent of the use of the lithotrite, no untoward symptoms followed, and the man recovered.

I ought to add that upwards of thirty operations were done by my late colleagues, Messrs. Paget and Macaulay, since the year 1851; but I have been unable to obtain satisfactory details as to the method adopted, and therefore they are not included in my table.

## THE MODE IN WHICH DIRECTION IS ASCERTAINED BY MIGRATORY ANIMALS.\*

By FREDERICK JAMES BROWN, M.D., Rochester.

I AM impressed with the idea that migratory animals are provided with some mode of determining the course of their voyages. If such power be not conceded to these animals, it becomes necessary to refer their migratory movements to pursuit of food seated in definite directions, or to the appreciation of temperature in definite directions.

The vertebrata possess only five outward senses; consequently, fishes and birds are unprovided with special senses for determining direction, yet these classes of animals may possess olfactory and visual powers capable of guiding them in a definite course. It appears to me that the olfactory sense may enable fishes, and possibly birds and mammalia, to perceive electric and magnetic currents; and that the visual sense may enable birds to distinguish differences in the light emanating from the stars, also angles caused by the varying position of the heavenly bodies. If this be true, fishes and birds navigate the seas and the air by the aid of the same sciences that guide the mariner. And I ask, is not this highly probable? Art is nothing more than Nature elaborated by man, and Science is Nature herself. Sensational animals do instinctively that which man has learned to do by laborious research. It is possible that man may one day be able to navigate the globe by modes identical with those employed by fishes and birds.

The social instincts of man are multitudinous and exceed those of the lower animals a thousand-fold; yet by their subordination to the reasoning faculty, they render him a creature dependent on his own industry rather than on native gifts. In this way the social life of man differs essentially from that of the lower animals. The peregrinations of mammalia generally, and of the cetacea particularly, are probably guided by the same forces that guide birds and fishes. Ordinary smell and sight are capable of guiding quadrupeds for long distances; yet the return of the dog and of the cat to their homes when removed to incredible distances, renders some mode of determining direction a necessity.

I should think that experiment on the different senses would elucidate this question; for instance, migratory birds might be blinded, others might be deprived of the sense of smell, others of hearing. Should such maimed birds, duly ticketed, be found in the countries to which they usually resort, the inference would be that the birds were conducted by their companions, or that they possessed some other mode of discovering direction and locality than that which is assumed to exist.

I beg leave to record an anecdote of a sheep-dog, related to me many years since by a shepherd. A dog was taken from the Hundred of Hoo to Ashford. The dog found its way back; but, strange to say, it took a straight course through the Isle of Sheppey, and crossed the harbour of Sheerness to the Isle of Grain, instead of passing circuitously by way of Rochester bridge.

It is evident that the faculty or power of locality, however highly developed, will not account for the return of animals to their home when removed in closed vehicles to very great distances; and in the case of migratory birds, it is known that the young cuckoo leaves this country after the departure of its parents, consequently inexperienced as to route and locality. I feel confident that experimental inquiry into this subject will demonstrate, in the lower animals generally, and in migratory animals particularly, the existence of power to ascertain direction. I would mention one circumstance taken from human experience that bears on this question. A half-witted man could tell the

\* Read before the West Kent District Meeting.

† Whether by swimming or in a boat, I do not recollect.



daily hours, within half an hour, by observing the position of the sun. Now, what this *sensational* man did in reference to time, other *sensational* animals may do in reference to direction of motion.

## MECHANICAL INJURIES IN A CASE OF CON- GENITAL PURPURA.

By FREDERICK WATERHOUSE, M.R.C.S., Pont-y-Pridd.

UNTIL very recently, we have been taught to regard purpura and the hæmorrhagic diathesis as disorders distinct and unconnected, and but few of us would have been disposed to consider them identical. As lately as 1867, Dr. Garrod writes (BRITISH MEDICAL JOURNAL, p. 6, vol. ii), that the hæmorrhagic diathesis "differs from purpura in being never attended with any febrile reaction"; and such was the distinction given me the other day by an eminent physician in the north. But Aitken, under the head of purpura, says (p. 820, vol. i): "To this class of cases, as a form of disease now under consideration, are to be referred those cases of profuse or fatal hæmorrhage from slight causes, recorded under the name of '*hæmorrhæa*,' which have been ascribed to a diathesis termed *hæmorrhagic*, and which is supposed to be hereditary." Not finding any mention of the hæmorrhagic diathesis in the new *Nomenclature of Diseases*, I conclude that the College of Physicians takes the same view as Aitken, and considers this diathesis as a form of purpura; for, if it be not so, how can we register a death caused by hæmorrhage from a slight wound in this disorder? Congenital purpura, therefore, is the name which I will give the following interesting case—interesting as showing some of the consequences of injury in subjects of a hæmorrhagic tendency; merely remarking in contradistinction to Dr. Garrod, that purpura is "a disease not usually attended by fever" (*Nomenclature of Diseases*, p. 27).

The patient, who has been under my care upwards of two years, and whom I have had constant opportunities of observing, is a sharp little fellow of a fair, pale complexion, bright blue eyes, and thin transparent skin. There has been no enlargement of the glands of the neck, the muscles are soft and flabby, and the extremities at times cold and blue. His tongue is generally coated with a yellowish-brown fur, his appetite is good but capricious; his bowels are open as a rule after each meal. He is subject to oedema of the eyelids, to obstinate bleeding from trivial wounds, and his elbows, wrists, knees, and most frequently his ankles, swell at times to a considerable extent, and are very painful; this swelling usually continues a fortnight. Patches of ecchymosis appear also on the abdomen, thighs, and legs, and are seldom absent; it is not often that they can be traced to any injury, but they are attended with much debility, without febrile reaction. I have never been able to detect "an excess of albuminous matter, or a deficiency of urea in the urine" (Aitken, vol. i, p. 819). He is the youngest of a family of eight (four sons and four daughters). There is no hæmorrhagic history on either parent's side, except that the mother has suffered for some years from menorrhagia (*vide* Graily Hewitt, *Diseases of Women*, p. 52); the disorder has been developed in the three younger boys only, two of whom have died (aged 6 and 8 years) in consequence, having exhibited the same symptoms as described above. The eldest son (who was drowned at the age of 18) and the girls, though scrofulous, have never shown symptoms of this diathesis. I vaccinated the son of the eldest daughter, but no bleeding occurred.

Last Christmas, Mr. Walter Morgan and myself were called to see this boy, then four years of age. He had fallen against a bedpost and loosened three upper incisors, from around the roots of which blood began to flow incessantly. For three days, a fair trial was given to acetate of lead internally and externally, tannic acid, and perchloride of iron with pressure; but the gums became swollen and spongy, and the hæmorrhage did not abate. Mr. Morgan extracted the teeth and plugged the holes with lint soaked in carbolic acid, which stopped the bleeding for a few hours. It commenced, however, afresh; and, for six days, the thin almost uncoagulable blood trickled down the throat or out of the mouth. The stools were sanguineous. He lay in his mother's arms, most of the time asleep; when awake, his eye was remarkably clear and intelligent. His mouth became dry, stained and burnt with the styptics used. On the seventh day, when his skin had become cold and deathly white, his voice gone, and when, with the exception of administering a little brandy and cold water, we had given up all treatment as worse than useless, and we were momentarily expecting dissolution, the hæmorrhage ceased. Strength rapidly returned; in a few days the gums healed, and, in a week's time, he was able to go about.

On the 9th of September last, I was again called to the boy. He had fallen from a form in school twenty-six hours previously; there was a bruise over the left frontal eminence, but the skin was entire.

Blood had infiltrated the cellular tissue of the whole forehead and the eyelids; the latter were so puffed and distended that I found it impossible to see the left eye. The skin over the superciliary ridges and the right eyeball appeared natural. The eyelids had begun to swell nine hours after the injury. There were numerous small hæmic spots over the abdomen, a purple patch over the right hip, two inches in diameter, and several others on the legs. There was no pain or pyrexia. The treatment consisted of cold applications; fifteen grains of compound jalap powder, immediately; two drops of turpentine every six hours; low diet.

On September 10th, the eyelids were not so much distended. Ecchymosis extended above, among the roots of the hair to the coronal suture, and below, to the left ramus of the lower jaw. The turpentine was continued. On the 11th, he was able to walk about. There was pain over the left eye, which he could not open yet. The ecchymosis was extending into the left ear (helix) and neck. The swelling of the forehead was greater, and of a livid colour. Pressure was ordered to be applied, and the turpentine to be continued. On the 12th, 13th, and 14th, there was no further extravasation, and pressure was discontinued. On the 15th, he presented a peculiar appearance. The entire face was dusky blue. The outer half of the sclerotic surface of each eyeball was of a brilliant red colour (the blood having penetrated under the conjunctiva), the inner half remaining of a clear white. Iron was now substituted for turpentine. After this, absorption went on rapidly, and in two weeks there was very little trace of the injury. He is now in fair health.

With our present pathological knowledge, we cannot explain that peculiar condition of system which is characterised by purpuric symptoms, and which is manifested in various forms of disorder, ranging from a mere diathesis, or a non-febrile complaint, like what has been termed "ephidrosis cruenta", to diseases accompanied by great constitutional disturbance, as cerebro-spinal fever; but I believe it will be found to be due, not so much to a morbid condition of the blood, or a defective state of the capillaries (Miller's *System of Surgery*, p. 231), as to some loss or loss of energy of the organic nervous centres, induced sometimes by blood-poisoning. There are two curious facts observable in this case which, not improbably, may be owing to the cessation or elimination of a cause of vaso-motor palsy. They are—

1. The stoppage of bleeding and rapid recovery after the patient had become, as it were, drained of blood. This, Dr. Allbutt tells me he has observed; and it has often occurred to the three hæmorrhagic subjects of the above family.

2. The duration of the purpuric symptoms for a fortnight. Miller describes similar symptoms as continuing the same time in the hæmorrhagic diathesis.

The therapeutic action of turpentine in arresting hæmorrhages and controlling some forms of inflammation, and its power as an antidote for phosphorus, are not improbably dependent on a stimulating influence which it may possess over the vaso-motor nerves.

## CASE IN WHICH A PIN WAS SWALLOWED AND PASSED SAFELY THROUGH THE INTESTINES.

By GEORGE NEWSTEAD, M.R.C.S., Eccleshill.

On the 6th of November, at about 8 p.m., I received an urgent summons to visit a child named Fawcett, aged 11 months, who was reported to have got a pin into his throat. The messenger informed me that he had *seen* the pin, and had made an unsuccessful attempt to extract it. I inferred, from the statement which he made to me, that the pin had been then resting obliquely across the fauces, with the head pointing downwards in the direction of the oesophagus. On my arrival at the house, the child's mother told me how the accident had occurred; and the manner of it was a singular one. She had taken the infant to her breast, having, at the time, the pin in her own mouth, from which it accidentally dropped and was received by that of the infant. The woman also mentioned that she had (a few minutes before my visit), at the suggestion of a neighbour, let the crying child have the breast, which it took greedily, and soon became perfectly quiet. I looked into the child's throat, in which I could not detect the presence of any foreign body said to have entered its mouth, nor could I (supposing it had been ejected therefrom), after very careful search round the place, discover its whereabouts. Under a strong impression, therefore, that the pin had really passed down the child's oesophagus, I requested the mother closely to watch for and examine the alvine evacuation. With a vigilance which no detective could have exceeded, Mrs. Fawcett appears to have followed my instructions; for, at the expiration of three days from the time of its being swallowed, the pin was found by her

among the feces and brought to me. It was an inch and a half in length, the head being rather large and the point very sharp.

It is scarcely probable that I should have communicated this case had it not been that I desired to append to it an observation which might, I thought, possess a certain amount of practical value. I did not, although urgently requested to do so, administer to my little patient *Purgative* or any other kind of medicine.

### ON A PORTABLE SPIROMETER.\*

By W. P. BAIN, M.D.

IN 1846 was read, at the Royal Medical and Chirurgical Society of London, a paper "On the Capacity of the Lungs and on the Respiratory Functions, with a view of Establishing a Precise and Easy Method of Detecting Disease by the Spirometer", by John Hutchinson, Surgeon.

This was one of the most brilliant papers ever read before the Society. The original views, the great research, the numerous observations, and the discoveries of the relations between respiration and the height and weight of an individual, and to health and disease, stamped the author at once as no ordinary man. An instrument which he invented—the spirometer—was one of his chief aids in these investigations, and he thoroughly established its value in the diagnosis of diseases of the chest.

His physiological views were very extensively adopted, and they are now standard in all works on physiology. But how have we benefited by these discoveries? In the treatises on medicine at this day, they seem to be entirely ignored. In Hoblyn's *Dictionary of Medical Terms*, the word "spirometer" is not to be found; neither is it mentioned by Sir Thomas Watson. Dr. Barclay's excellent work on *Medical Diagnosis* contains not a word on the subject. In one part of his book he says, "All true diagnosis is ultimately based upon inductions separately framed out of clinical and pathological investigations and experiments." And yet, while treating of phthisis, he passes over in total silence one of the most simple and accurate means of diagnosing this disease at its commencement, and ventures to say that "in its early stages accurate diagnosis is perhaps impossible with the aid of physical signs"—one of which physical signs, and perhaps the most important at this period, he entirely overlooks.

Dr. Guy, in speaking of respiration, treats very fully of the spirometer; and yet, when he treats on the diagnosis of phthisis, not a word is spoken of its great practical value. I believe, indeed, that the profession in general does not sufficiently prize the indications supplied by its use, for it is certain that the invasion of phthisis may be detected in this way before it can be by percussion and auscultation. On this point Dr. Hutchinson, speaking of one of his cases—the American giant Freeman—states that, when he examined him during his "fighting condition", he found that his vital capacity was 434 cubic inches. Two years afterwards he came to town in ill health. "I then examined him", says Dr. Hutchinson, "twenty times at various intervals, during which his vital capacity varied from 390 to 340 cubic inches, and the mean of the observations was 344—a decrease of 90, or more than 20 per cent. At this time, I took him to two physicians well skilled in auscultation, and they both affirmed that they could not detect any organic disease." He became rapidly worse, and confirmed phthisis ended in death a year afterwards.

But it is not only in affording evidence in phthisis that the spirometer is valuable; it is also of the highest service in cases of a converse nature. What can be more satisfactory both to the patient and to the physician than to be assured thoroughly that in supposed cases of consumption there really exists no such disease? If, besides a favourable report of a patient's health through percussion and auscultation, the spirometer indicates that his vital capacity equals or exceeds the natural mean, a great additional testimony is afforded of his health, and an immense relief is given to his mind, while the physician feels doubly sure of his diagnosis.

It is possible that defects in the construction of the spirometers in use may have led to their not being employed so often as is evidently necessary. The bulk, the weight, the consequent want of portability, and general complex arrangements of stopcocks and valves, may have led to these results. In Dr. Hutchinson's, for example, the patient has to be educated, as it were, in its use. He has to be taught to turn the stopcock at the precise moment when he begins to expire, and to turn

it off again at the precise moment when his expiration ceases: a certain time is wasted in teaching this.

A simple and portable spirometer is much to be desired. As almost every one knows, Dr. Hutchinson's spirometer is on the same principle as an ordinary gasometer—one cylinder inverted in another which is partially filled with water. The smaller cylinder rises in proportion to the air which is blown into it, and the amount is marked by an index and a scale on the side.

Another instrument, sold by Mr. Coxeter of London, is of a more portable description. It consists of two air-tight bags joined by a stopcock, with another at each end. In using it, the intermediate stopcock is closed, and the patient breathes into the first bag. The stopcock at the mouth-piece is then closed, the intermediate one opened, and the air passed into the second bag, which is graduated so as to measure all the air that may be expired. This instrument, though apparently simple, has the disadvantage of three stopcocks and the repeated measurements.

Some time ago, it struck me that an instrument upon the bellows or accordion principle, having a graduated scale at the side, would fulfil all requirements. I found, however, that in practice it did not work well. One side would rise more than another, and the indications were therefore inexact. I then thought that, by fixing one end so as to form a kind of hinge, and allowing the other to be free, and making the body long and narrow, the rise would be more steady and uniform, and the scale have a longer sweep, so that it might be graduated with clearness. I have therefore had the instrument made in this manner—measuring twelve inches in length, six in breadth, and about two in depth: a graduated scale in brass, or a tap, is so placed as to indicate the amount of cubic inches expired. The weight of the top and bellows is counterbalanced by a spiral spring within the instrument, and no stopcocks are required to complicate the arrangements. It can be carried in the hand or under the arm like a book, and is, in every sense, simple and portable.

In experiments which I lately made on artificial respiration, I occasionally used one of these instruments, with satisfactory results. I found that it was very sensible, and easier in every way to manage, than other means—being portable, not requiring water, and the nuisance of valves and stopcocks being done away with.

In connection with this subject, I venture to lay before you a few practical remarks on the different modes that have been used for artificial respiration, in cases of asphyxia from drowning, poisons, gases, strangulation, etc., with a system of my own, which I believe to be simpler and more effective than any other.

The system of Marshall Hall was examined some years ago, by a committee of the Royal Medical and Chirurgical Society, and found not to realise the expectations that had been formed of it. The plan of Dr. Silvester was also tried by the same committee, and it was found that a considerably larger quantity of air could be introduced by it than by any other hitherto known, and it was accordingly recommended and adopted by the Royal Humane Society. It is so well known, that I need only say that its principle consists in causing the thorax to expand, by imitating the natural act of inspiration, by traction of the inspiratory muscles in raising the arms of the patient above his head.

Professor Mattei, of Paris, in 1867, brought before the Academy of Medicine of Paris, a method of inducing respiration in the newly-born infant, during suspended animation. This consists in raising the infant by its shoulders and giving it some shakes, or "secousses", as he terms it. He did not, however, explain the rationale of the process, nor did he propose to extend it to the treatment of adults.

Another plan was proposed by the celebrated Pacini, of Florence, who advises that the operator should stand at the head of the patient, who is lying on a table. The head is then placed against his abdomen, the fingers passed behind the shoulders into the axillæ, and the upper portion of the trunk moved upwards and forwards, or towards the head of the operator. This plan is well thought of by its inventor; but, when tried in this country, both by myself and by others, has not given so good a result as Silvester's, whilst its performance is most fatiguing to the operator.

The method which I have discovered is founded upon that of Silvester; but whereas he adopts what I call a roundabout mode of acting on the chest, through the arms, I act immediately on it, by pulling the shoulders up at once, by the hands placed in front in the axillæ. It is three times more simple than Silvester's, as one movement only is required, instead of three, and the operator has not to bear the weight of the patient's arms, which, as he has to stoop over the body at the same time, involves immense fatigue, when his efforts are long continued.

\* Read in the Physiological Section at the Annual Meeting of the British Medical Association at Leeds, July 1869.

## CLINICAL MEMORANDA.

## CASE OF PERITYPHLITIC ABSCESS: WITH REMARKS.

By JOHN A. CAMPBELL, M.D., Assistant Medical Superintendent, Counties Asylum, Harrogate, Garlands, Carlisle.

M. M., a female aged 51, had been an inmate of this Asylum for seven years. On February 23rd, 1867, she had been complaining for the last few days of pain over the cæcum, and had not taken her food well. She was feverish; pulse 100. There was tenderness over the cæcum and down the right thigh. On March 1st, the patient continued feverish; the temperature in the axilla was 102 deg.; the tongue furred; the bowels loose, and the stools dark-coloured. The pain and tenderness over the cæcum and down the right thigh still remained; there were no typhoid spots. She has been getting nourishing diet and opiates. Fomentations, both with warm water and with turpentine, had been applied to the abdomen, but gave little relief. On March 13th, a dark spot was noticed at the upper part of the right groin, under Poupart's ligament, extending to the middle line, with an inflammatory blush around it. Next day, pus began to come out at this spot, and then fecal matter in little hard lumps, having a most foul smell. She was very weak; pulse 110. The fecal discharge continued for four days; then fecid pus issued for several days. On April 1st, the pus had lost its bad smell; the sore was dressed with solution of carbolic acid in water. On May 1st, there was marked improvement; and on June 1st, the patient's health was much improved; and there was little discharge, and the sore had contracted to a third of its former size. Shortly after this, the discharge ceased and the sore had nearly healed, when the discharge began again and continued for a few days. During its continuance, the sore increased in size. The breaking out of the discharge was preceded by sickness. At intervals, a very little discharge had taken place, always preceded by sickness. On January 1st, 1868, she was stout and well. In October 1869, she remained in good bodily health, but at lengthened intervals fell ill for a day or two, when the sore opened, and a few drops of pus were discharged. The sore healed up again very quickly.

REMARKS.—In this case, from the signs, course, and termination, I think that impaction of feces in the vermiform appendix was the cause of the mischief; that inflammation and adhesion to the abdominal parietes took place; that ulceration with discharge of the impacted feces followed; that an abscess, circumscribed by inflammatory adhesions, was then formed, which pointed through the muscles and discharged the pus and hard lumps of feces; that, the vermiform appendix having got rid of its irritating contents, the edges of the ulceration began immediately to heal, and the walls of the abscess contracted and closed in the usual manner. The breaking out of the sore at times, and the recurrence of slight discharge, were probably due to the extreme length of the sinus having caused its irregular contraction when healing.

## AMPUTATION OF THE WHOLE OF THE EXTERNAL GENITALS DURING DELIRIUM TREMENS.

(Under the care of Messrs. FRANCIS and GRANT, Market Harborough.)

J. C., aged 35, an Irish stay-presser, was first seen on Sunday morning, January 2nd, when he was labouring under an apparently mild attack of delirium tremens, with a feeble pulse. Ammonia and opium were given; and, when seen in the evening, his symptoms were greatly mitigated. Upon visiting him on the following morning, we found he had gone to work. This improvement, however, was transient, as the same evening we were sent for and found him considerably excited and rambling. Two grains of opium were given. At 2 A.M. the following morning, a messenger came to say that he had cut himself very badly (this was the more surprising as the friends had been cautioned as to removing anything with which he could injure himself). On arriving at his cottage, the bedroom was found deluged with blood, and the man apparently dead from hæmorrhage; neither radial nor femoral arteries could be felt pulsating, and the heart only very feebly. The hæmorrhage had ceased. On the table lay the penis, the whole of the scrotum, and one testicle. When the patient had sufficiently recovered to be able to speak, which was not for two or three hours, he was questioned as to the fate of the other testis; he at once composedly replied, "Oh, I have chewed it!" and one of the neighbours stated that he had it in his mouth when he arrived. The whole of this formidable operation was completed with a blunt rusty pair of scissors, which were used instead of snuffers in the candlestick, the blades of which are not more than three inches in length. He stated that he did it under the effect

of a vision, in which the mutilation was made a condition to his entry into heaven, and as a compensation for errors committed through the medium of these organs in early life.

The artifice dorsalis penis and the spermatic arteries were tied, and a few smaller ones twisted, and the wound stitched up. It was necessary to introduce a large number of sutures, as the wound was large, and some difficulty was experienced in approximating the edges. Since then, the wound has gone on uninterruptedly well, notwithstanding its being subjected to pretty severe tension in some fits of delirium he has since had—one undoubtedly produced by a person very judiciously endeavouring to show the errors of Roman Catholicism; and another by entering into conversation about his wife, from whom he is separated. The wound has now (January 18th) all but healed; the root of the penis slightly projects from the level of the cicatrix, and he passes his urine without difficulty, and in a good stream.

Throughout the case he has had no stimulants except carbonate of ammonia. Opium has been given as the excitement required. Locally, he has had water-dressing, to which a few drops of carbolic acid were added when suppuration, which has been very trivial, took place. The patient still is liable to fits of excitement and aberration of intellect, in consequence of which we have thought it most prudent to place him in an asylum.

## REPORTS

OF

## MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

## ST. MARY'S HOSPITAL.

TWO CASES OF SUDDEN DEATH FROM AFFECTION OF THE HEART, EXAMINED IN THE POST MORTEM THEATRE.

By J. F. PAYNE, M.B., Pathologist to the Hospital.

IN the cold weather which set in at the end of October 1869, two cases of sudden death from heart-disease, occurring in old men, were brought into the Hospital. A low temperature appears to be one of the determining causes of sudden death in aged people.

CASE I.—J. H., aged 75, was picked up in the street, and brought into the Hospital quite dead. The heart weighed ten ounces and a half; it appeared small and was well contracted. Its cavities were nearly empty; the valves were tested with water, and found to act well. They were quite normal, except that there was a opaque yellow patch on the posterior flap of the mitral, generally met with in old persons. The aorta was large; the sinuses of Valsalva were dilated. No special abnormality of the coronary arteries was noticed.

The muscular substance was, though somewhat mottled, of a fairly good colour, and gave to the eye the impression of being well supplied with blood; it was, however, extremely soft and easily marked with the nail. Microscopical examination of the heart-substance showed that the muscular fibres were extensively degenerated, being generally filled with fatty granules. Definite, brilliant striation was hardly seen. It was, in fact, a well-marked though not extreme case of fatty degeneration. The liver, spleen, and kidneys gave no evidence of any obstructive cardiac disease. The kidneys (weighing together eleven ounces and a half) were somewhat congested, but their surface was smooth, and there was no sign of chronic disease or wasting. There was evidence of slight recent hæmorrhage in the stomach and duodenum; the rest of the intestines were perfectly normal. The right lung showed at its apex a puckered and fibrous cicatrix, and in the lower part of the upper lobe behind were some small masses of consolidated lung-tissue beset with grey miliary granulations. The remainder of the right lung, and the whole of the left, were decidedly œdematous and somewhat congested. In the head (opened last) there was found much serous fluid in the subarachnoid spaces, as well as at the base of the brain, and in the spinal canal. The longitudinal sinus was empty; the lateral sinuses contained fluid blood. The arteries at the base were atheromatous. There was no hæmorrhage in any part, and the brain-substance was firm. The body generally was emaciated. No history of previous condition was obtainable.

CASE II.—C. D., aged 67, a gentleman well known in the literary world, fell down in the street, and was quite dead when brought to the Hospital. The body was well nourished; the heart weighed fourteen ounces and a half; it appeared of moderate size; the right cavities were distended with blood; the left ventricle was partially contracted, but contained some fluid blood, which also filled the aorta. The valves



closed well. There was some opacity and thickening of the posterior flap of the mitral valve, but the valves were otherwise natural. Both coronary arteries were atheromatous, their walls being thickened and calcified, while the calibre was much narrowed. This was especially the case with the left—a main branch of which would hardly admit a fine probe. The right was less narrowed, but contained, about an inch from its orifice, a soft dark-red clot, which was adherent to the walls, and completely blocked up the vessel. No similar clot was found on the left side of the heart, in the aorta, or in any other artery. It did not resemble an embolus, but appeared to have been formed *in situ*; and the determining cause of the coagulation appeared to be a calcareous plate in the wall, which presented a bare rough surface to the cavity of the vessel. The muscular substance of the heart was not very soft, and presented no marked peculiarity of appearance to the naked eye. Microscopical examination showed many of the fibres to be decidedly granular, and fatty, though in a less degree than in Case I. The kidneys (together weighing thirteen ounces) were congested, and presented, moreover, some roughness of the surface, and undue adhesion of the capsule, shewing that the congestion had been chronic. The bladder was much distended, containing one or two quarts of clear urine, which was not albuminous. In the head was found much serous fluid in the subarachnoid spaces, as well as at the base of the brain, and in the spinal canal; the arteries at the base were atheromatous; the brain-substance was natural. The other organs presented nothing worthy of note. The medical attendant of this gentleman represented his general health as having been fairly good. He was occasionally subject to attacks of dyspnoea and fluttering action of the heart, which led to the suspicion of cardiac disease; but the auscultation of the heart never detected anything abnormal. He had never suffered from anything approaching to *angina pectoris*, nor was he subject to fainting. His habits were temperate and extremely methodical.

**REMARKS.**—In the first of these cases there was simple fatty degeneration of the heart, unaccompanied by disease of any other organ sufficient to account for death, or even to accelerate it. The cause of this degeneration was plainly not to be sought in a deficient supply of blood to the organ. It was not then possible to give any other explanation of the sudden death. In the second case a distinct process—*viz.*, thrombosis—was demonstrable, which must have had the effect of suddenly cutting off the supply of blood to the heart through one of its arteries. As the other artery was already almost closed by chronic change, the nutrition of the organ must have been immediately stopped, and fatal syncope was the result. The marked amount of serous effusion round the brain, met with in both cases, is also worth notice. Nothing is more common at coroners' inquests than to record this phenomenon as the result of starvation, and wholly or partially the cause of death. The grounds on which these inferences rest are, however, extremely questionable. Serous effusion on the brain is certainly not an evidence of starvation, since in the second of the cases here recorded, that of a gentleman living in perfect comfort and abundance, there was as much as in the first, where the conditions of existence may have been somewhat hard; nor can it ever be right to set it down among the causes of death. Where other fatal lesions are discoverable, the inference is unnecessary; where there are none such, it is insufficient; and it is better to confess the imperfection of our knowledge, than to invoke a cause which is plainly inadequate to the effect. That such an explanation should nevertheless be not unfrequently accepted at coroners' inquests, shows something wrong in the conduct of these inquiries. Their results, were they systematically described and recorded, would be of the highest value to the science of pathology. As it is, they are often most unsatisfactory and misleading. To prevent any misconception it may be well to say that, in the cases here described, nothing was said in the medical evidence, or in the verdicts given by the juries, of "serous effusion on the brain," as a cause of death.

#### CITY OF LONDON CHEST HOSPITAL.

TUMOUR IN THE MEDULLA OBLONGATA: PHITISIS: TUBERCLE AND SMALL CAVITIES IN THE SPLEEN.

CHARLES O., aged 24, was admitted on February 21st, 1867, and died on April 26th, 1867. The patient was under the care of Dr. Edwards.

The following particulars are abstracted from the notes of Mr. Power (Resident Medical Officer). On admission, he was observed to suffer from convergent strabismus, but it was not noted whether he had long squinted. There were well-marked physical signs of phthisis, and he was taken into the Hospital on account of the disease of the lungs. It was observed that he appeared like a man of weak intellect. He answered questions imperfectly, like a man half silly. He did not

complain of any pain in his head, and he was able to move about the ward, but appeared weak, the debility being such as is seen in advanced phthisis. While examining his chest, he tottered, and was obliged to sit down. There was no noticeable loss of power in his arms. A day or two after admission, it was noticed that he had difficulty in swallowing, liquids especially. This difficulty was more marked while drinking. About five or six weeks after admission, he became very restless, and was evidently losing control over his limbs. He was unable to stand, or to get out of bed in an ordinary manner. His method of doing so was to turn himself round and fall on his hands and knees. He would crawl for some distance in that manner; then his arms suddenly gave way, and his head fell in contact with the floor, so as to cause an audible "thump." About this time, he began to make a noise at night, a moaning or grunt-like sound; and the distress while drinking was so remarkable that the other patients used to stand and watch him. He appeared to "gulp" down liquids. At this period, he spoke very little, and what he did say was very indistinct and muttering; he used to blurt out his words in a hurried, disconnected manner. On asking him a question, he said a word pretty distinctly, and then mumbled and blurted out some indistinct sounds. His power of swallowing gradually diminished till the week before his death, when he almost completely lost it; and, on anything being placed within his mouth, it used to run out again. On April 21, five days before his death, he began to vomit. This became very frequent, and was attended with hiccup. The act of vomiting was peculiar: it was unattended with retching. He did not make any noise: there was a little hiccup and spasmodic movement, and he suddenly ejected matters from his stomach. The vomited liquid was small in quantity, and smelt offensively. At this period, there was complete retention of urine, and it was necessary to draw it off every day. The last week of his life he could not make himself understood; he could not say any words, but simply made a mumbling sound. The last two days he never spoke at all. He had gradually lost the power of controlling his arms; and, three days before his death, he could not move his arms in the least. There was complete paralysis of his lower extremities some days previously to the upper ones being affected. Respiration was for the most part abdominal. He passed his faeces involuntarily. He became completely insensible, and died April 26th.

We have not thought it necessary to describe the physical signs of phthisis, as they were those ordinarily present in this disease.

**Autopsy** (conducted by Dr. SUTTON).—The body was very much wasted, and weighed sixty-seven pounds. About two inches above the left eye, the skull was depressed, and was thinner than natural, and the dura mater corresponding to this spot was thickened. The arachnoid and pia mater were healthy. The cerebral arteries were healthy. The substance of the brain was firm and healthy. The ventricles were normal. The cerebellum and pons were healthy. The medulla oblongata appeared to bulge outwards, and was altered in shape, but this was only slightly marked. With the exception of this bulging, there was nothing noticeable externally. On cutting into it, a firm tumour was discovered lying in the centre, oblong in shape, and about half an inch long. It was fibro-cellular in structure. The *Lungs* contained cavities near the apex, and a quantity of so-called tubercle scattered here and there. *Heart*.—The left ventricle was firmly contracted, and appeared somewhat wasted, but was otherwise healthy. The *Liver* was congested, but otherwise normal. There were tubercular deposits and small cavities in the *Spleen*. The *Kidneys* were healthy. *Intestine*.—There was considerable ulceration in the upper part of the large intestine. There was no ulceration of the larynx.

#### CASE OF TUMOUR OF THE CRURA CEREBRI.

(Under the care of Dr. SUTTON.)

Dr. Sutton, at the time of our visit to the hospital, mentioned to us the following interesting particulars relative to a case of tumour of the crura cerebri. The patient was a man, aged about 25, was in Victoria Park Hospital suffering from phthisis. He had all the ordinary symptoms of this disease. He did not complain of his head, and there were no symptoms to draw attention to his brain. He went about, mixing with the other patients, and did not appear particularly ill. One day he was allowed to go out of the hospital to transact some business. On this and the following day, the nurse and the patients observed that the left upper eyelid drooped. He walked unsteadily. He went to the water-closet, and was heard to fall. Soon after this, he was seen by the medical officer (Mr. Power), and was found to have hemiplegia of the right side. Dr. Sutton saw him on the following (third) day. There was complete hemiplegia on the right side. He was unconscious; his temperature was high; he had a dry brown tongue, and he died five or six days after the first drooping of the eyelid was noticed. The *post mortem* examination revealed a gliomatous tumour, involving great part

of the left crus cerebri, and a small portion of the right, and softening of the left side of the brain, but no breaking down of brain-substance on this side. The mother and sister of this patient stated that he had not complained of any pain in his head, had not suffered from vomiting, and they had no reason to think that anything was the matter with his brain.

The immunity from cerebral symptoms until a few days before death, observed in this case, is very instructive. It is probable that, had the patient himself been carefully questioned, some cerebral disturbance would have been made out—at least, it seems reasonable. At the same time, experience has shown that a patient may have a hydatid tumour, an abscess, or cancerous masses in the brain, without any prominent symptom to draw attention to this organ.

## ST. BARTHOLOMEW'S HOSPITAL.

OPERATION DAY, JANUARY 20TH.

**Excision of the Knee-joint.**—Mr. Paget excised the knee-joint of a lad aged 8. The disease was of the common strumous type, and had existed about twelve months. Acupuncture needles were used to arrest hemorrhage. The wound was sponged out with a solution of carbolic acid, and a McIntyre's splint applied to the back of the joint. A pad was placed over the lower end of the femur, to press it backwards. The patella was removed.

**Tumour of the Breast.**—Mr. Savory removed a tumour from the right breast of a woman, which had excited considerable interest, on account of the difficulty of coming to a satisfactory conclusion as to its nature. The patient was 37 years of age, and the tumour had been noticed for eight months. It had caused very little trouble; was of the size of a walnut, hard, and moveable beneath the skin and on the deeper tissues. It was situated at the margin of the breast, towards the middle line of the chest. The hardness was sufficient to lead most of those who examined the swelling to diagnose its nature to be scirrhus. Two or three, however, considered it to be a chronic mammary tumour. The woman had a large family. After removal, the nature of the growth was still doubtful. It was firm externally, and broken down in the centre. No part was so hard as to prevent the handle of the scalpel from being thrust into it. There was no "juice" to be scraped off. On examination with the microscope, the balance of opinion, Mr. Broxam informed us, was on the side of its scirrhus nature.

**Fractured Skull: very extensive Arachnitis.**—In the *post mortem* room we witnessed the examination of the body of a man who had been ad, died, under the care of Mr. Paget, five days previously, after falling from the top of a van. The lower jaw was found to be fractured, and so also were the nasal bones. A fracture of the skull was suspected, passing up the mouth and around the eyelids. From the time of his admission till three hours before his death, when he was last seen, there were no symptoms of paralysis to be made out. His chief symptom was that of great restlessness. He could not sleep. This was so noticeable, that Mr. Paget, on his last visit, ordered him some opium. There was found very extensive fracture of the orbital plate of the frontal bone on the left side of the middle line, passing backwards through the sphenoid bone to the foramen magnum. The front part of the left anterior lobe of the brain was much contused and broken down; but the most interesting feature noticeable was the large amount of puro-lymph spread over the upper surfaces of both lobes of the brain, within the arachnoid cavity. This layer could easily be scraped off from the visceral arachnoid. The dura mater was not appreciably lacerated. The fracture must have been, indirectly, compound, opening the nose. The absence of any definite paralysis, and the great restlessness present, are worthy of note; also, the absence of any extravasation of blood into the arachnoid cavity or subarachnoid space.

We are indebted to Mr. A. Smith (Mr. Paget's house-surgeon) for information as to the history of the case. Mr. Broxam conducted the *post mortem* examination.

**Union of Knee-joint.**—The case of H. S.—Mr. Smith pointed out to us a boy whose left knee-joint had been excised by Mr. Paget three years ago. He is now under care for disease of the right hip, and seems very ill. The result as regards the knee has been very successful, till lately flexion has taken place. If the lad improves in health, this will probably be remedied. The patella was removed at the time of the operation. The union seems firm. There is no pain complained of on examination.

**Psoas Abscess opening the Abdominal Aorta.**—Mr. Savory kindly called our attention to a very unusual pathological specimen which he had recently obtained. A lad was admitted under his care with a large

psoas abscess. He died in a few days with symptoms of collapse. At the *post mortem* examination, the abscess was found to have opened the abdominal aorta. The specimen shows an opening in the wall of the aorta capable of admitting the tip of the forefinger. Around this opening, and projecting into the abscess cavity, is a mass of laminated coagulated fibrine, about the size of a small orange.

## UNIVERSITY COLLEGE HOSPITAL.

NOTES ON MISCELLANEOUS CASES.

(Under the care of Dr. TILBURY FOX.)

**Erythema of the Hands from Dyes.**—Some time since a man, aged 28, foreman in a cheap kid-boot shop, presented himself with hands red and swollen in different places from the action of the dye of the kid-boots, made of sheep-skin, which the man was in the habit of trying on all the day. The disease first commenced in the fourth finger of the left hand, which "swelled up and felt hot, stiff, and tender." The redness then extended to the knuckles and the front of the hand. When seen by Dr. Fox, the hands were much swollen, so that they could not be closed; the fingers looked large; the redness was patchy. In the left hand, it was well marked along the outer and palmar side of the little finger and the outer edge of the palm; also about the third finger. In the right hand, the redness and swelling were most distinct, about the thumb at the part which opposes the fingers; and the skin here looked just as though it were going to blister; it felt hot, and throbbled a good deal; in fact, the parts of the hand principally affected were exactly those against which the boots rubbed in the act of their being tried on to the customers' feet. There was no doubt, from inquiry, that the dye of the boots caused the disease. Rest for a few days, an oxide of zinc lotion constantly applied, and saline aperients internally, soon restored the parts to their healthy condition. The man returned to his occupation soon afterwards and had a recurrence of the erythema, which he has since prevented by shielding his hands in his occupation with gloves.

Dr. Fox tells us that he had under his care, some time ago, a similar case in an inspector of clothing, whose duty it was to examine the cheap black and blue cloths used in a certain establishment connected with the public service, he doing so in a manner that necessarily caused considerable friction of the cloth against those parts of the hand that were inflamed.

**The Abuse of Sulphur.**—A woman aged 47, with her daughter aged 15, came to the Hospital and complained that they with other members of their family had been suffering a long time—more than half a year—from an itching disease which no one could cure. Over the skin of the elder of the two patients nothing could be seen but a slight reddish rash, with fine desquamation about the neck, and a harsh and dry appearance of the skin of the upper limbs. There had been "little heads", probably congested follicles. The younger of the two had really only pruritus, but the skin was dry and harsh. There were a few acne spots about the face and back. The father and two others had also been affected in like manner. For two or three weeks no treatment had been adopted; hence, as it turned out, the disappearance of the pimply rash. It seems that, nine months before, a daughter of the elder woman had come to spend an evening only, she being affected with a disease "which she had caught in service". Two days afterwards, the girl of 15 above mentioned complained of itching round the wrists and about the fingers; and within a week the mother and the husband were similarly attacked. They all went to a dispensary at once, and were given sulphur-ointment. The daughter had "hundreds of spots on her back", and on the outer part of her forearm, but none in the interdigital spaces. The mother was attacked about the head, below the left breast, and at the outside of the arms and some other parts. The treatment by sulphur inunction and hot baths lasted about three months, when the disease seemed to have gone. But, as the itching returned, the advice of another medical man was sought, who gave "acid and potash", but this did not cure. Advice was then sought at one of the general hospitals, where sulphur was again prescribed, and "it was rubbed in before the fire"; but the skin becoming irritable, and the warm baths producing much weakness, the treatment was abandoned. For awhile nothing was done; the original prescriber, however, again recommended the sulphur-treatment, which was continued some time—three months—until, indeed, six weeks since. It should be stated that there was a distinct smell of sulphur about the elder of the two patients when she came to the Hospital. Dr. Tilbury Fox, who is in the habit of cautioning the students against the free use of sulphur in skin-disease, and uses it continuously under exceptional conditions only, gave it as his opinion that these people had never had any disease at all about the skin; that they had imagined—no doubt after being im-

pressed by the story and the examination of the disease affecting the daughter who had paid them a visit nine months since, with a distinct eruption about her reported to be itch—that they had caught it; and had applied at once for treatment under the belief that it was itch, and had kept up ever since an irritation of the skin by the repeated application of sulphur. The history was not that of scabies; “the pimples” that appeared about the body were congested follicles. Those on the back of the girl were acniform, no doubt. The eruption on the neck of the older woman was clearly the so-called “eczema” consecutive to the application of sulphur. The use of some simple soothing treatment was all that was called for, only it was often difficult to allay the pruritus set up by sulphur.

### SALOP INFIRMARY.

(BY OUR OWN REPORTER.)

On the occasion of a recent visit to this Institution, Mr. R. W. O. Withers, the House-Surgeon, kindly showed us through the wards, and ably explained the most interesting cases. The building, which is of freestone, and of a plain Grecian character in design, was established in 1745, and rebuilt in 1830. It is 170 feet long, 60 feet broad, and 80 feet high; and in its interior are four stories, subdivided by corridors running the whole length of the building, and communicating together by a staircase at each end. On both sides of the corridors are the wards, which are small, containing about eight beds each; their floors are of oak, and are washed; the corridor floors are polished. There are 130 beds, of which 82 are surgical and 48 medical, the former being separated from the latter. The basement comprises the various domestic offices; and on the ground-floor are the board-room, chapel, dispensary, and waiting-room; house-surgeon's, matron's, and secretary's rooms; and two accident-wards, containing seven beds each. On the first floor are six male wards, each containing eight beds, and on the floor above are the female wards, of the same number and size. On this floor is an operating-room, with two small wards adjoining, containing each two beds for cases that have undergone operation, or that require privacy. On the top story are two venereal wards, containing eight beds each, and the porters' and servants' bedrooms. A new wing, which is now nearly completed, is intended for out-patients, officers, and increased accommodation for the lady-superintendent, nurses, etc. At the back of the Infirmary is a terrace 70 yards long, commanding an extensive view, in the foreground of which runs the river Severn. This is the airing ground of the patients. Accidents and urgent cases are admitted at the discretion of the house-surgeon. The ventilation is good, and there is no method beyond that of doors and windows. Pyæmia and erysipelas are very rare, although carbolic acid is never used. The chief surgical cases of interest were the following.

Under Mr. Wood's care was a boy aged 4, admitted for a Gunshot-Wound of the left Leg, which had nearly blown it off. He was very faint from loss of blood, and amputation was performed below the knee eighteen hours after the accident. The wound was nearly healed twelve days afterwards.

A woman aged 83 was admitted with Compound Fracture of the External Condyle of the Humerus and Dislocation of the Forearm backwards. The dislocation was reduced, the wound dressed with water-dressing, and an angular splint applied. In less than a month the wound had almost healed.

We saw Mr. Humphreys trephine in the following very interesting case. A girl aged 19 was admitted on Christmas-day in a comatose condition with a wound on her forehead, a little to the left of the middle line, which had been inflicted by a sharp poker. Brain-substance was escaping through the wound. She was quite conscious for some time after the blow was inflicted. It bled a good deal; some one arrested the bleeding by putting strapping over the wound, and soon afterwards she became comatose. She had no convulsions; but on the 26th they set in; they were clonic, and chiefly confined to the right side. At noon she was trephined, and a small piece of depressed bone removed; there was some venous bleeding during the operation, but it soon ceased. She died ten hours afterwards. At the *post mortem* examination, the skull was found remarkably thin, but there was no splintering of either table. A large quantity of blood was extravasated over the whole of the left half of the cerebrum, into the sac of the arachnoid and into the anterior lobe of the left cerebral hemisphere, into which the poker had penetrated a depth of two inches. This latter clot was softened, and the brain-substance around disintegrated. There were numerous punctiform ecchymoses throughout the whole brain; the dura mater was lacerated, and the blood probably came from the longitudinal sinus.

Under Mr. Harries' care were the following. A man, aged 46, was admitted with Compound Fracture of the Thigh and considerable injury to the soft parts. The wound was dressed with a simple pad of wet lint; and, fourteen days afterwards, on removing the dressing, the wound was quite healed, not a drop of pus having formed.

A lad aged 20 was admitted with Ankylosis of both Hips after acute rheumatism. The right one was fixed at a right angle with the trunk; the left at a more obtuse angle. Mr. Harries divided the right femur just below the neck, removed a wedge-shaped piece of bone, and brought it down in a line with the body. The patient was doing pretty well.

A case of severe Railway Injury was admitted, in which the poor man had his left leg smashed nearly up to the hip, and his right below the knee, besides a fracture of the right arm. As there was hemorrhage from several points, and the skin over the femoral artery was slit up, Mr. Withers, the House-Surgeon, put a ligature on it; this prevented further hemorrhage; but he died two hours afterwards, from shock.

We saw some interesting medical cases, and among them the following. A man aged 31 was admitted under the care of Dr. Beddoes. A week before, whilst he was walking, he was seized with pain in the calf of the left leg, which gradually extended upwards. The foot and leg felt cold. The temperature of the right foot, between the toes, was 99° deg. of the left, 94° deg. There was no pulsation in the popliteal or in the anterior or posterior tibial vessels. Pulsation in the common femoral artery was suddenly lost about an inch below Poupart's ligament, where there were slight swelling and much pain. He had had two attacks of acute rheumatism; and there was a loud systolic murmur at the base. The leg was wrapped in cotton-wool; and iron, and ammonia, and wine, administered. He can now walk about; the left foot still feels colder than the right, and there is no pulsation in the tibial arteries.

A man aged 32 came under the care of Dr. Burd with Quotidian Ague, from which he had suffered six weeks before admission. Each attack was followed by copious hæmaturia, which rendered him very anæmic. Quinine in large doses, iron, and arsenic, were tried internally without effect. Three grains of sulphate of quinine were then injected subcutaneously; this was repeated six times, when the fits and the hæmaturia left him; and he became convalescent; he has since had a relapse, although taking large doses of quinine and iron by the mouth. The injections are being tried again.

The following case of probable Rupture of the Semilunar (aortic?) Valves is of interest. A man aged 47 had acute rheumatism thirty years ago, but had since had no definite heart-symptom until a short time ago, when, on making a sudden effort, he suddenly became conscious of a noise within his chest, which proved to be a loud but musical diastolic bruit at the base. It could be heard across a room at first, but has now become rougher and not audible at such a distance. He is still under care.

An interesting case of Ichthyosis Spinosus is under the care of Dr. H. Johnson. The girl is 14; and the disease commenced when she was seven weeks old.

There is no Museum, although we saw some isolated specimens of interest which have been preserved by Mr. Withers. We think it a pity that in this and similar institutions, where opportunities for the preservation of interesting and instructive specimens must often present themselves, no space is set apart for their collection and arrangement.

The adoption of some system of preserving uncommon specimens would redound to the credit of the medical officers, and be of material benefit to the advancement of medical science. We are also of opinion that interesting cases, with their results, should be recorded in the JOURNAL towards the same end. We append a list of the capital operations of last year, which shows that the surgical practice of the Infirmary is good.

The following are some of the operations during the year 1869. One primary amputation of the leg below the knee, and of the arm at the elbow, aged 57; death three weeks afterwards of exhaustion. One amputation of the thigh for diffuse traumatic aneurism of the anterior tibial artery just at its origin; cured. Two amputations of the thigh for extensive disease of the knee; one cured, one died. Four primary and one secondary amputations of the leg; cured. One primary amputation of the upper arm; died of pyæmia. Three Syme's amputation of foot; cured. Five cases of lithotomy; all cured. One ovariectomy; large multilocular cyst; adhesions so firm and extensive that a portion of cyst about the size of the palm of the hand could not be removed, and was cut off, and left attached to the abdominal wall on the right side; cautery used; recovered without a bad symptom. One case of Cæsarean section, on account of epithelioma of the os and cervix uteri; mother died; child lived. Three cases of strangulated hernia: in one, the intestine had given way, and was stitched to edges of wound; died. Another patient, where strangulation had lasted three days, died, the



bowel being gangrenous; the third recovered. One case of ununited fracture of the thigh; ends of bones sawn off and fastened together with strong wire: still under treatment. One resection of elbow: good result.

## CLINICAL LECTURE ON INJURIES OF THE HEAD.

By MR. PAGET, F.R.S.

THE subject (on Wednesday last) was illustrated by two cases of injury to the head which have lately been under Mr. Paget's care.

In the first case, a boy, aged 11 years, met with an accident which caused a compound, slightly depressed, and starred fracture of his left parietal bone. He was stunned for some hours, then vomited, and the next day sat up in bed and answered questions. He had, then, no symptoms of compression, and for that reason he was not trephined. He went on well for twelve days, but, on the thirteenth, he was found to be flushed, and to have a rapid pulse, quick breathing, and a temperature of 103.2; two days later, he was found to have signs of double pneumonia, after which he gradually sank, and died two months after the accident. At the *post mortem* examination, both pleurae were found filled with purulent fluid. The dura mater corresponding to the depressed portion of the bone was inflamed and adherent to the bone; there was no inflammation of the arachnoid, but, in the substance of the hemisphere immediately beneath the depressed fragment of bone, was a small abscess or slough of brain-substance, about as large as a sixpence in area.

In alluding to this case, Mr. Paget remarked that compound fractures of the skull in young persons are usually recovered from without interference when there are no signs of compression, but considered it possible that in this patient, trephining, although contrary to his usual practice in such cases, might have been beneficial. Mr. Paget thought, however, that it was very doubtful whether the elevation of the depressed fragment would have put the lad in any better position with regard to pyemia than leaving it alone. In referring to the treatment of the secondary inflammation in cases like this, Mr. Paget said that he was not aware of any rule which could be laid down on the subject; secondary trephining in the present case would clearly have been absurd.

On the question of trephining for injuries of the head, Mr. Paget said he did not consider that large enough statistics of successes and failures had yet been collected to admit of our forming rules which shall be constantly applicable. Mr. Paget gave the following provisional laws as, in his opinion, expressing the results of our present knowledge.

1. *Simple Fractures of the Skull.*—*a.* When there are no signs of compression, and no depression, leave the patient alone. *b.* Without depression, but with signs of compression (*i.e.*, abiding insensibility), we may interfere *if we can diagnose the seat of fracture.* *c.* When there is depression, but no sign of compression, it is best to do nothing if the patient is *young*; if *old*, however, there is some doubt about the propriety of non-interference. *d.* When there is depression and compression, we must operate.

2. *Compound Fractures.*—*a.* When there is no depression, and no sign of compression, as a rule—especially in young patients—do nothing. *b.* When there is no depression, but there are signs of compression, it is right to interfere. *c.* With depression, but no signs of compression, it is best not to interfere when the patient is young; but probably it is right to operate on an old person. *d.* With depression and abiding insensibility, operate.

The second patient to whom Mr. Paget referred was a man who was admitted for compound fracture of the lower jaw and of the nasal bones, lacerations, and contusions. He was supposed, from appearance after the accident, to be drunk. The next day he was quite sensible, but restless; on the fourth or fifth day, he became partly comatose; his breathing was very quick, and his face became much swollen and erysipelatous. Mr. Paget diagnosed some secondary erysipelatous inflammation in the cranium. The man continued to get worse, and died. At the *post mortem* examination, a fracture was found extending through the nasal bones, superior and inferior maxillae, ethmoid, sphenoid and basilar process of the occipital bone, into the foramen magnum. Purolymp in abundance lined the dura mater, and pus was found in the meshes of the pia mater, especially along the lines of the larger arteries. Mr. Paget called attention to the disproportion between the immediate symptoms in this case and the extent of the injury, and remarked that fractures of the base are frequently unattended by signs of compression. Mr. Paget also noticed, in this connection, that fractures of the anterior part of the skull are far less fatal than those of the posterior part.

Mr. Paget alluded, in connection with these two cases, to the nature of the secondary inflammation, and insisted on the importance of drawing a broad line in practice, between an inflammation which results directly from an injury and one which follows it at an interval of several days; the former being sthenic, the latter asthenic and allied to the erysipelatous inflammations.

This led to the subject of *erysipelas*. Mr. Paget referred to a case now under his care, which illustrated the tendency of erysipelas to shift about from one part or organ to another. The disease, Mr. Paget remarked, is well known to shift from one part of the surface to another, and from the surface to a deeper organ, but it very rarely shifts from a deep structure to one more superficial. Mr. Paget mentioned the following case as an illustration of this rare condition. The patient (a little girl) was admitted on account of a severe burn. She became affected with delirium, fever, and restlessness, and these symptoms led Mr. Paget to diagnose an inflammation of the brain-membranes. When she had been in this state for three days, however, erysipelas appeared on the scalp, and simultaneously, the delirium was relieved, showing, in Mr. Paget's opinion, a translation of the erysipelatous inflammation from her brain membranes to her scalp.

In connection with the recent occurrence of some cases of erysipelas in his wards, Mr. Paget made some remarks on the extreme importance of cleanliness in the treatment of this disease, especially with the view of preventing infection. Mr. Paget said that, although several cases of erysipelas had been in the neighbourhood of patients on whom operations had lately been performed, and had even originated in the wards, yet no single case of propagation of the disease had occurred; and, that he believed this result to be mainly due to scrupulous care in keeping everything about the patients and in the wards very clean, dry, and well ventilated.

## REVIEWS AND NOTICES.

SANITARY WORKS AND SEWAGE UTILISATION. By J. BAILEY DENTON, M.Inst.C.E.—REPORT OF THE BRITISH ASSOCIATION COMMITTEE ON THE TREATMENT AND UTILISATION OF SEWAGE. Drawn up by Dr. B. H. PAUL, at the request of the Committee.—THE DISTRIBUTION AND AGRICULTURAL USE OF TOWN SEWAGE. By W. HOPE, V.C.; a Paper read at the Institution of Surveyors.

THE subject treated of in these three pamphlets is one that has long been a source of vexation, and for that reason there is too often a tendency to avoid it; but this subject is so intimately connected with the comfort and health of a civilised community, and its disregard is capable of giving rise to such serious consequences, that it cannot long be neglected with impunity. It must, before long, take a prominent place before the public and the Government; and those who are concerned in its being suitably dealt with, will need to consider thoroughly all the circumstances of the case. Mr. BAILEY DENTON's pamphlet furnishes an idea of some few of the perplexities and deficiencies experienced in the attempt to introduce sanitary improvements, and it indicates some of the difficulties which either exist already or will have to be dealt with hereafter.

The preliminary Report of the British Association Committee proposes merely to give a statement of the present position of the subject. After reviewing the history of the measures adopted for cleansing towns and improving their sanitary condition, by removing the refuse of their inhabitants, up to the time when the general adoption of water as the means of effecting those objects gave rise to the difficulties now prevailing, the conclusions come to by the Sewage Commissioners between 1857 and 1865 are quoted for the purpose of showing that there is no longer any question as to what is the right way to dispose of liquid town-sewage; that its judicious application to land is profitable, and that the disposal of sewage in this way is the only means of preventing that pollution of rivers which has become a national nuisance.

But those conclusions do not by any means exhaust the subject. It still remains to be considered how the work to which they point is to be done; moreover, in regard to small places, it is still a question whether the water-carriage system of removing house-refuse is the most appropriate.\* The dry-earth system has, at least, many advocates; and its applicability, as compared with the water-system, has never yet met with thorough impartial investigation. In the midland counties, again, modifications of the most primitive mode of dealing with human excreta are decidedly in favour, and they are preferred to the water-carriage system of removal, on the grounds that they are more advantageous in every way. On the Continent, too, there appears to be a prevailing

\* In a pamphlet lately published by the Rev. Mr. Moule.

opinion against the water-system, Hanburg being the only town of any account where it is generally adopted.

The Committee appears to have collected, through the aid of Mr. Bruce, a vast amount of information as to the practices in vogue abroad; and the general purport of the communications received from foreign countries is to show that the question as to the means by which excretal refuse may be disposed of and removed from dwellings, villages, and towns, so as to prevent nuisance or evil consequences as regards the sanitary condition of the locality, is at least quite as much an open and disputed question as it is in this country. In these documents there is abundant evidence that, wherever the subject has been considered, there is a strong though vague sense of the injury to health arising from the accumulation of excretal materials in pits, etc., within populous districts, by the impregnation of the soil, by the pollution of rivers and well-water with drainage from such accumulations, or from the discharge of excretal materials into water-courses directly or indirectly; and it appears to be generally admitted that these are serious evils that require to be remedied.

Besides the views of the subject in its sanitary aspect, there is still more decisive evidence of the conviction that a vast quantity of material which is now wasted might be of great service in agriculture for sustaining and augmenting the fertility of cultivated land. There is, however, no instance in which decisive conclusions have been arrived at as to the best mode of dealing with town-refuse, so as to secure a satisfactory state of public health, and at the same time admit of the agricultural value of that refuse being realised without concurrent disadvantages. Nor does it appear that, among improved systems of dealing with house-refuse, any particular one has been generally adopted as a substitute for the old practice of collecting such refuse in pits and periodically removing their contents; neither is there any case where an attempted improvement has been long enough practised to furnish satisfactory evidence as to the efficacy of the means adopted, and their influence on public health. In both these respects it may safely be said that foreign towns are, as a rule, far behind some towns in this country.

There does not appear to be, in any country, general or systematic legislation in reference to sanitary matters. Almost everywhere the regulations with that object are in the hands of the police or other local authorities; and though the provisions relating to the removal of refuse, cleansing of streets, etc., are often very minute and stringent, they are seldom or never of such a nature as to deal effectually with those tendencies to unhealthiness which result from accumulation of excretal and other refuse material, especially in large towns or densely populated districts.

As to the precise conditions that affect the public health, the connection between the sanitary state of towns and the drainage, water-supply, mode of disposing of excretal refuse, etc., there appears to be, even more than in this country, an absence of definite knowledge or of demonstrative evidence in favour of any particular view; though at the same time there is everywhere, in civilised countries, an earnest consideration of these subjects in all their bearings—sanitary, municipal, and agricultural.

Returns have been obtained from 107 towns in the United Kingdom, most of which are severed either generally or partially; and it appears that at 71 of those places the liquid sewage or the drainage and overflow from cesspools is discharged into the neighbouring water-course. Out of 96 places where the water-carriage system of removing house-refuse has been adopted, there are only 15 where the sewage is applied for irrigating the land.

The information afforded by these returns as to the utility of the methods of treating town-sewage by deodorisation or precipitation, does not give much promise of success being attained in that way; but, so far as the returns afford an indication of the results to be obtained by irrigation, they appear to confirm the conclusions of the Sewage Commissioners already quoted; and it does not appear that the application of sewage for irrigating land has in any case been productive of injury to health.

Mr. HOPE'S paper, read at the Institution of Surveyors, is devoted especially to this aspect of the sewage question; and it contains an interesting as well as able statement of the arguments in favour of this mode of disposing of liquid town-sewage. A better opportunity for urging the subject upon the consideration of those interested in it could not have been selected; and if the members of the Institution will but exercise the influence they possess, as well as the facilities which they have for assisting in the settlement of the questions involved, there is great reason to anticipate good results.

In reference to the condition under which liquid sewage may be applied to land without interfering with the purity of rivers and water-courses, much valuable information may be looked for in the forthcoming Report of the Rivers Commission.

## MUSEUM NOTES.

### THE RICHMOND MUSEUM, DUBLIN.

*Disease of the Urinary Apparatus after Injuries of the Spine.*—We mentioned a few weeks ago the important fact that, in many cases of injury to the spine, death is brought about by secondary disease of the urinary organs. The clinical interest of the fact is chiefly in reference to the use or non-use of catheters—a point which is worthy of a more sceptical investigation than it has yet received.

A preparation in the Richmond Street Museum, Dublin, supplies a valuable item of evidence: it is described as *sloughing of the bladder after injury of the spinal cord*. The patient, a man aged 57, was admitted in February 1836, eleven days after his accident, and died on the 27th of the following April, having lived exactly two months and a half. He had had numbness and rigidity of the limbs, with retention and incontinence of urine, from the day of the accident. Catheters had been used. A drawing was taken at the *post mortem* examination, in order to show the state of acute inflammation into which the bladder and urethra had passed—parts of the mucous membrane of the bladder being gangrenous. The cystitis in these cases may be supposed to be partly in connection with the defective nutrition due to paralysis, in part the result of retention of urine, and in part from the irritation of instruments.

### MUSEUM OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

*Cases of Encephalocoele.*—In the Museum of the College of Surgeons there are two specimens of occipital encephalocoele. In one, the tumour is as large as a fist; in the other (a plaster cast, presented by Dr. Robert Adams), the tumour is twice as large as the rest of the child's head, and hangs down on its back. It would reach to the lower dorsal region. The specimen reminds one of a doggerel said to have been written in ridicule of Oliver Cromwell.

"He had no skull, as was very well known  
To thousands of beholders;  
Nothing but a skin to keep his brains in  
From running about his shoulders!"

It is the largest occipital encephalocoele that we have ever seen.

In the Richmond Museum, there is amongst the portraits one which represents the much rarer form of encephalocoele, which is situated at the root of the nose; and, in the Museum of Trinity College, there are other interesting casts showing the same malformation.

*Ununited Fracture of the Femur.*—In this Museum, there is a specimen of ununited fracture of the femur. The fracture is situated at the level of the lesser trochanter; and the upper end of the shaft, which has become rounded, has been pushed upwards, so that it projects an inch and a half above the great trochanter. The outer surface of the great trochanter presses against the side of the shaft, and a hollow has been worn in the latter as a result of their contact.

*Barbados Leg.*—There is a splendid specimen of elephantiasis of the leg and foot. It is the best that we have ever seen, in this Museum. It was presented by Dr. Purcell, and was obtained from the island of Tobago. It shows the usual conditions of immense hypertrophy of skin and subcutaneous tissues.

## COMPARATIVE PATHOLOGY.

### RICKETS IN THE LOWER ANIMALS.

RICKETS is not a favourite disease with English veterinarians, if we may judge from the scantiness of literature on the subject; and yet it is a malady of considerable importance to stock-owners, for we find numerous brief references to its prevalence under certain conditions amongst young domesticated animals of almost every kind. Perhaps it is because the comparatively incurable deformity strikes the attention more than the preventable disease, and because acute diseases claim, on the whole, more attention from the veterinary surgeon than those of long duration, that we have not any exhaustive account of rickets in the lower animals. A prize essay on rickets would be a great acquisition, we should think, to the journal of the Royal Agricultural Society.

\* Dr. Dick, quoted in the *Pathological Society's Transactions*, affirms that rickets occurs only in animals which live chiefly on animal food. We cannot altogether agree with this statement, for there are numerous references to rickets in calves, lambs, pigs, and poultry, in various works on diseases of animals.

The deformity is the feature of rickets to which chief attention is drawn in most veterinary books; but we also find it recorded that young rickety animals suffer from irregularities of digestion, swelling of the abdomen, and weakness. The changes undergone by the bones of rickety animals are, increase of volume—especially of the ends of the bones—imperfect calcification, and consequent distortion.

It affects exclusively\* young animals, and perhaps especially those which are unable to obtain a good supply of milk. Although innutritious food is considered to be an important element in the causation of rickets by most authors, several other conditions—*e.g.*, cold, wet, and bad ventilation—are mentioned at the same time. Some consider this disease to be hereditary, and to be specially feared by those who breed *in and in*; and, in connection with this opinion, we may note the belief that certain dwarfed or deformed breeds of animals are the descendants of rickety ancestors.

## SELECTIONS FROM JOURNALS.

**FRACTURE OF THE ODONTOID PROCESS: RECOVERY.**—Dr. W. Bayard reports, in the *Canada Medical Journal* for December 1869, the case of a little girl aged 6, who, in August 1864, fell from a height of about five feet, striking on the head and neck. The only results observed were, inability to move the head, and pain in the neck. When Dr. Bayard saw her three weeks after the injury, she was able to walk well, but supported her head with the hand under the chin. The head was inclined forward and to the right side, and any attempt to move or rotate it produced great pain; beyond this, there were no local or constitutional symptoms. Warm fomentations and chloroform liniment were applied to the neck; bromide of potassium and anodynes were given to relieve pain; and rest and (as much as possible) the recumbent position were enjoined. Two months after this visit, she was suddenly seized with convulsions of both arms and legs; the mind was not affected, and she did not complain of pain. On being placed in bed, she slept quietly through the night, and next day was paralysed from the neck downwards, with the exception of the sphincter muscles; she swallowed with difficulty, but articulated well. After three months, the power of locomotion returned very gradually. When seen by Dr. Bayard, nine months after his first visit, she walked well, but still supported the chin with her hand; the head rested on the right shoulder; and there was an irregularity in the region of the atlas and axis. Movement of the head still caused pain; the general health and muscular power were good. An apparatus was made for the purpose of fixing the head and gradually raising it from the shoulder; this she wore for nearly a year, when she was able to leave it off, with the head erect and the back tolerably straight; she had also considerable power of rotation. She remained in this state till March 1867, when tumefaction and redness appeared on the posterior part of the fauces over the body of the atlas, and in a few days a piece of bone was discharged, which Dr. Bayard believes to have been the odontoid process. The child recovered; and, at the time of reporting, had hooping-cough, in the paroxysms of which she sometimes had momentary loss of muscular power.

**TAPEWORM TREATED BY PUMPKIN-SEEDS.**—Dr. O. B. Griggs, in the *Philadelphia Medical and Surgical Reporter*, recommends pumpkin-seeds as a remedy for tenia. The medicine is given in the form of emulsion, made by coarsely powdering six ounces of the seeds, allowing them to stand covered with cold water through the night, and then straining the emulsion, adding slowly sufficient water to make up a pint, which is administered in the morning before meals. Dr. Griggs relates two cases in which the treatment was efficacious, and says that it has not failed in any instance in which he has tried it.

**AMPUTATION OF BOTH LEGS AT THE KNEE-JOINT: RECOVERY.** John Fitzpatrick, an Irishman, aged 23, had both legs smashed by the wheels of a railway car. After the accident, he lay for some time (in a cold morning) before he was discovered; he was then driven four miles in a wagon to a station, and carried in a railway car, on bare boards, to Columbus, a distance of fifteen miles. Dr. Hamilton of Starling College met him here, and had him removed to hospital. Under the use of stimulants, warmth, and other restorative means, he rallied from the deep prostration into which he had been thrown. Anæsthesia being

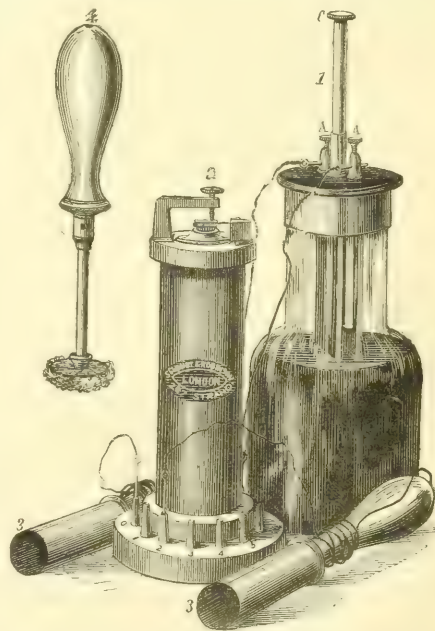
\* We do not find any records of rickets in Dr. Cress's account of post-mortem examinations of animals which died in the Zoological Gardens; probably but few of these animals were born in confinement, or subjected to artificial treatment until past the pendency of life. We mentioned a fortnight ago in our Museum Notes, a specimen of a rickety monkey, which is in the Museum of Trinity College, Dublin.

produced, amputation was performed at both knee-joints; the patella and the articular surface of the thigh-bones, with their cartilages, being left. Sloughing and burrowing of pus set in after some days, and retarded his convalescence. Under the use of stimulants, tonics, nutritious diet, good nursing, and with the aid of his good sense and good spirits, he recovered, though slowly; and was comparatively well three months after the operation.—*New York Medical Gazette*, 15th January, 1870.

## INVENTIONS, &c., MEDICINE, SURGERY, DIETETICS, AND THE ALLIED SCIENCES.

### GALVANIC APPARATUS.

MESSEURS. SCHMIDT and ROBINSON, of 267, Strand, have submitted to our inspection a galvanic machine which appears to answer all the purposes for which it was originally intended—that of the resuscitation of patients in danger from the effects of chloroform, and equally so for general use, wherever it is desired to employ electricity for medical purposes. Fig. 1 of the illustration represents the battery; 2, the coil; 3, the reophores or conductors to hold the sponges; 4, the reophore or



conductor for the phrenic nerve. The inventors assert that it possesses the following advantages. 1. It is self-acting. 2. It can be set in action in a second, although it has not been used for some length of time. 3. One charge of the battery will work the coil for ten consecutive hours, at the cost of one penny. 4. It can be safely carried about when ready for use. 5. The battery gives off no offensive fumes. 6. It is almost noiseless in its action. We can state that the apparatus possesses all the advantages of Stohner's, while it is considerably cheaper, and much simpler in construction. The whole is contained in a box of 10 inches by 7½ by 4 (including separate apartment for moistened sponges), from which it need not be removed when in use, as the box opens sufficiently to use the apparatus in it.



## NOTICE.

THE ANNUAL SUBSCRIPTIONS TO THE BRITISH MEDICAL ASSOCIATION FOR THE YEAR 1870 ARE NOW DUE: and it is a matter of great convenience to the Association, and conduces to the efficiency of its working, that they should be paid promptly.—Members of Branches, and all others who usually receive circulars at the beginning of the year from the local Secretaries, will greatly oblige, and will prevent trouble, by PAYING THEIR SUBSCRIPTIONS TO THE LOCAL SECRETARIES, AND NOT TO THE GENERAL SECRETARY.—All other members should pay their Subscriptions without delay to the General Secretary, T. WATKIN WILLIAMS, Esq., 13, Newhall Street, Birmingham.

Members of the Association residing in the counties of Middlesex, Essex, and Hertfordshire (except those belonging to country Branches), should pay their Subscriptions to Dr. A. P. STEWART, 75, Grosvenor Street, W.; or Dr. ALEXANDER HENRY, 16, Great Coram Street, W.C.

## BRITISH MEDICAL JOURNAL.

SATURDAY, FEBRUARY 5TH, 1870.

## INFLUENCE OF RACE ON DISEASE.

THE discussion which has taken place on Professor Huxley's attempt to confute the popular belief as to the difference between the Irish Celt and the English "Anglo-Saxon", is not without its medical interest. His assertion that blood is everything, and that language and other externals supposed to indicate race are often most erroneous criteria, is one with which all familiar with the laws of physical inheritance will agree. Mix blood as you may; dilute it as you like; transfer it to new regions; subject it to fresh influences; teach it a new speech; rechristen it, if you like; but you cannot destroy the influence of the original stock. In every instance, the question is as to original peculiarity and degree of subsequent admixture; and the result is no matter of haphazard, but of perfect certainty. As to whether Mr. Huxley is correct in his opinion that the admixture has proceeded as far in Ireland as in the southern English counties towards the obliteration of original peculiarities, opinions will differ. We believe that a Dublin physician trained in physiognomy would pick out from among the patients attending at a London hospital every Irishman of Celtic extraction with but little difficulty; and that neither he nor a Devonshire man would be able to identify with any certainty the inhabitants of the latter county. Of course, we exclude from the experiment all information gained by speech, and refer to recognition by physiognomy alone.

In addition to physiognomical peculiarity in the case of the Irish Celt, there is yet another class of facts on which some medical men would be inclined to place confidence in proving that there are real physical differences between the two nations. We allude to peculiarities in proneness to disease. In one department of practice, we believe that a definite peculiarity has been fairly established; and, although it concerns a small matter, it is not the less instructive. The cases of "granular lids" which come under treatment at our London eye-hospitals are almost all in Irish patients. Twenty years ago, this fact attracted so much attention that the complaint in question received at Moorfields (from Mr. Bowman, we believe) the designation of "*Oculus Hibernicus*". Those who have since then continued to pay attention to the matter are prepared to corroborate the opinion we have indicated. Nor is it alone in England that the fact is noticed. American ophthalmic surgeons have assured us that, in the institutions of New York and Boston, it is still the Irish who supply almost all the cases of the kind alluded to. In India, amongst the soldiers, the same fact, though probably less definitely, is noticed. Nor can it be explained by any reference to peculiarities of diet, or of habits, or of curative treatment. There can be but little question that it is a matter of race. In some instances, the offspring of parents of Irish descent, but born in England, have the subjects of it; and it attacks those who have lived all

their lives on the usual diet of Englishmen. We do not assert that the malady is unknown amongst the English; but its comparative rarity is a fact which attracts the attention of most foreign visitors to our institutions. In France, again, the disease is very prevalent. Those who have attended ophthalmic practice in Paris must have been astonished to see the long rows of patients waiting for sulphate of copper to be applied to the eyelids. In Germany, again, the disease, less common than in France, is, we believe, much more so than in Britain.

It is highly probable that close statistical observation would make us acquainted with other special race-peculiarities as regards disease; and, in spite of the difficulties which an unsettled nomenclature presents, the subject is well worth working at. There are, of course, fallacies to be guarded against. We may mistake the influence of habits, of climate, or of diet, for peculiarities of organisation. Clearly, our only satisfactory conclusions must be obtained by the comparison of individuals of different races living together under similar conditions. We believe that there is amongst London operating surgeons an ill-defined belief that patients from the North usually display better powers of reparation than those from the southern counties. It has been asserted by one of the surgeons to Moorfields Hospital, that the instances of iritis with large nodules of lymph are chiefly seen in Scotchmen. The remarkable mortality which attends French surgery may not improbably have something to do with race.

The alleged immunity of negroes from yellow fever, or at any rate from its more severe symptoms, is a remarkable illustration of the point under discussion. It is asserted by good authorities that the smallest admixture of black blood shows itself in the protection which it confers.

Amongst minor matters of peculiarity, we may note that the curious skin-disease known here as molluscum contagiosum appears to be far more common in Britain than elsewhere; whilst of those which depend on vegetable cryptogams, we have favus and ringworm much more frequent in Paris than in London. The spread of these diseases may, however, easily depend on other influences than those of race.

When a more careful system of record of cases of illness is carried out, and especially if at the same time an international scheme of nomenclature should be agreed upon, we may hope to have data of a far more reliable kind than any which we at present possess. In the meantime, we cannot but regard the investigation of the peculiarities of disease incidental to different countries, and the decision as to how far they are due to race and how much to habit, as one of the most attractive questions of the day. It is not necessary to add that some knowledge in this direction is absolutely necessary before we can hope to make trustworthy comparisons of modes of cure.

## BRITISH THERAPEUTICS.

NO. I.

TO those who keep in mind the vast machinery which our profession presents—our numbers and our education, our motives for work, our many journals for the record of facts, and societies for their discussion—it cannot but be matter of astonishment that practical knowledge advances so slowly. We speak not so much in reference to the rarity of great discoveries, as in regard to the persisting diversity of opinion on common matters. Points which one might suppose would have been settled long ago, and which, until some really new revelation should occur, might be expected to remain unquestioned, continue year after year as vague and uncertain as if no evidence were obtainable. It seems almost impossible to get our knowledge to crystallise out of the turbid sea in which it floats. We purpose to select this week a rather prominent instance of the uncertainty to which we allude, and one which also illustrates well the necessity which exists for more critical investigation of some of our therapeutic doctrines.

Gonorrhœa is not a rare disease. Possibly, a good half of the profession may, in early days, have had some slight personal acquaintance with it. It is a very definite malady, of which the cause and nature are alike well understood. Yet, if a patient, the subject of an acute clap,

were to incline to make an experiment at the expense of the profession and of his own pocket, and to collect from different authorities a dozen prescriptions for his cure, we suspect that he would be able to shew a curious variety. By one he would be told that, with the exception of salines and aperients, no treatment is admissible in the early stage; by another he would be promised a cure in a week by the use of injections; whilst a third would at once administer copoba. Of the prescriptions for injections, probably no two would be alike, and the directions as to their mode of use would also differ greatly.

We are about to trespass on the good nature of a very able surgeon, by making one of his contributions serve as a further illustration of our theme. In Mr. Holmes' *System of Surgery*, which we reviewed last week, the paper by Mr. Durham, of Guy's Hospital, on Injuries to the Neck, impressed us as one of the best in the volume. A contribution by the same surgeon to the *Guy's Hospital Reports*, (just published), seems, however, to be in some points more open to criticism. Mr. Durham has invented a new and very ingenious syringe for the urethra. Its principle is that the fluid, instead of being forced backwards into the urethra, shall be made to pass from behind forwards. To effect this, the nozzle of the syringe is elongated, so that it may be introduced several inches into the urethra, and at its end is a bulb, which is closed at its extremity, and furnished with holes in front. This bulb is large enough to plug the urethra, and thus prevent any fluid from passing downwards, whilst the stem is small to permit of easy reflux. The instrument having been introduced, a continuous stream of a weak solution is pumped through it, escaping freely at the meatus. Mr. Durham speaks in the warmest terms of the value of this mechanism, and with some disparagement of older methods. He ignores altogether the fact, which we had believed to be well established, that the bulbous tract is very frequently affected. He thinks that injections downwards are likely to carry the secretion with them, and thus inoculate the deeper parts of the urethra. He avers that it is impossible for a patient, having only two hands, to follow "the usual instructions," and compress the meatus on the nozzle, push down the piston, and press the perineum (to prevent the injection from going too far), at the same time. Now, we may quite admit that the achievement which he specifies would, with most persons, require an additional hand; but we feel some astonishment at learning that so good a surgeon should think pressure on the perineum in the least necessary. We thought it had been abandoned as a needless precaution, and that the direction now usually given, was, by most, "let it go as far as you can get it and remain as long as it will." There are, we believe, many surgeons who have, for the last twenty years, been in the constant habit of applying to the treatment of urethral gonorrhoea the principles established in reference to similar disease of the conjunctiva. They have been accustomed to use mineral injections at all stages, the earlier the better, to use them very freely, with, as they believe, the best possible results. They hold that the risk of orchitis and of stricture occur chiefly in neglected cases, and that the real secret is to get rid of the disease as quickly as possible by treating it locally, just as would be done in the case of the eye. Not a few of the advocates of this plan place the greatest reliance in chloride of zinc, and use it in solutions of two grains to the ounce, without requiring any adjuvants except abstinence from stimulants and free purgation. One advocate of this plan has, we believe, laid down that, if a very speedy cure be wished, the patient should keep his room, and should divide his time between the use of the injection-syringe and the close-stool. Mr. Durham appears to think that the use of injections by common syringes has proved disappointing; and he asserts that copoba, cubeba, and oil of sandal-wood are as much prescribed as ever. He appears to almost believe that, under the older plans, most cases resisted treatment and had to wear themselves out. Our impressions would take a precisely opposite direction. We thought that copoba had fallen almost into disuse, and that, under chloride of zinc injections, ten days or a fortnight might be fairly assigned as the average duration of an attack. We had thought, also, that two grains to the ounce was a perfectly safe strength, knowing, as we do, that it may be used for the eyes of the

youngest infant without undue irritation. We might also take exception to the suggestion that injections, as commonly used, carry the secretion onwards with them, and infect deeper parts. If they do carry the pus with them, at any rate it is soaked by them, and probably killed; whilst, of the newly invented bulb, a critic might assert that it seems made designedly to push the discharge downwards, and to protect it, when thus displaced, from all action of the solution.

In making these remarks, no opinion adverse to the efficiency of Mr. Durham's plan is intended. That is a matter for a practical test, to which we have not submitted it. Very probably in those cases in which the inflammation is limited to the anterior part his syringe acts admirably. Our object is simply to make use of his remarks to illustrate the extreme differences of opinion which still prevail regarding elementary therapeutics. He is by no means alone in some of the views which he expresses as regards the strength of injections and the cautions in their use. On the contrary, he is supported by numerous authorities.

The talented authors of the article *Gonorrhoea*, in Holmes's *System*, write: "during the inflammatory state, injections are quite out of the question." What, we may ask, would an ophthalmic surgeon say if he were told that he must not use astringent lotions in purulent ophthalmia until the inflammatory stage had subsided? He uses them for the express object of subduing that stage; and the more severe it may be, the more emphatic are his directions as to the use of the lotion.

The subject, although already almost trite, is one which might easily and suitably be submitted to further discussion, and, not unhelpfully, to systematic experiment. Our *confrères* in the army, at stations where the Contagious Diseases Act is not as yet enforced, have probably abundant opportunities for testing the question.

A Committee of the Clinical Society might, perhaps, be appointed, which might easily collect good evidence on such points as the following.

1. Is the use of injections of chloride of zinc, in the acute stage, productive, usually, of much pain or other inconvenience?
2. Does it, as a rule, procure an abatement of the discharge?
3. In cases of orchitis, is there usually a history of injections having been previously employed? or is there not, rather, a history of neglect of the disease?
4. Does cystitis, or any other malady, occur, with any frequency, as an apparent result of injections?

In conclusion, we must disclaim any wish to have the question decided prematurely. Our only desire, for the present, is to attract attention to an uncertainty in opinion which is not creditable to the profession. Surgeons have, assuredly, no right to smile at the vagueness of medical practice, or to joke about the six weeks which cure rheumatism, whilst, on a subject so much easier to examine, they have got no further towards unanimity than the position we have indicated. Our only reasons for selecting for special comment the article which we have mentioned are, that it contains the latest expression of opinion on the subject, and that it is from the pen of one whose talents and experience entitle him in the highest degree to confidence and respect.

#### USES OF CARBOLIC ACID.

We believe that there is a general impression amongst those connected with our larger hospitals, that the mortality of larger operations has diminished during the last two or three years. In several, we believe, the improvement has been shown by statistics. Whether this be due to the great amount of attention which has been concentrated upon the subject, and consequent greater care in the selection of cases and other matters, or whether we may attribute it to really improved plans of treatment, is a most interesting question. If to the latter, the introduction and free employment of carbolic acid of course suggests itself as one of the measures most likely to have been influential. There can be no doubt that this agent has, in various ways, been very largely employed. It has been used as an aerial disinfectant, as a wash for surgeons' hands, instruments, and sponges, and as an application to wounds. In all these ways it may have done active good. We have

been careful in all that we have written on this agent, to point out that its supposed power as a germ-destroyer is not its only one, and it is very easy to attribute to its influence in that direction, what may perhaps, after all, have been due to its power in another. The influence of the acid on the living tissues has scarcely as yet received the attention which it deserves. A series of experiments in this direction would be very valuable. It appears not improbable that a tissue, well soaked with a dilute solution of it, is rendered comparatively free from risk of taking on the inflammatory state. If the hands be long exposed to the influence of such a solution, they become numb; "pins and needles" are felt-in them, attended by subjective sensation of coldness, and some shivering. It would appear to exert a remarkable influence on both nerves and blood-vessels, and probably also on the cells themselves. We have here under its power the three principal factors in the inflammatory process. Thus it is quite within possibility that the compress wet in carbolic acid lotion, laid over a wound, may in many an instance have prevented erysipelas, not so much by disinfecting the air, as by its direct action on the skin itself. One case of erysipelas prevented, is equivalent to a thistle cut down before seeding, for the disease spreads by contagion. Then, again, we have the possible good done by the use of carbolic acid soaps, and yet more hopefully by solutions, used for washing the hands, etc. Many surgeons now employ the acid habitually for these purposes, and not improbably with great advantage in preventing accidental contagion. There is, therefore, we think, good reason for believing that in institutions where Mr. Lister's plan has either not been tried or not been persevered with, the agent which he has so strongly recommended may yet possibly have been the means of doing much to prevent surgical mortality.

THE biennial festival of Guy's Hospital will take place at Willis's Rooms on March 23rd, Edward Cock, Esq., in the Chair.

A NEW WING is, we hear, about to be added to King's College Hospital.

THE usual monthly dinner of the Medical Club was held on Wednesday last; Erasmus Wilson, Esq., F.R.S., in the Chair.

THE Annual Dinner in aid of the funds of University College Hospital will take place on the 23rd instant, at Willis's Rooms. Sir James Clark Lawrence, Bart., M.P., will preside.

SIR RODERICK MURCHISON and others have written to the *Times* expressing their grounds of disbelief in the reported death of the illustrious traveller, Dr. Livingstone.

#### NATIVE MIDWIVES IN INDIA.

SIX native women are to receive instruction as midwives for one year at the Calcutta Medical College Hospital, and the same number at the Presidency General Hospital. It is wished to send among the native population a sufficient number of women instructed in ordinary practice, and capable of seeing the mistakes of the native traditions, which lead the midwives to effect delivery at any risk.

#### DAMAGES FOR MENTAL SHOCK.

AS a train was leaving Ilkley Station, one of the carriage-doors flew open, and struck a pointsman. He let go the points, and the passengers in the train received a shock. One lady, imagining the pointsman was killed, became very ill after she returned home, and ultimately brought an action against the company at Leeds. She obtained £25 damages. The jury stated, in answer to the judge, that they considered she was suffering from a "mental shock, the result of the accident." A "rule" was afterwards obtained, setting aside this decision; but now, this last week, the original decision has been finally confirmed. The Lord Chief Baron thought the verdict involved in some obscurity, but representing the rights of the case. Mr. Baron Piggott said he should have considerable difficulty in understanding what the jury meant by "mental shock" under such circumstances. Mr. Baron Martin, however, sides with the Lord Chief Baron.

#### KING'S COLLEGE HOSPITAL.

DR. LEO ROSS gave a reading in the Hanover Square Rooms on Friday evening, in aid of the funds of King's College Hospital. The rendering of some of the pieces was excellent. The delivery of "How they brought the good news from Ghent to Aix" was especially well-received by the audience.

#### THE PATHOLOGICAL SOCIETY OF LONDON.

At the meeting of the Pathological Society on Tuesday, several very important and interesting communications were presented; among others, by Dr. Hermann Weber, on General Tubercular Infection from a primary deposit; and by Dr. Burdon Sanderson, on the Artificial Production of Tubercle in Cattle by Feeding on Tubercular Matter.

#### QUEKETT MICROSCOPICAL CLUB.

THE monthly meeting was held on Friday, January 28th, in the library of University College; P. Le Neve Foster, Esq., in the Chair. A paper, illustrated by numerous specimens, was read by Dr. Braithwaite, on the Geographical Distribution of Mosses. The objects of interest exhibited were few in number, probably owing to the severity of the weather. The meeting terminated with the usual *conversazione*. The Committee have decided to continue the journal in its present form.

#### FATALITY OF MEASLES IN A WORKHOUSE INFIRMARY.

BETWEEN November 13th and January 24th, thirteen cases of measles occurred in the Leicester Union Infirmary, and no fewer than five of them ended fatally. The disease is reported by Dr. J. St. J. Clarke, the medical officer, to have spread to the Union schools; but his suggestion that a temporary nurse should be appointed, with the view of preventing the spread of the disease, was not acted on. Either the disease must be very virulent, or the Leicester Union children take very little killing. The number of cases is too small for statistical employment.

#### ERRONEOUS CERTIFICATE OF CAUSE OF DEATH.

AN inquest has been held on the body of a gentleman aged 48, who was found dead in his bedroom. He had resided for nine weeks at 18, Wharton Street, King's Cross; and had not been in good health for some time. A medical certificate had been given to the effect that he was last seen on January 22nd, and died on the 25th; and that the cause of death was rheumatic gout and effusion of serum into the left pleura. Suspicion arose as to whether deceased had taken poison; and a *post mortem* examination was made by Dr. Gibson, who found the cause of death to have been pericardial effusion. Dr. Lankester took occasion to remark on the fact of a medical man having given a certificate of cause of death when he did not know what the real cause was. He considered him very reprehensible.

#### SANITARY CONDITION OF THE CITY OF LONDON.

A REPORT on the sanitary condition of the City of London, for the year 1868-9, has been presented to the City Commissioners of Sewers, by Dr. Letheby. Several interesting and important facts are illustrated by this report. The number of births, marriages, and deaths have all decreased. During the year ending in September last, there were 1,169 marriages, 2,094 births, and 2,216 deaths registered in the City of London; all which numbers are greatly below the average for the corresponding period of the last ten years; during that time, the marriages were in the annual proportion of 1,567, the births 2,815, and the deaths 2,643. While the births and marriages have declined to the extent of about 25 per cent. on the average of the last ten years, the deaths have decreased by only about 16 per cent. The population of the City is not maintained by the births within it, but by the importation of adult life; amongst all the women of the city between the ages of 15 and 45, there has been but 1 birth to every 17 of them; and in the City proper it has been but as 1 to 27. The Report further notes the large mortality among young infants, and points out that great differences in the death-rate are always associated with corresponding differences in the birth-rate. This is in accordance with a natural law; for the death-rate of



children contributes largely to the total mortality. Infant mortality, within the first year, amounts to about 160 per 1,000 of all that are born, while in the rest of the population the mortality is only about 20 per 1,000. It follows that, in two places, with different birth-rates, and, therefore, different proportions of children in the population, the death-rates must also be different; and that the death-rate alone can afford no trustworthy indication of the salubrity of a place. To take, for example, the list of places referred to by the Registrar-General in his last quarterly report, it would seem that Dublin, with a death-rate of 22.72 per 1,000 of the population, must be considerably more healthy than Liverpool, with a mortality of 27.29 per 1,000. In reality, however, it is the reverse; for, if measured by the birth-rate as well as the death-rate, it will be found that Liverpool is in a better sanitary condition than Dublin. Dr. Letheby suggests that the statements of the Registrar-General may tend to mislead the public, by creating, on the one hand, unnecessary alarm with reference to places where the mortality is apparently high; and, on the other, false confidence in places where the death-rate is apparently low. The birth-rate should always be taken into consideration as well as the death-rate.

#### WATER-SUPPLY OF CALCUTTA.

CALCUTTA has just received a most important sanitary boon, in the form of a supply of good water. The works—which are calculated to deliver six million gallons daily from a constant supply—are situated on the bank of the Hooghly, thirteen miles above Calcutta. The water drawn from the river is forced by engines into receiving or settling tanks, from which again it passes into filtering reservoirs containing layers of fine and coarse sand and pebbles. After filtration, the water passes into a covered well, and is thence carried by pipes to Calcutta. The *Indian Medical Gazette* gives a comparative analysis of the water in use and of that to be supplied in future. The water used by European residents—the “best water in Calcutta”—contains 18.2 grains of solids per gallon, and 0.38 of albuminoid ammonia in a million parts. That used by the richer natives has 12.0 grains of solids per gallon, and 0.25 albuminoid ammonia per million. The water in ordinary native use contains from 0.32 to 0.35 of albuminoid ammonia per million; the water of the Hooghly at the point of supply, 0.13, and after filtration, 0.10; the solids being reduced by filtration from 16.3 grains per gallon to 14 grains. One defect which is pointed out is, that the works at the source, covering nearly one hundred acres of ground, are unprotected; and the tanks are not safe from pollution. Enclosure within walls is a necessary step to ensure the purity of the water-supply.

#### SOCIETY FOR THE RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.

AT the quarterly Court, held January 12th, the directors voted the sum of £1380 to 58 widows and 53 children for the half-year commencing January 1st. Two widows and twelve children were added to the list of recipients. The directors most earnestly invite the attention of the members of the profession to the increasing number of applicants and the large sums necessary every half year to pay the grants, and trust by an increase of the number of subscribers and donors to be enabled to continue the amounts given to each case. The receipts of 1869 fell short by £147 of the sums distributed. The directors appeal to the generosity of their richer brethren in order that they may be saved the painful necessity of reducing the grants to the widows and children of deceased members.

#### LECTURES AT THE ROYAL COLLEGE OF SURGEONS.

PROFESSOR WILSON, F.R.S., commenced his course of six lectures on Dermatology on Monday last. The course, which will be concluded on Friday next, will be followed by another of eighteen lectures, introductory to the study of the Anatomy of the Class Mammalia, by Professor W. H. Flower, F.R.S., the Hunterian Professor of Comparative Anatomy and Physiology. The following is the programme. Methods and Aims in the Study of Morphology.—Classification of the Mammalia.—Osseous System of the Mammalia.—Axial Skeleton. Vertebral Column. Modifications of the characters of the Vertebrate in the

Cervical, Thoracic, Lumbar, Sacral, and Caudal Regions in different Mammals. Sternum. Cranium. Hyoid Arch.—Appendicular Skeleton. Essential Structure and Modifications of the Bones composing the Shoulder-Girdle and Anterior Extremity. Structure and Modifications of the Pelvic Girdle and Posterior Extremity. Comparison between the Structure and the Functions of the Anterior and the Posterior Extremities.—Tegumentary System and its Appendages. The Dermis. Modifications of the Integument mainly due to peculiar conditions of the Dermis. Ossifications in the Integument. The Epidermis and its Modifications. Callosities, Scales, Nails, Claws, Hoofs, Horns, Hairs, Spines, Antlers. Glandular Organs connected with the Integument, or opening on the external surface of the Body. Scent Glands. Mammary Glands.—Dental System. Structure and Essential Characters of Teeth. Classification and Nomenclature of Teeth. Development and Succession of Teeth. Modifications of the Characters of the Teeth in the different Groups of the Mammalia. Horny Structures taking the place of Teeth in certain Mammals. Baleen, etc.—If time permit, Professor Flower will proceed to the consideration of the Digestive System. The lectures will be delivered on Mondays, Wednesdays, and Fridays, commencing on the 14th February.

#### A PRAISEWORTHY PROJECT.

THROUGH the stimulation of Mr. Sampson Gamgee, aided by an energetic committee, the working classes of Birmingham have been called on to bear their share of contributions towards the provision of hospital aid; and the result appears, after a year's work, to have been encouraging. The object which is proposed is, to raise a Working Men's Fund for the extension of the Queen's Hospital. At the annual meeting of the supporters of the plan, held on Monday last, a report of the Committee was read, in which the following statement of the objects in view was made. “The main object is to erect a Hospital for out-patients and accidents, on the St. Martin's Rectory grounds, adjoining the Queen's Hospital. Among the objects which the promoters have in view are—1. The classification of out-patients in separate waiting-rooms, so that a healthy person suffering from a trifling accident, or another the subject of some harmless complaint, may not be compelled to wait in the same room with others afflicted with contagious diseases. 2. Baths for out-patients, to lessen the risk of the public baths being used by sick persons. 3. Carriages and stretchers of proper construction for the easy conveyance of the sick and wounded. 4. Carriages for contagious cases, which are now conveyed in cabs and other public vehicles, to the great injury of the public health. 5. The appropriation of the detached building now existing at the rear of the Queen's Hospital, for contagious cases. 6. The establishment of a fund to provide working men, whom accident has deprived of their limbs, with the best made artificial substitutes. 7. The erection of a conservatory, which shall be available for convalescents at all seasons of the year. It is proposed that the new building shall be constructed on the best principles of hospital management, to relieve deserving persons, check the evil of indiscriminate charity, and foster feelings of self-dependence, so as to be a worthy monument to prove how deeply the working men and women of Birmingham feel for their fellows in distress, and with what thorough earnestness they have resolved on a grand effort to help them.” The tendency of indiscriminate medical charity to destroy the self-reliance of its recipients, and to produce pauperism, has been so strongly insisted on that it is unnecessary for us to say anything on the subject. Mr. Gamgee and his colleagues will have done great good, if they succeed in thoroughly bringing the working men of Birmingham to feel that to contribute towards, and thereby to obtain a certain claim on, the aid of a hospital in sickness, is a powerful means, if not of raising them, at least of preventing their depression in the social scale. The saying of Horace,

“Quæ non fecimus ipsi,  
“Vix ea nostra voco”

as well as its converse, are very applicable to its present case. The movement has our best wishes for its success; and we hope that it may

be so far successful that the contributors, while they feel themselves raised by it, may also have the satisfaction of knowing that those who boasted professional skill on the sick poor in the hospital are not allowed to go altogether uncompensated.

#### HANWELL ASYLUM.

THE friends of Sanli Nistri, who died some time ago under suspicious circumstances in Hanwell Asylum, have offered a reward of £100 for information likely to lead to the discovery of the cause of the injuries which he received.

#### THE NEW HIGHGATE INFIRMARY.

THE west wing of the new Poor-law Infirmary, at Highgate, has just been opened for the accommodation of St. Pancras cases alone. There are about 80 patients at present in the wards, under the care of the temporary medical officer, Mr. Dyte. From want of space, we are prevented from giving a full description of the building. It shall appear, however, next week.

#### DR. WILLIAMS' ACTION FOR LIBEL.

THE case which was introduced in Court the other day, in which our distinguished associate, Dr. C. J. B. Williams, is the plaintiff, is one which has for some months excited much interest in professional circles. As the trial has been deferred, it would be out of place for us to enter upon any detail concerning it now. We may remark, however, that in some sense Dr. Williams comes into court, not only in his own behalf, but also in defence of the profession, against malicious reports in reference to unsuccessful cases. There is, we believe, no doubt that statements most injurious to his reputation were put in circulation, and he will have the sympathy of the whole profession in his determination to trace them to their source, and, if possible, make their promulgators take the responsibility which they involve. The facts, as we have heard them, are, briefly, that Dr. Williams was consulted in the case of the only son of the Duke and Duchess of Somerset. The disease was obscure at first, but was subsequently attended by attacks of laryngeal spasms, which at last so threatened suffocation, that tracheotomy was performed, but with only temporary relief. Calumnious charges were subsequently printed and distributed, reflecting both on conduct and on motives. It is in respect to these charges, which are, we believe, attributed to the Duchess herself, that the legal measures have been necessary. An apology had previously been demanded and refused.

#### THE POOR-LAW INQUIRY IN ST. PANCRAS.

THE inquiry was continued on Thursday, Friday, and Saturday, and concluded on Monday. The evidence for the prosecution was completed on Friday. The questions asked by Dr. Edmunds, for the prosecution, if we may judge from the *Times* report, were occasionally, to say the least, most uncalled for, and very properly elicited from the audience cries of "shame"—an expression of opinion which, coming as it did from a Saint Pancras Vestry-hall audience, may give some idea of the attempted proceedings of the prosecution. A charge of immoral conduct with one of the nurses was also brought by the Guardians against Dr. Ellis, which was to have formed a separate inquiry. The nurse, however, disappeared on Sunday, and has not since been heard of. The decision of Mr. Bore was not given, probably, for a few days.

#### THE OBSTETRICAL SOCIETY.

THERE was so much material brought forward at the meeting held last Wednesday evening, that the discussion on Dr. Braxton Hicks's paper had to be adjourned, although the meeting was protracted to an unusual length. Mr. Wiltshire, in exhibiting the tumour from a case of ovariectomy, alluded to Sir James Simpson's plan of passing long acupuncture needles through both pedicle and abdominal walls, as having proved successful in several cases.—Dr. Willoughby read a case of labour impeded by the contraction of a severe burn of the pudenda. Premature labour was induced, and the cicatrices divided, with complete success, the child being born alive.—Dr. Woodman made some remarks on the

use of preparation of iron in the anæmia of pregnant women. He had constantly prescribed iron in such cases, for the last nine years, without the least ill result. He had followed the practice of the late Dr. Ramsbotham and of Dr. Robert Barnes; and he was, therefore, greatly surprised at hearing a medical witness swear at an inquest, that such a practice was calculated to induce abortion. He generally used the ammonio-citrate in an effervescent form, but had no fear of other preparations of iron in medicinal doses. The President said that such was also his own practice, and he believed that of most gentlemen present; and he had never known abortion to result from it. Dr. Rogers had known young women take the perchloride to procure abortion; and although they took enough to make them ill, they failed in the object for which they used it.—Dr. Routh read a very interesting case of congenital absence of vagina, with retention of menses, sent to him by Miss Garrett. By the advice of his colleagues, he abandoned his original intention of tapping *per rectum*, and formed a new vagina, through which he made an opening into the uterus. On the seventh day, the patient had a severe fright, and died about two days afterwards, when it was found that the right Fallopian tube had been distended; its orifices were impervious; and it had burst, probably when the patient vomited. It was suggested by him, as important in cases of retained menses, to ascertain, by introducing the hand into the rectum (easily done under chloroform), if there were tubal distension; and, if so, to puncture *per rectum*. The President, Mr. Spencer Wells, Dr. Wynn Williams, and others, made remarks on the paper, advocating the vaginal operation rather than the rectal. Mr. Wells thought that the real cause of the dangerous symptoms in some of these cases was yet unknown.—Dr. Braxton Hicks read a paper on puerperal fever, classified as to *causes*, in a similar way to the plan recommended by Mr. J. Hutchinson for skin-diseases, etc. He brought forward eighty-six cases from private practice; classified, first, from *known causes*, of which it appeared thirty-six were from scarlatina, and nineteen of these had a well-marked rash. He said the pregnant woman seems to resist scarlatina; the puerperal one is specially liable; the rash generally appears on the third or fourth day after delivery. The throat-affection and adenopathy are slight; the abdominal and pelvic symptoms severe. Erysipelas was next noticed; and some curious cases of contagion were given. Typhus and typhoid fevers came next, and then pyæmia. Secondly, from less known, or unknown, causes. Of these, mental shock was not uncommon. It appeared that amongst primiparae, especially married ones, deaths from puerperal causes are most common in *new houses*. Dr. Hicks pointed out the extreme frequency of zymotic causes, and urged precautions as to dress, disinfectants, nurses, and those attending confinements.

#### SAINT LUKE'S HOSPITAL.

THE Report published in the *JOURNAL* of January 30th, 1869, on the administration of this hospital, appears likely to bear still more fruit. Sir George Hodgkinson has written to the *Times*, stating some facts pregnant with meaning, and drawing attention to the very unsatisfactory management of this hospital. He comments on some of the chief points referred to in our Report, that since 1851 no public dinner has been held, and that £21,542 of the capital stock of the hospital has been sold out since that time; showing an excess of expenditure over income, to the amount of more than £1000 a year. He complains, also, that the committee have persistently refused for thirty years, for reasons which to us are quite intelligible, to print and circulate the report in any shape amongst the governors, before the annual meeting, which last year was hurried over in a most indecent manner, and hastily declared to be closed. It was stated about the same time by the treasurer, in the public papers, that some members of committee had applied to the Lord Chancellor for an inquiry; but, so far as we know, proper steps were not taken to secure this end. It seems to us the duty of the Charity or Lunacy Commissioners to undertake such an inquiry, and to step in to save the institution from the mismanagement which is quickly and surely closing its doors.

## SCOTLAND.

THE Annual Meeting of the Subscribers to the Edinburgh Eye Infirmary was held last week. It was stated to be in a flourishing condition.

THE Annual Supper of the Edinburgh Aberdeen University Club was held in the Royal British Hotel, Edinburgh, on Friday, January 28th.

## DRAMATIC PERFORMANCE.

A DRAMATIC Performance was given by the Medical Students of the Aberdeen University, on Tuesday and Wednesday evenings, in aid of the funds of the Royal Infirmary of their city. The acting was very creditable, and the whole affair was a complete success.

## THE NEW GLASGOW COLLEGE BUILDINGS.

THE New College Buildings at Glasgow are making rapid progress, and it is expected that they will be completed by November when the Session opens.

## THE LORD-RECTORSHIP OF THE ABERDEEN UNIVERSITY.

WE believe that the Solicitor-General has given it as his opinion that the University Court can legally meet under the present circumstances. It is, therefore, expected that a new election will shortly take place, most probably this day week, and that Mr. Grant Duff's return will not be opposed.

## THE EDINBURGH ROYAL DISPENSARY.

THE Annual Meeting of the subscribers to the Royal Dispensary and Vaccine Institution took place on Saturday. The Report of the Managers and Medical Officers was favourable.

## THE TREATMENT OF LUNATICS.

WE are surprised to see that the *Edinburgh Evening Courant* has been carried away by the mistaken popular cry at present heard against Lunatic Asylums, and has been imprudent enough to publish a quantity of sensational assertions in its columns, regarding the treatment of the insane, of an entirely erroneous character. The ignorance which the writer betrays is too apparent for any one to believe that his statement would carry any weight with educated people, but as the lower classes greedily devour anything of the sort, editors cannot be too careful of what they say on such a subject.

## IRELAND.

## THE LATE DR. CROKER.

AT the last meeting of the Governors of Sir Patrick Dun's Hospital, Dublin, the following resolution was passed unanimously:—"That the Board of Governors desire to express their deep regret for the great loss which Sir Patrick Dun's Hospital has sustained by the death of the late Charles Phillips Croker, M.D., who, by his constant attendance at this Board, and his solicitude for the welfare of the institution, contributed much to advance the best interests of the hospital during the last thirty years."

## PATHOLOGICAL SOCIETY OF DUBLIN.

LAST Saturday, Dr. MacSwiney showed the heart and pericardium of a man who, four years previously, had suffered from a first attack of acute rheumatism. Evidences of extensive pericarditis and endocarditis were present. A feature of interest in the case was the fact that the patient's two brothers had died from the sequelæ of acute rheumatism, while his uncle had had repeated attacks of the same disease. A case of purulent meningitis at the base of the brain, dependent on otorrhea of old standing, was brought forward by Dr. Stokes. Notes of the clinical history and *post mortem* appearances in this case will be given in our Hospital Reports. Mr. Tunfell exhibited a very rare lesion of the prostate gland, the result of an accident. The patient, a groom, aged

20, slipped off a load of hay and fell on a pitch-fork. One of the prongs entered the rectum, without causing any external wound, and, pressing forward, divided the prostate gland. The bladder and peritoneum were uninjured. The case terminated fatally, from peritonitis, on the sixth day. A melanotic growth, probably cancerous, protruding from the orifice of the urethra in a male, was shown by Mr. Tyrrell. The tumour had first appeared about six years ago, and did not then seem to be of a malignant type. Mr. Henry Wilson presented to the Society an eyeball which he had recently enucleated for chronic disease, and in which there existed a remarkable bony plate. This latter took its origin from the inner coat of the choroid membrane, and its true bony character was established by microscopic examination.

## NATURAL HISTORY SOCIETY OF DUBLIN.

AT the Meeting on January 26th, a paper was read by Dr. A. W. Foot, "On Goitre in Animals," and one by Professor Macalister, "On some points in the Anatomy of the Sartorius Muscle." Dr. Foot exhibited to the Society a young terrier-bitch of the black and tan breed, with well marked symmetrical enlargement of both thyroids, and reviewed the scanty and scattered literature of bronchocele in the lower animals. The occurrence of this complaint in the lion, hyena, racoon, monkey, pig, horse, mule, cow, sheep, goat, and mouse, was alluded to. It appeared that in the wild, as well as in the domesticated, animals, the disease may be congenital or acquired. In no instance did the thyroid swellings appear to partake of the purely vascular form of goitre. The isolation of the opposite halves of the gland in most of the lower animals, owing to the absence of the isthmus, may, perhaps, by halving the supply of blood, lessen their liability to that form of goitre. The relative degree in which the lower animals and mankind are affected in districts where goitre is endemic, the artificial production of goitre in animals, and the negative results of extirpation of the thyroid glands—subjects of much interest in Comparative Pathology—were discussed. St. Lager's views as to the influence of soils containing iron pyrites, and his experiments upon the lower animals for the purpose of testing his theory, were commented upon in connection with the geological aspects of goitre in the lower animals.

## NEW HAMPSHIRE FEVER HOSPITAL.

WITHIN the short space of five weeks, the aspect of the green slope, to the south of the Hampstead Heath Station, and overlooking Gospel Oak Fields, has undergone a marvellous but somewhat interesting change. The green pasture has disappeared, and in its place may be seen a complete hospital, capable of affording accommodation and every hospital comfort to a hundred patients. We need not recapitulate the reasons which gave rise to this extensive undertaking; but, in fact, they lie in a nutshell. It was expected that the present epidemic of relapsing fever would greatly increase in severity; and, as a sufficient amount of fever-accommodation could not be conveniently obtained, the Metropolitan Asylums' Board determined to meet the requirements of the case in a liberal spirit, and forthwith set about erecting the present building on a piece of ground the property of the Board. As many as 220 men were employed during one week in pushing forward the work; and, dating from the day when the building was commenced, the contractors handed over the hospital in a state fit for occupation in exactly one month. The building runs in a slope almost due east and west; it is built of galvanised iron, furnished by Moreton and Company of Liverpool. The walls of the hospital are further composed of a layer of thick waterproof felt and planking; the felt ensuring greater warmth and freedom from damp. The hospital is built on concrete, and the soil is well drained. The entire length of the building is traversed by a central corridor, from which run off the entrances to the different blocks. The wards are to the western, and the administrative department and resident officers' rooms to the eastern end of the building. The latter part contains, on one side of the corridor, the cheerful and well-furnished apartments of the lady-superintendent and the resident medical officer, the dispensary, and the store-room; and, on the other, the steward's department, laundry, kitchens, and nurses' mess-room. The wards are three, two male and one female, arranged on the south side in separate blocks, about forty or fifty feet apart, with windows on each side. Each ward is unequally divided by a glass partition and a swing-



door. In the further part, accommodation is provided for twenty patients; and, in the other, which is used as a convalescent ward, for twelve; making thus 32 beds in all. The cubic space allowed to each patient is about 1200 feet. To each ward are attached, at the nearer end, a small kitchen, and a bath-room with lavatories. The water-closets are self-acting and efficient; the iron bedsteads, which are on castors, are admirable, and marvellously cheap, costing only sixteen shillings each. The material of the bedding is good, and sufficient in quantity. The ventilation adopted varies. In one of the male wards, Fott's system has been introduced. It is self-acting, and consists of a longitudinal shaft of metal pierced on its inner or ward aspect, extending around the entire wall above the windows, and communicating at intervals with the external air, the extracting shaft being situated near the roof in the centre of the ward. The windows also are used for the purposes of ventilation. The other two wards are ventilated by simple gratings near the floor, which may be closed, but, when open, cause a strong draught along the floor. The windows, again, should not admit the air from below. Considerable ventilating means are gained by the gas sunlights and the admirable stoves, which, receiving a supply of cold air from without, allow it to circulate and pass heated into the ward. The dietary and other arrangements adopted by the Resident Medical Officer, Dr. Shaw, who, with the aid of Mr. De Lievte, has entire charge of the hospital, are all that could be desired. The wards altogether are cheerful and well constructed. There is an additional ward in the proximity of the others, to be used for the reception of doubtful or infectious cases, besides relapsing fever; and we fear, if we may judge from the experience of the Fever Hospital, that it may be found to require considerable extension. In the receiving room on the opposite side of the corridor, the patients have a warm bath before being admitted to the wards. We may mention here, that cabmen conveying cases of fever to the Hospital are reported at Scotland Yard, and, very properly, fined. The nurses' block adjoining is divided into compartments, and affords accommodation for about a dozen nurses, with a cubic space of 900 feet to each bed. Suitable arrangements have been made with the East Grinstead sisterhood for the supply and superintendence of nurses. There is an admirable isolated disinfecting house in which the clothes are exposed for ten days and then subjected to dry-heat or steam, according to the material, in the washhouse and laundry, where every means are supplied of disinfecting clothes, feathers, etc. A small steam-engine, of four-horse power, has been erected here. Fire-hose have been supplied in case of fire, with a pressure of water 120 feet to the square inch. A deadhouse has been built a little way off from the hospital. The entire cost of the building will be £8,000. If found necessary, one or more block wards can be added, at the cost of about £1,000 each. At present, the hospital is only partially occupied; but, as it was only opened for patients ten days ago, it will not probably be anything like entirely filled for some days at least.

Such is an imperfect sketch of the Hampstead Fever Hospital. We congratulate the Metropolitan Asylums' Board on the energy they have displayed in the matter, and on the success which has attended their undertaking; and no less the Architects, Messrs. Giles and Biven, and the Contractors, Messrs. Henshaw, who have performed their work with so great expedition.

**ACTION FOR LIBEL: DR. C. J. B. WILLIAMS V. THE DUKE AND DUCHESS OF SOMERSET.**—In the Court of Exchequer on Tuesday last, Mr. Hawkins, Q.C., applied for a postponement of the trial until the sittings after Easter Term. He produced affidavits stating that the Duchess of Somerset, who might be a necessary witness, was suffering from neuralgia and an affection of the leg, and might not be able to attend the court for three weeks or a month. The Solicitor-General, who appeared for the plaintiff, objected to the postponement on the ground of the serious nature of the libel. The Duchess of Somerset had called Dr. Williams a "hypocritical murderer," and one of the charges was that he had deliberately allowed the only son of the duke and duchess to die, because he would not meet another medical man, and that he mismanaged the case from professional spite. The libel had been in general circulation for months, and the professional character of Dr. Williams had seriously suffered. The defendants had not pleaded any justification, and they had almost admitted the authorship. Mr. Hawkins said that the evidence of the duchess was required in answer to statements made by Dr. Williams himself. The learned counsel added that, there being no plea of justification, the truth of the libel as regarded the serious charges referred to, was not intended to be set up. The Solicitor-General replied that a great deal of mischief may be done without standing up for the exact truth of the libel. Mr. Baron Bramwell decided that the case should not be tried before the eighth day of the next sittings in London, with liberty to examine the duchess by commission if necessary.

## THE LEAMINGTON EXPERIMENT IN THE PURIFICATION OF SEWAGE.

[FROM OUR OWN REPORTER.]

ON the 1st inst. we had an opportunity of inspecting the works of the Native Guano Company, Limited, at Leamington. The object of the company is twofold: 1st. To remove from sewage all its insoluble, and the greater part of its soluble matters, so that the resulting water may safely be poured into the nearest stream; 2. To make a manure from the solid parts, which shall at least pay the expenses of the process employed.

The former is, for us, the more important of the two objects. The process at present employed by the company, was tried experimentally for a very short time at Tottenham, and again at Leicester, and finally the company undertook to treat the whole sewage of Leamington for a year. The operations have been carried on at the latter town for the specified time, and will probably be continued for at least another twelve months. The company has just undertaken the treatment of the Southampton sewage.

By adding to the fresh and fetid sewage a material, called the A. B. C. compound, a flocculent precipitate is formed, which rapidly subsides, leaving the supernatant liquid almost clear, and quite devoid of smell; by passing this water through a filter, all the suspended matters are removed. The sewage-water, thus treated, is quite clear and bright, devoid of smell, and has much the same taste as soft water. The A. B. C. compound is a mixture of animal and vegetable charcoal, clay, alum, magnesia, fresh blood, and small quantities of several other compounds, its exact composition varying slightly according to the kind of sewage material to be treated. This material is mixed with water so as to form a muddy liquid, which is added in known quantities to the sewage, the whole being intimately mixed by a sort of steam churn. The mixed liquid passes by an overflow pipe into the first of a series of tanks which communicate with one another, each being on a somewhat lower level than the preceding one. In these tanks the precipitate gradually subsides, about an hour and a-half being required for the complete separation of all the suspended materials excepting a little finely divided clay. The water coming from the last of the tanks is fairly clear, and in every respect like the filtered water, with the exception of the suspended inorganic matter. Before it passes into the river, however, this water is filtered, and it then appears perfectly pure. This finishes the "case" for the watery part of the sewage.

A word or two on the condition of this purified water. In the company's published analysis, it is stated to contain 1.4 grain of organic matter per gallon, and 16.9 grains of inorganic matter; but, with the limited arrangements at Leamington, it has happened on more than one occasion in wet weather, that the quantity of sewage has been so large as to prevent sufficient time from being allowed for the complete subsidence of the precipitate; and samples of this imperfectly treated sewage-water have yielded considerably more organic matter per gallon than the above stated quantity. The Company, however, believes that this difficulty would be readily provided against, in permanent works, by constructing reserve subsidence tanks, which could be used for the "storm-sewage"; it is, moreover, clear that no such complication would arise if the sewage of a town were to be entirely separated from its drainage, a plan which will probably come into use before very long, and has already been carried out, we believe, in a few towns. Another question of quite as much importance as the quantity of organic matter is the condition of that matter, and especially whether any of it is *living* or capable of communicating disease; more evidence is required on this point before we shall be justified in saying that the purified sewage water is safe for drinking purposes. We hope that the forthcoming reports of Drs. Letheby and Frankland will throw some light on this part of the question.

**The Manufacture of "Native Guano."**—When enough of the precipitate has accumulated in the subsiding tanks, it is pumped out and passed through a rotation drying machine, such as is used for drying the syrup in sugar manufactories; in a few minutes it is changed from a liquid black mud to the consistency of brick clay by this means. It is then spread out and sprinkled with dilute sulphuric acid to fix the ammonia subsequently formed, and afterwards piled in heaps to "heat," during which process the mass produces a good deal of ammonia and becomes very hot; it is then further dried by exposure to the air, and finally put into bags for sale.

The black mud before drying is described as having no smell; the sample which we tested in this way had a slight odour like that of cess-

pool matter, not fecal like the fresh sewage; but this was too slight to be perceptible at more than a few inches' distance.

When the sulphuric acid is poured on the partly dried manure a good deal of sulphuretted hydrogen is given off, which might become a "nuisance" if the works were near to dwelling-houses; but in the new works at Southampton it is hoped that this will be avoided by performing this part of the process in a closed vessel and passing the sulphuretted hydrogen through a furnace.

The dried manure looks and smells just like earth. It is sold at £3 10s. a ton, a price which is stated to yield a good profit.

There is no difficulty in obtaining the blood; the clay (about ten hundredweight for every five tons of manure) is sent to the butcher, and he pours the blood fresh from the animal's throat on to the clay; we understand that only about a pint of blood is used for a ton of manure.

If our chemists pronounce that the water from sewage treated by the A. B. C. process is sufficiently pure to be safely returned to the rivers, and if microscopists fail to find organisms in it after filtration, we shall be able to congratulate the "Native Guano Company, Limited," on having made a discovery of national importance; while, even if the purified sewage-water prove to be not potable, the Company will still have the satisfaction of being able to prevent an enormous waste of very valuable manure.

## SPECIAL CORRESPONDENCE.

### PARIS.

[FROM OUR OWN CORRESPONDENT.]

Paris, Monday, January 31st, 1870.

1. *Tapping the Knee-joint: Professor Gosselin.*—2. *Prevailing Diseases.*—3. *The Medical, Surgical, and Chemical Experts in French Courts of Law.*

1. *Tapping the Knee-joint: Professor Gosselin.*—The Professor of Clinical Surgery at La Charité, the successor of Velpeau—Professor Gosselin—has lately been directing the attention of his class to the circumstances under which tapping the knee-joint may be useful, and to the mode of performing the operation. In two cases, he has recently drawn off fluid from the knee-joint by the latest modification of Dieulafoy's vacuum (*syringe aspiratrice*). One of the cases was hydrarthrosis, in which M. Gosselin removed three foreign bodies from the synovial cavity by the subcutaneous method of Goyrand. The concomitant hydrarthrosis was treated by tapping. The fluid having been removed from the joint, pressure was applied to prevent its reproduction. No unpleasant consequences followed the operation, which will be repeated, should the fluid re-accumulate, as is expected. In the other case, there was an accumulation of fluid in the knee-joint of a woman who had borne a child some weeks previously. The fluid evacuated was semi-purulent. The cannula of the instrument used is very small; and consequently, to use it successfully, tenacity of the morbid fluid is essential. Purulent or semi-purulent effusions would be almost certain to block up the cannula. Compression of the joint, M. Gosselin thinks, is not required when the fluid is withdrawn by the suction-influence of a vacuum, as when Dieulafoy's instrument is used.

2. *Prevailing Diseases.*—In my letter of the 18th of October last, I referred to the then prevalence of typhoid fever, small-pox, and scarlatina (*JOURNAL* for October 23rd, p. 450). From that date till the present, that remark has been applicable. The now prevailing diseases are: typhoid fever (which is really epidemic); the eruptive fevers, particularly small-pox; rheumatism (particularly in the subacute form); and acute inflammatory chest-affections. In private practice among the better classes, as well as in the hospitals, pleurisy, pneumonia, and bronchitis, have been rife since Christmas. I have seen a number of cases in which there have alternated, for about ten days, pulmonary and abdominal catarrh, at first accompanied by a good deal of fever. Some of these cases have been very troublesome. After the first few days, iron, both with and without quinine, has seemed particularly useful in checking the relapsing tendency of the malady, and restoring the patients to health.

*Medical, Surgical, and Chemical Experts in the French Courts of Law.*—The medical and scientific witnesses and reporters in medico-legal inquiries in France are generally, though not exclusively, experts specially appointed at the beginning of the year, in each department, by the Prefect. The plan has many advantages; but how the principle could be worked out in Great Britain, I am not prepared to say. The following is the list of experts for the tribunals of the Seine for 1870.

*Physicians and Surgeons.*—MM. Baudouin, Bergeron, Boys de Loury, Devergie, D'Heurle, Gradiot, Ladreit de Lacharrière, Le Paulmier, Lobigeois, Lorain, Pioget, Simonnet, Tardieu, Trélat &ls.

*Experts for Mental Diseases.*—MM. Berthier, Blanche, Bouchureau, Durand-Fardel, Falret, Girard de Cailleux, Lassègue, Legrand du Saulle, Lunier, Mitivie, Motet, Pénard, Rousselin, Voisin.

*Chemists and Apothecaries.*—MM. Boudet, Boutmy, de Clermont, Delvaux, Juette, Labouret, Leconte, L'hôte, de Luyne, Payen, Poinso, Roussin, Schutzenberger, Vallier.

### GLASGOW.

[FROM OUR OWN CORRESPONDENT.]

It may, perhaps, be remembered that, during the course of last summer, people were somewhat astonished by the sudden announcement that a proposal had been made to the Andersonian University to give £10,000 to form and endow a chair of Technical Chemistry. The Andersonian University is a corporation founded by the gentleman whose name it bears, for the purposes chiefly of a medical school. At present, it contains lecturers on all the subjects which the examining boards usually require from students. These lecturers, or professors, are remunerated by the fees of the students alone; none of the chairs, so far as we are aware, being endowed, and a rent being charged for the use of the rooms. The ordinary Professor of Chemistry, the late Dr. Penny, being in the position indicated at the time of the proposed formation of a chair of Technical Chemistry, naturally considered it rather hard that a new highly endowed chair should be set up to compete with his non-endowed chair. The proceedings which he took showed that he had accepted his chair on condition that there should be no other professor of chemistry in the Andersonian; and, in consequence of these proceedings, the managers of the Andersonian were reluctantly compelled to withdraw their acceptance of the offer to endow the new chair. Since that time, little has been heard of the matter; and, in the interim, the occupant of the chair of Chemistry (Dr. Penny), a man of considerable note, more especially in juridical chemistry, died, and, his death having occurred after the medical session had already commenced, the vacancy has not yet been filled up. The question has been again started by the report of a *pro re nata* meeting of the trustees of Anderson's University, to consider the propriety of re-opening negotiations with Mr. Young, the gentleman who offered the endowment in the summer. At that meeting, the following resolution was unanimously passed: "That the managers be requested to communicate to the President (Mr. Young) the high appreciation entertained by the trustees of the motives by which he was induced to make a proposal to endow a chair of Technical Chemistry, and to put themselves in communication with him, with the view of getting him to submit a new proposal; and that, in the event of his doing so, the managers call a *pro re nata* meeting of the trustees for the purpose of considering it." While each speaker spoke warmly on the subject of the munificent offer, very few spoke to the point of the necessity for such a chair. As to the form which the arrangement may finally take, it was mentioned that the already existing chair should remain principally for the use of the medical students, and should be called the chair of Scientific Chemistry, while the new chair should receive the name of the chair of Technical Chemistry. We do not feel perfectly competent to pronounce decidedly on the matter; but are confident that the medical school alone is quite unable to support a chair of Chemistry, and the late professor was only able to maintain his ground by devoting his attention to technical chemistry and analysis. If this portion of the resources of the chair be cut off, the professor of Scientific Chemistry will be in no enviable position.

A large public meeting was held in Glasgow the other day, on the Social Evil question, as it is technically called. The meeting was presided over by Mr. Graham, one of the members of Parliament for the city, and was addressed chiefly by clergymen. The first resolution proposed was that the magistrates be requested to enforce the Police Act more stringently, so that prostitutes may be prevented from pursuing their calling in the barefaced manner so common in the streets of Glasgow at present. Resolutions were afterwards passed containing the recommendation, that additional accommodation be provided, and additional means used, to dispose of such of the unfortunates as may be induced to try to return to the paths of virtue. Several of the speakers went out of their way to refer to the Contagious Diseases Act, the opinion in each case being adverse to its extension. Some of them asserted that the licensing of prostitutes on the continent had had quite the opposite effect to what many asserted—that it has really fostered prostitution, and has not reduced the amount of disease.



## REPORTS OF SOCIETIES.

## POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

QUARTERLY MEETING, JANUARY 26TH, 1870.

JOSEPH ROGERS, M.D., President, in the Chair.

THE Secretary, MR. DUDFIELD, read the Report of the Council, which, after expressing sorrow at the loss sustained by the Association in the death of their vice-president, MR. GRIFFIN, stated that the hopes expressed at the last meeting, that dispensaries would shortly be established in the metropolis, are now being rapidly realised. MR. GOSCHEN having resolved that there shall be no unnecessary delay in putting in force, when necessary, the compulsory powers vested in the Poor-law Board. The Council felt convinced that, when dispensaries have been successfully introduced in the metropolis, the same system will be extended to other suitable localities. They viewed with great dissatisfaction the resolution of the guardians of Bethnal Green to reduce the number of their medical officers from seven to three, and to have none but resident officers. No fewer than two hundred cases would fail to the share of each medical officer. The result would be a disastrous failure. Dr. Brady having announced his intention of bringing in a superannuation bill for English medical officers, the Council hoped his measure will receive strong support. The Association had likewise given in their adhesion to the proposed scheme for the registration of disease, and promised their assistance.

THE PRESIDENT then delivered his Address. He alluded with satisfaction to the action of the Poor-law Board in promoting the establishment of dispensaries in London; expressing, at the same time, his regret that the Board permitted a large amount of initiative to Boards of Guardians, instead of deciding what was necessary to be done in each union. The President of the Poor-law Board might submit the consideration of the subject to a committee consisting of the two medical inspectors, two or three district medical officers, and certain chairmen of boards of guardians. The conclusion of the Select Committee on Poor Relief, "that there were no sufficient grounds for interfering with the present system," was then examined with a view to showing its error. The Annual Report of the Poor-law Board for 1852 showed that then there were 597 unions and single parishes under the control of the Board, and the population of them was estimated at 15,428,116, the cost of medical relief being £212,050. In 1857-8, there were 628 unions and parishes under the control of the Board, and the estimated population of them was 16,628,399, and the expenditure on medical relief £231,623. In 1868 there were 664 unions and single parishes under the control of the Board, with a population of 20,400,000, medical relief expenditure having risen to £272,341. Thus, in these 16 years, the population had increased 5,000,000; 67 additional unions and parishes had been brought into account; and an addition of £60,000 made on the expenditure on medical relief; or, again, taking the period since 1857, there had been an addition, in 1868, of 34 unions and parishes, and of 3,771,601 population, and of £41,000 on medical relief. If the cost of medical relief had kept pace with that of gross relief, the increase should have been £284,341. Dr. Rogers then quoted from a letter written some years ago in the *Times* by "S. G. O.," in which the writer denounced the present system of poor-law medical relief, and said: "The medical officer should be paid for attendance and prescribing, not for drugs and appliances; he should have these liberally supplied him, from sources which would secure their being the best of their sort."\* Dr. Rogers had recently learned, from inquiries in every county of England and Wales, the following points: 1. The average rate of weekly wages paid to the labouring classes amounts to about 12s. 6d. 2. Benefit clubs which provide medical attendance on other than the male head of the family are so few, as to be practically useless in any calculation. 3. In a few places, where wages average 18s. to 20s. a week, the labouring classes could pay for medical attendance on themselves and families, and in several instances they did; but, in the large majority of the cases, they could not. 4. The provision of all drugs, etc., by the guardians would be a great boon to the poor and to the medical officer. On previous occasions, he had argued that 70 per cent. of our pauperism was either immediately or remotely dependent upon sickness, and had quoted figures from official sources relating to unions in the metropolis, which showed conclusively that where the guardians had found drugs and dispensers, the gross expenditure on poor relief contrasted most favourably with adjoining unions where the medicines were supplied and dispensed at the cost of the medical

officers. He had also pointed out that the cost of in-door maintenance was remarkably less in those instances where all the medicines were provided by the guardians. The expenditure on in-door maintenance had been increased from £619,628 in 1852 to £1,428,721 in 1867, whilst our workhouses throughout the country had degenerated into gigantic hospitals and asylums, in which the sick and infirm had crowded out the able-bodied. The maintenance of St. Pancras in 1852 cost £11,425; in 1867 it had risen to £36,222. At Birmingham it had gone up from £3,273 to £21,470; at Manchester from £9,972 to £23,793; at Portsea Island from £6,668 to £14,990; at Brighton from £4,506 to £10,871; and the total expenditure on poor relief had gone on constantly. Thus in St. Pancras the total expenditure on poor relief rose from £37,495 in 1852 to £77,139 in 1867; in Birmingham, from £31,777 in 1852 to £53,440 in 1867; at Portsea Island from £24,417 to £48,469; at Brighton, from £19,592 to £35,236. A contrast of these English towns and unions with towns of similar population in Ireland would show an enormous difference. Thus the South Dublin Union, with a gross outlay of £49,092, employed twenty-five medical officers, and spent £5,131 in medicines and salaries (population 201,963); while in St. Pancras they only employed nine medical officers, and spent, in drugs and salaries, £1,313 (pop. 98,788). At Birmingham, with its nine medical officers (since reduced to six), the total medical expenditure was only £1,807, since reduced to £240 (pop. 212,000). Limerick, with a gross outlay of £20,789, employed thirteen medical officers and pays £1,954 for medical relief; while Portsea Island was content with seven medical officers and an expenditure on medical relief of £1,137. In Ireland, the expenditure on medical relief (£131,000) constituted about one-sixth part of the total expenditure on poor relief (£848,070); whilst in England, the figures were respectively £272,000 and £7,500,000. The existing plan of Irish medical relief dated from 1852. At that time, the poor-rate was £1,109,630. It decreased forthwith, and continued to do so until 1860, when it stood at £509,380. It has since risen to its present outlay of £848,070. In the year 1857, which saw the commencement of the Irish dispensary system, English poor relief cost £5,454,964. Since that time it had almost continually risen; until, at the last report, it stood at £7,500,000. In other words, whilst the total outlay in Ireland had increased £338,690 for five and a half millions of people, the English total outlay had increased £2,000,000 for twenty-one and a half millions; or, making correction for difference of population, about £646,000 more than in Ireland. Dr. Rogers believed that the administrative arrangements in Ireland, whether central or local, were infinitely superior to ours. Throughout Ireland all drugs were found by the guardians. In populous urban districts, midwives and dispensers were appointed. The salaries of the medical officers, though not liberal, were fairly apportioned. The districts, in the great majority of instances, were so arranged that the physicians could fulfil their duties with justice to the poor and to themselves. Nor is this all. Registration of births and deaths was complete; the Compulsory Vaccination Act was so effectively carried out that small-pox had been virtually exterminated, only one case of death from this disease having occurred there during the last six months, and that case was proved to have been imported from a foreign ship. Whilst in the ten years ending 1841 there were 112,072 deaths from fever, and in the ten years ending 1851, 222,020 deaths; in the succeeding ten years ending 1861, the mortality had fallen to 41,315. Dr. Rogers compared deaths from zymotic disease in England and Wales and Ireland in 1864:—

	IRELAND.	ENGLAND.
Fever, including Typhus, Typhoid, Infantile,		
Remittent ... ..	5,152	20,368
Scarlet Fever ... ..	2,635	29,700
Dysentery ... ..	1,902	16,432
Measles ... ..	630	8,323
Whooping Cough ... ..	1,735	8,370
Small-pox ... ..	854	7,685

It might be urged that registration of deaths in Ireland was not so well carried out as in England; but this duty was confided to the dispensary physicians, and were directly responsible for the care of one-sixth of the people. After summing up the chief defects of the English Poor-law system, Dr. Rogers pointed out the following reforms as necessary. All drugs should be supplied by the guardians; in all populous urban districts, dispensers and midwives should be appointed. No district should exceed a definite limit, either in acreage or in population. The salaries of the medical officers should be put on a uniform basis, and paid wholly from the Consolidated Fund. Whilst, in the first instance, they should be appointed by guardians, afterwards they should be considered civil servants of the Crown, and be irremovable, except for proved misconduct. The hygienic arrangements of the country should be consolidated, so that registration of births, etc., vaccination, the care of the sick and other poor, and the control of all sanitary arrangements,

\* During the year just ended, three hundred and thirty, or about one-tenth of the medical officers, have resigned their appointments.



should be placed under a board of commissioners having its parliamentary president and secretary. These reforms would lead to the contentment of the poor-law medical officers; the development of increased confidence on the part of the public and the poor in their skill and efficiency; a great decrease in the duration of general, and a diminution of preventable, disease; and marked and speedy diminution of our annual charge for the relief of the poor. He moved the adoption of the report.

The motion was seconded by Dr. WALSH, and carried unanimously. Mr. BENSON BAKER moved: "That, in the opinion of this meeting, it is inexpedient to reduce the number of district medical officers, or to appoint resident medical officers only upon the establishment of dispensaries in the metropolis; and that it would be impolitic to reduce the salaries of the medical officers because the drugs are to be henceforth provided at the public expense."

Dr. STALLARD seconded the resolution, which was carried.

Dr. THOMAS proposed, and Mr. DEFRIEZ seconded, a resolution empowering the Council to use their discretion as to petitioning Parliament, and opposing or supporting Parliamentary measures, in the name of the Association.

Dr. STALLARD proposed, and Mr. JABEZ HOGG seconded, a vote of thanks to the Chairman and the Council, which was carried.

## CORRESPONDENCE.

### IS THERE AN EPIDEMIC CROUP, DISTINCT FROM INFLAMMATORY AND DIPHTHERIA CROUP?

SIR,—Your leader of the 15th inst., on the "Undiscovered Exanthems," and the remarks on croup by Dr. George Johnson, and other correspondents, have led me to put the above question for consideration. I think it must be admitted that the croup which is caused by diphtheria is too often confounded by writers—less so, perhaps, by practitioners—with a catarrhal affection of the larynx and trachea, differing from diphtheria in essential characters, although somewhat similar in leading symptoms. But is there not a kind of croup epidemic in its nature, and differing from both the kinds which Dr. George Johnson so correctly discriminates? As I am accustomed to call the attention of my class to the probability of such an epidemic, for nothing more can be shown, I subjoin a transcript of my notes of lecture upon it.

"Primary croup. Epidemic tracheitis. *Synonymus*. Angina membranacea: angina trachealis: croup: larynx croup: pellicular croup."

"Essential characters: pellicular inflammation of the larynx and trachea, extending to the bronchi, cough, often spasmodic."

"Due to a specific fever poison (?), which acts upon the larynx and trachea primarily, and upon the bronchi secondarily, and causes in many cases, but not necessarily, a pellicular or plastic inflammation of the parts affected. There is also spasm of the muscular tissues. Differentiated from whooping-cough by the special seal of the spasm, and, when pellicular, by the character of the inflammation; from epidemic and secondary diphtheria by the non-septic and spasmodic character, by the history, and by the cause, which is definite. But epidemic tracheitis may be complicated, in common with all other pulmonary epidemics, with diphtheria, in which case the diphtheritic pellicle takes the place of the fibrinous exudation. The fever-poison, if admitted, by its special action on the respiratory mucous membrane, is allied to measles and influenza, by its local action on the nerve-centres involved, and the resulting spasmodic phenomena to whooping-cough and hydrophobia."

"Is confounded with other epidemics? Certainly with diphtheria, from which its cause is widely different, that of diphtheria being septic and paralytic in its action."

"Said to be infectious and contagious. Immunity from a second attack affirmed (by Vauthier, Vallex, etc.) but not satisfactorily proved, because of difficulties of diagnosis."

"Attacks children aged from two to seven years; infants of six months and under, exempt. Hence, influenced by dentition (?), male children affected more than female in the proportion of 3 to 2. Prevails in the colder months, and in low-lying, damp localities; certain families said to be specially predisposed."

"Varieties. 1. The mild variety, in which there is little or no pellicular inflammation, and the disease ends favourably within a week. 2. The severe or pellicular. 3. The relapse or remittent, in which a relapse is observed, as in scarlatina, relapsing fever, dengue. 4. May be complicated both with diphtheria, and with other epidemics."

The leading points of difference (assuming that there is an epidemic croup *sui generis*) from diphtheria are indicated in these brief notes. The chief fact, however, is, that the essential characters of the latter

as a true epidemic to be classed with whooping-cough, measles, scarlatina, typhus, have never, I think, been shown. It is not known certainly whether one attack gives immunity from a second. I do not think that it runs through a definite period, when acute; and it is well known to be both local and chronic. I am, etc., T. LAYCOCK.  
Edinburgh, January 27th, 1870.

## OBITUARY.

T. G. WALES, ESQ., DOWNHAM MARKET, NORFOLK.

We have to record the death of Mr. T. G. Wales, of Downham Market, at the age of nearly fourscore years. He commenced his professional career with his father more than fifty years ago. He had won the affection and esteem, not only of those in his own town, but also in an extensive surrounding district, where his name was a household word. He was a man of high honour, strict integrity, and religious principle. His kindness of heart rendered him always willing to attend to the wants of his poorest patients.

ANDREW ANDERSON, M.D.,

PRESIDENT OF THE FACULTY OF PHYSICIANS AND SURGEONS, GLASGOW.

IN our obituary of this week the name of Dr. Andrew Anderson, of Glasgow, occurs. Dr. Anderson has been long known in Glasgow as a practitioner of marked ability and extensive practice. He is best known to the medical world as the author of a volume entitled *Lectures on Fever*, published in 1861. Dr. Anderson was the son of a banker, and was born in 1818, his grandfather being the founder of the institution which bears the name of Anderson's University in this city. After studying in Glasgow, Dr. Anderson spent some time in Paris; and after his return began practice in his native city. At the early age of 22 or 23 he was appointed Professor of Institutes of Medicine in the Andersonian University, and some time afterwards was transferred to the chair of Practice of Medicine in the same school. It is some time since he resigned the latter position; but, during the period in which he held it, he is said to have been most popular with his students. Compelled from ill-health to retire almost entirely from active practice, he has been chiefly engaged as a consulting physician during the last few years, holding also the appointment of Examiner for degrees in medicine in Glasgow University. In October, 1868, he was elected President of the Faculty of Physicians and Surgeons, and he held this honourable position until the time of his death. Dr. Anderson's only connection with a public hospital was as surgeon to the Eye Infirmary, where he was a colleague to the late Dr. Mackenzie, and in this position he produced various papers on ophthalmology. His *Lectures on Fever* are the more creditable, as they must be the result of his observation in private practice. The death of such an accurate and intelligent practitioner at the early age of 52 will be sincerely regretted in Glasgow.

## MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At the ordinary quarterly meeting of the College, on January 27th, the following gentlemen, having duly passed the required examination, were admitted Members of the College.

Poore, George Vivian, M.B. Lond., University College Hospital.  
Sutherland, Henry, M.B. Oxon., 6, Richmond Terrace, Whitehall.  
Woodman, Wm. Bathurst, M.D. St. Andrew's, 10, Finsbury Pavement.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on January 27th.

Atkinson, Arthur, Hull (Hull School).  
Briggs, Henry Myddleton, Tipton (Birmingham School).  
Connolly, Benjamin Bloomfield, Woolwich (Guy's).  
Frost, Richard Russell, Launceston, Cornwall (Guy's).  
Gillingham, Alfred, Peckham Rye (Guy's).  
Goude, Herbert, Finsbury Square (St. Bartholomew's).  
Gray, Clement Frederick, Newmarket (St. Bartholomew's).  
Jelly, William, Edinburgh (St. Mary's).  
Love, Walter George, Burton-on-Trent (St. Bartholomew's).  
Nettle, William, Liskeard, Cornwall (St. Bartholomew's).  
Pearce, William Henry, Holsworth, North Devon (Charing Cross).  
Rawell, George, Dilston Park, Northumberland (Newcastle School).  
Rees, William Carey, Melbourne.  
Rope, Henry John, Blaxhall, Suffolk (King's College).  
Skinner, James Charles, Tunstall, Norfolk (St. Mary's).  
Symes, Edmond West, Berkeley Square (University College).

Temple, Thomas Cameron, Nottingham (Middlesex)  
 Thom, George, Tooting Common (King's College)  
 Thorp, Brook, Holmfirth (Liverpool School)  
 Vickers, William, Doncaster (University College)  
 Walker, Archibald Dunbar, Edinburgh (Edinburgh School)

#### Admitted members on January 28th:—

Buller, Frank, Campbellford, Canada (Toronto School)  
 Burdett, David Earl, Belleville, Ontario, Canada (Toronto School)  
 Daphary, Giridharal Katanlal, Bombay (Bombay School)  
 Grover, John Follington, Lewes, Sussex (London School)  
 Leske, George d'Alton Nugent, Twickenham (St. George's)  
 Lovell, William Day, Croydon (Guy's)  
 Penigal, Arthur, Edinburgh (Edinburgh School)  
 Russell, Logan Dillon Hooper, Wilmington, Carolina, United States (New York and University College)  
 Vines, Henry Jeckell Kendrick, Reading (St. Mary's)  
 Wade, William, Cobourg, Canada (Toronto School)  
 Widdifield, J. Henry, Ontario, Canada (Toronto School)

It is stated that only four thousand candidates out of the large number examined failed to acquit themselves to the satisfaction of the Court of Examiners, and were consequently referred to their hospital studies for six months.

**APOTHECARIES' HALL.**—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, January 27th, 1870.

Button, George Hooch, Abbey Street, Bermondsey  
 Law, William Thomas, Great Dover Street, Borough  
 Walker, Hugh Eccles, Chesterfield

At the Preliminary Examination in Arts, held at the Hall of the Society, on the 28th and 29th of Jan., 1870, 41 candidates presented themselves; of whom 17 were rejected, and the following 24 passed, and received certificates of proficiency in general education; viz., in the First Class, in the order of merit.

1. Henry Clarke; 2. William Henry Patmore Sheehy; 3. Charles Edward Beevor. In the Second Class, in alphabetical order.

Raglan, Charles Edward Bell, Frederick James Brennan, J. A. Brett, John Brett, George Frederick Crooke, Arthur Edward Dick, Addeley Howard, Joseph Hutchinson, Chadd Moore Johnson, Howard Keane, William Vickess Lind, Charles Edwin Matthews, Gerald C. A. Muir, Walter Moore, Alfred Charles Perrin, Alfred Phillips, Thomas William Watkins.

#### MEDICAL VACANCIES.

The following vacancies are declared:—

**ATHLONE UNION**, co. Westmeath—Medical Officer for the Athlone Dispensary District and the Workhouse.  
**ATHLONE**—Medical Attendant to the Constabulary.  
**BALLINASLOE UNION**, co. Galway—Medical Officer for the Kiltmore Dispensary District: 14th. Medical Officer for the Ashragh Dispensary District: 2nd.  
**BRADFORD (YORKSHIRE) INFIRMARY & DISPENSARY**—Two Physicians: 8th.  
**BRISTOL ROYAL INFIRMARY**—House-Surgeon: applications, 10th Feb.  
**COOKSTOWN UNION**, co. Tyrone—Medical Officer for the Stewartstown Dispensary District: applications, 8th; election, 9th.  
**CORK UNION**—A Medical Officer for the Cork Dispensary District: 14th.  
**DINGLE UNION**, co. Kerry—Medical Officers for the Dingle and Ventry Dispensary Districts: election about Feb. 23th.  
**EAST WARD UNION**, Westmoreland—Medical Officer for the Brough District.  
**FACULTY OF PHYSICIANS AND SURGEONS**, Glasgow—President.  
**GLOUCESTER LUNATIC ASYLUM**—Junior Medical Assistant.  
**GREAT NORTHERN HOSPITAL**, Caledonian Road—Junior Surgeon: applications, 9th.  
**HONTON UNION**, Devon—Medical Officer for District No. 4.  
**HUNTINGDON UNION**, Surrey—Medical Officer for the Teddington District.  
**LAMBETH PARISH**—Resident Medical Officer and Dispenser at the Workhouse: applications, 7th; election, 9th.  
**LEEDS PUBLIC DISPENSARY**—Assistant Resident Medical Officer: applications, Feb. 12th.  
**LITTLEMORE PAUPER LUNATIC ASYLUM**, near Oxford—Resident Assistant Medical Officer: applications, 10th; duties, early in March.  
**LIVERPOOL NORTHERN HOSPITAL**—House-Surgeon: applications, 7th; election, 10th.  
**NOTTINGHAM DISPENSARY**—Consulting Surgeon: 21st. Assistant Resident Surgeon: applications, 7th; election, 21st.  
**ROYAL INFIRMARY**, Huddersfield—Medical Officer for District No. 3: 21st.  
**ROYAL COLLEGE OF SURGEONS IN IRELAND**—Professor of Forensic Medicine: Feb. 17th.  
**ST. BARTHOLOMEW'S HOSPITAL**—Assistant Physician.  
**ST. MARY'S HOSPITAL**, Huddersfield—Medical Officer for Women and Children, Manchester—Resident Medical and Surgical Officer: applications, 10th.  
**SHEFFIELD GENERAL INFIRMARY**—Resident House-Surgeon: applications, 10th; election, 9th.  
**SHEFFIELD PUBLIC HOSPITAL AND DISPENSARY**—Assistant House-Surgeon.  
**SOUTH LAMBETH, STOCKWELL, and NORTH BRIXTON DISPENSARY**—Visiting Medical Officer: applications, Feb. 9th.  
**TAUNTON UNION**, Somersetshire—Resident Medical and Public Vaccinator for Bishop's Lydford District: applications, Feb. 12th; election, 7th.  
**TRALE UNION**, co. Kerry—Medical Officer for the Castle Island Dispensary: applications, Feb. 12th.  
**UNIVERSITY COLLEGE**, London—Professor of Medical Jurisprudence: applications, 9th.  
**USBRIDGE UNION**, Middlesex—Medical Officer for the Usbridge District.

**WALLS and SANDSTRING**, Shetland—Medical Officer for the Parishes of.  
**WORCESTER UNION**—Medical Officer for District No. 1: applications, 16th; election, 17th.

#### MEDICAL APPOINTMENTS.

Names marked with an asterisk are those of Members of the Association.

\***BELLAMY**, Edward, Esq., appointed Assistant-Surgeon to the St. George's Rifle Volunteers, 15th. S. Little, Esq., resigned.  
 \***COLTHURST**, R. M.D., appointed Medical Officer for District No. 1 of the Keysham Union, vice J. Lodge, Esq., resigned.  
**CROTTY**, R. S., Esq., appointed House-Surgeon to the Louth Dispensary, Liverpool, vice T. W. Evans, Esq., resigned.  
 \***ELLIS**, Heber D., Esq., appointed one of the Honorary Surgeons to the Bournemouth Dispensary.

#### BIRTHS.

**BRUSHFIELD**.—On January 16th, the wife of Thomas N. Brushfield, M.D., Superintendent of the Brookwood Asylum, near Woking, of a son.  
**DEBENHAM**.—On January 16th, at Stepey, the wife of Robert Debenham, Esq., Surgeon, of a son.  
**FARR**.—On January 22nd, at Waterloo Road, the wife of Archer Farr, L.R.C.P.Ed., of a daughter.  
**HARMAN**.—On January 16th, at Bury St. Edmunds, the wife of J. Harman, Esq., Surgeon, of a son.  
**HEARDEN**.—On January 24th, at Sutton, Surrey, the wife of \*W. A. Hearnden, Esq., Surgeon, of a daughter.  
**LONGHURST**.—On January 30th, at Southport, the wife of \*E. J. Longton, M.D., of a son.  
**MARSHALL**.—On January 16th, at Mortlake, the wife of William Marshall, M.D., of a daughter.  
**WILLIAMS**.—On January 31st, at Llansantffraid-Glan-Conway, the wife of \*William Morgan Williams, L.R.C.P.Edin., of a daughter.  
**WRIGHT**.—On January 24th, at Birmingham, the wife of \*M. Hall Wright, Esq., Surgeon, of a son.

#### MARRIAGES.

\***HOWSEN**, E. A., M.D., Newton-le-Willows, to Louisa Sarah, elder daughter of the late Robert J. Bell, Esq., Surgeon, Rudness, Yorkshire, at Little Eaton, Derby, on January 25th.  
 \***TIGART**, Edward, Esq., Surgeon, of Jermyn Street, to Agnes Julia, youngest daughter of the late Colonel G. DURANT, of Tong Cliffe, Salop, at Kensington, on January 27th.

#### DEATHS.

\***ADAMSON**, John, Esq., Surgeon, at Rye, aged 71, on January 21st.  
 \***ANDERSON**, Andrew, M.D., at Glasgow, aged 52, on January 28th.  
**ASHDOWN**.—On February 2nd, aged 9 months, Alfred Henry, infant son of \*George Ashdown, Esq., Surgeon, Northampton.  
 \***COLEMAN**, W. T., M.D., at Henley-on-Thames, aged 70, on January 25th.  
**DICKINSON**, William B., Esq., Surgeon, formerly of Macclesfield, at Leamington, aged 80, on January 27th.  
**FITCH**, Gilbert, M.D., at Bayswater, aged 67, on January 19th.  
**LOVE**, John, Esq., Surgeon, of Brook Street, Grosvenor Square, aged 70, on Jan. 19.  
**KEYS**, Francis, Esq., Surgeon, at Warwick Street, Regent Street, aged 53, on January 27th.  
**McIVER**, James Robertson, M.D., Assistant-Surgeon 4th Punjab Native Infantry, at Sealkote, aged 28, on December 11th, 1869.

**VACCINATION.**—Peter Brindle, of Wigan, "Medical Botanist," has been fined 20s. and costs for not having had his child vaccinated.

**DR. PROTHEROE SMITH** has been elected a corresponding member of the Obstetrical Society of Edinburgh.

**BEQUESTS.**—Mr. Samuel Bailey, of Sheffield, has bequeathed £2,000 to the Sheffield Infirmary, and £1,000 to the Hospital and Infirmary.

**HER MAJESTY** has presented a copy of *Leaves from the Journal of our Life in the Highlands* to the Radcliffe Infirmary, Oxford.

**THE DONCASTER INFIRMARY BALL** produced £88 (after payment of expenses), which has been handed over to the Committee.

**SCARLATINA** is said to be very prevalent at Wishaw; several deaths have occurred amongst children.

**LIVERPOOL MEDICAL MISSIONARY SOCIETY AND DISPENSARY.**—The fifth Annual Meeting was held on the evening of January 31st, and was largely attended. The number of new cases admitted to the dispensary during eleven months (the premises having been closed during one month for alterations) was 14,707; new and old cases together, 41,405; visits to patients at their homes, 9,940; grand total in eleven months, 51,345. By the aid of many kind friends, the dispensary premises have been extensively enlarged and remodelled, so as to adapt them to the increasing requirements of the work. A large waiting-room has been constructed, capable of seating comfortably two hundred persons. The work of the dispensary is carried on by the medical superintendent, Dr. Owles, assisted by Dr. Dixon, and a dispenser. The superintendent reports that the results of this extensive practice amongst the poor have been as satisfactory as could be expected under the circumstances, while the infirmary work has prospered exceedingly, and continues to awaken much interest in the mind of the patient.

## OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.  
 TUESDAY.....Guy's, 1.30 P.M.—Westminster, 2 P.M.—National Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.  
 WEDNESDAY...St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.15 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—St. Thomas's, 1.30 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2 P.M.  
 THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.  
 FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.  
 SATURDAY....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.—East London Hospital for Children, 2 P.M.—Hospital for Women, 9.30 A.M.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8.30 P.M. Dr. Tilbury Fox, Third Litteraria Lecture, "The Therapeutics of Eczema."—Odontological Society, 8 P.M. Mr. Oakley Coles, "On the Mechanical Treatment of Deformities of the Palate, produced by Syphilis."—Entomological Society.—Epidemiological Society.  
 TUESDAY.—Ethnological Society of London, 8 P.M. Mr. W. Boyd Dawkins, M.A., F.R.S., "On the Discovery of Flint Flakes under a Submerged Forest in West Somerset." Rev. R. J. Mapleton, "On Remains of Prehistoric Man, in the neighbourhood of the Crinan Canal, Argyllshire."—Royal Medical and Chirurgical Society, 8 P.M., East, 8.30 P.M., Dr. F. B. Nunnely, "On the Action of Citrate and Acetate of Potash and of Spiritus Etheris Nitrosi on the Urine in Health." Mr. L. S. Little, "Case of Gold Plate, with Artificial Teeth, swallowed, detected in Stomach and removed."  
 WEDNESDAY.—Royal Microscopical Society, 8 P.M. Anniversary. The President will deliver his Address; and the Officers will be elected for the ensuing year.—Hunterian Society, 7 P.M., Annual Meeting for Election of Officers, 8 P.M., Oration by Mr. Thomas Bryant.  
 THURSDAY.—Royal Society.  
 FRIDAY.—Clinical Society of London, 8 P.M.—Royal Astronomical Society.

## NOTICES TO CORRESPONDENTS.

All Letters and Communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen Street, Lincoln's Inn Fields, W.C.

CORRESPONDENTS not answered, are requested to look to the Notices to Correspondents of the following week.  
 To PURCHASERS.—To insure attention, it is requested that all orders sent to the Office for extra copies of the JOURNAL, be accompanied with stamps for the amount.  
 We CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.  
 CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

The letter from Dr. Braxton Hicks shall appear.

In our last article on Chloroform, we stated that Dr. Bodington had proposed leaving one nostril free. It should have been *both nostrils free*, and inhalation by the mouth only. Dr. Bodington supports his views by reference to experiments on horses, and urges the propriety of further trials on the lower animals.

ONE OF MANY AGGRIEVED LICENTIATES should send his name, in confidence.

ORTHOGRAPHY AND GEOGRAPHY.—It is very difficult to be accurate in all things; and, therefore, the part of wisdom is not to profess too much. Pedantry in association with blunders is always amusing. Christiansia may, according to Scandinavian custom, be quite correctly spelt with a K (Kristiania); but to speak of its surgeons as "our Swedish colleagues" will scarcely do.

WANKLYN AND CHAPMAN'S WATER-ANALYSIS.

SIR.—Will you allow me to correct a slight error in your report of the meeting of the Manchester Medical Society on January 28th. The prize for detection of the water in potable water which was then described, was discovered by Wanklyn and Chapman. I am, etc.,

ARTHUR RANSOME.

MR. LEE's letter shall appear next week. It arrived too late for insertion in this number.

BLACKBIRD (Bromsgrove) should address his query to a naturalist's journal.

THE BRITISH MEDICAL BENEVOLENT FUND.

THE TREASURER of the Honorary Secretaries of the British Medical Benevolent Fund beg to acknowledge, with thanks, the receipt of the following additional donations, as the result of the appeal published in the medical journals.

Bull, Dr. Hereford	1	2	0
Hill, Mr. B. Hereford	1	1	0
1 L. Hereford	1	1	0
Savory, R. Chas., Midway Park, N.	1	1	0
Sylvester, G. Esq., Trowbridge	1	1	0
Terle, Fred. Esq., Woodford	1	1	0

Further amounts will be thankfully received and acknowledged by Dr. W. Thorne, Honorary Financial Secretary, 42, Seymour Street, Portman Square, W.

NOTICE TO ADVERTISERS.—Advertisements should be forwarded direct to the Printing-Office, 37, Great Queen Street, W.C., addressed to Mr. RICHARDS, not later than *Thursday*, twelve o'clock.

TYPMANUS.—We trust that we need not assure our readers that the letter which appeared two weeks ago under this signature was a *bona fide* one; and that it would not otherwise have received any answer in our columns. The readiness with which the editors of another journal insinuate the opposite is suggestive.

## A QUESTION OF POOR-LAW MEDICAL RELIEF.

SIR.—A few weeks ago, a man was brought to my rooms, exhausted from pain and loss of blood. His right arm was nearly severed above the wrist, his elbow-joint was dislocated; and there were such injuries around it as left me no choice but amputation above them. I sent him in a fly to his cottage, three miles off; and, with my assistant, followed him at once, and took off the limb. (I may state that I used a carbolic acid lotion and oil of Mr. Lister; and, from the result of it in this and in former cases, have no doubt of its power of preventing supuration and offensive smell.) The man proved to be a pauper; and, as soon as possible, I sent a messenger to the relieving officer of his district to tell him of the accident. He not being at home, the messenger went to the medical officer, and saw him.

Having no connection with the Poor-Law Medical Service, at the end of my attendance (the man, as regards the operation, was well in three weeks), I sent my charge of £10.10. for the amputation and subsequent attendance, to the relieving officer, and received from the Board of Guardians at their next meeting a copy of the following resolution.

"That Dr. McIntyre be informed that the Guardians do not hold themselves liable for the cost named."

As once, I sent a full statement of the case to the Board, and had the following reply.

"Re John C.

15th January, 1870.

"Sir.—Your letter herein to the Chairman was read and discussed at the meeting of the Guardians held yesterday, and I am directed to state that, under the somewhat special circumstances of the case, they are willing to allow the sum of £5 for the amputation of the arm, that being the maximum amount sanctioned by the Poor-Law Board for such an operation.  
 "As the man was entitled to the attendance of the medical officer of the district, who could and would have seen him after the accident, had application been made to him, the guardians feel they are not empowered to allow any further sum than that named for the amputation. The attendance of the medical officer would have been rendered unnecessary had he (the medical officer) been applied to."

"I am, sir, yours obediently,

"G. L.—, Clerk.

"J. M. McIntyre, Esq., M.D.  
 I attended the Board at their next meeting; and, by the messenger I sent to the relieving officer, proved that he had seen the medical officer, and that he said "he would please himself about coming," and "never came."

As the Board based their refusal to pay for my "subsequent attendance" on the ground that, had application been made to the medical officer, he could and would have seen the patient, and thus have rendered my subsequent attendance unnecessary, and the witness proved that application had been made to him, I concluded, of course, that my fee would be paid in full. Next day, however, I received a copy of the following resolution passed by the Board.

"Re John C.

"Dr. McIntyre, of Odham, attended with reference to his charge of £10.10 for amputating the arm of this man and subsequent attendance on him, and stated the circumstances of the case; whereupon it was decided that the opinion of this Board, the sum of £5 is a fair and reasonable remuneration for the service rendered by Dr. McIntyre, and that this sum be tendered to that gentleman."

I shall be glad to know from you or others what best in the case I can do for the payment of the balance of the policy, which I am, etc.,  
 Odham, January 25th, 1870.

J. M. MCINTYRE, M.D.

WE are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Indian Medical Gazette, Dec. 15th; The New York Medical Gazette, Jan. 15th; The Parochial Critic, Feb. 2nd; The New York Medical Record, Jan. 15th; The Boston Medical and Surgical Journal, Jan. 15th; The Madras Mail, Nov. 23rd; The Gardener's Chronicle, Jan. 29th; The Leicester Journal, Jan. 28th; The Brisbane Courier, Nov. 27th; Aris's Birmingham Gazette, Jan. 25th; The Norfolk Chronicle, Jan. 25th.

## COMMUNICATIONS. LETTERS, ETC., have been received from:—

Mr. H. W. Freeman, Bath; Mr. R. E. Power, Portsea; Messrs. H. S. King and Co., London; Dr. Glog, Bristol; The Hon. Sec. of the Ethnological Society of London; Dr. Marshall, Braemar; Dr. Green, London; Blackbird; Mr. W. S. Coleman, Henley-on-Thames; Dr. R. H. Taylor, Liverpool; Mr. R. L. Crotty, Liverpool; Mr. F. W. Morgan, Bristol; etc.

## LETTERS, ETC. (with enclosures) from:—

Dr. F. J. Brown, Rochester; Mr. T. W. Benfield, Leicester; Mr. Wheelhouse, Leeds; Dr. Paul, London; Dr. Routh, London; Mr. Waterhouse, Pont-y-Fridd; The Secretary of the Society for the Relief of the Poor, Manchester; Dr. Arthur Ransome, Manchester; Men, London; Mr. Lawson Tait, Wexford; Dr. Arthur Ransome, Manchester; Dr. G. Edington, Sutton Coldfield; Mr. Walter V. Reeves, London; Mr. Wm. Squire, London; Dr. Tilbury Fox, London; Mr. J. B. Pitt, Norwich; Dr. H. S. Purdon, Belfast; Mr. E. Bellamy, London; Dr. S. B. Farr, Andover; Dr. W. W. P. Bain, London; Mr. Nunn, London; Dr. Mapother, Dublin; Dr. J. W. Moore, Dublin; Dr. W. Cantrell, Winkworth; Mr. J. Braxton Hicks, London; Mr. H. D. Ellis, Poole; Mr. W. M. Williams, Llanisaintffraid; Mr. W. W. Humby, Bournemouth; Dr. R. Martin, Manchester; Mr. George Lawson, London; The Registrar-General of England; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; Mr. T. M. Stone, London; The Registrar of the Medical Society of London; Mr. Henry Lee, London; The Secretary of the Royal Medical and Chirurgical Society; Dr. Thomas Thorne, The Secretary of the Harveian Society; Dr. F. Power, Portsea; Dr. Payne, London; Mr. De Morgan, London; Mr. George Lawson, London; Dr. Isaac Ashe, Warrenpoint; Dr. James Russell, Birmingham; Mr. John Birkett, London; etc.



## A LECTURE

ON

HÆMOPHTYSIS: ITS CAUSES, RESULTS,  
AND TREATMENT.

By GEORGE JOHNSON, M.D., F.R.C.P.,

Physician to King's College Hospital; Professor of Medicine in King's College,  
London; etc.

SINCE the time of Laennec, it has been very generally assumed that hæmoptysis, when not associated with valvular disease of the heart, or vicarious of the catamenial discharge, is almost always a result and an indication of tubercular disease of the lung. I have long known and taught that this doctrine, thus broadly stated, involves a large amount of error. I have seen a considerable number of cases of hæmoptysis in which there has been no evidence of structural disease within the chest, either at the time or for months and even years afterwards. Spitting of blood is a symptom which at the best is sufficiently alarming; there is no need to aggravate its terrors by the erroneous assumption that it is almost invariably associated with serious organic disease either of the heart or the lungs.

Let a man who has once spat blood apply to an insurance-office, and the probability is that he will be rejected, or required to pay a large increase of premium; yet it may be that the blood-spitting was as much the result of a harmless accident as if the nose had been the source of the bleeding. The lung is by far the most vascular organ in the body. In addition to its own nutrient bronchial vessels, the whole of the blood from every other organ passes through the pulmonary capillaries. These two systems of vessels in the lung, in consequence of their relation to each other, to the heart, to the movements of the chest, and to the function of respiration, are more liable to sudden strain and pressure than the blood-vessels of any other organ; and it would be indeed marvellous, if bleeding did not frequently occur from their accidental rupture, without previous disease.

Now let us pass in review the chief known causes of hæmoptysis; and by hæmoptysis in this lecture I mean hæmorrhage from the air-passages, excluding cases of bleeding from the gums or fauces.

First, then, tubercular disease of the lung is a frequent cause of hæmoptysis. Certain of the pulmonary capillaries are compressed by a tubercular deposit; the surrounding vessels are subjected to increased strain; they consequently give way, and hæmorrhage occurs. In a more advanced stage of the disease, when softening of the deposit is in progress, blood-vessels may be opened by ulceration. In some instances, considerable branches of the pulmonary artery in tuberculous lungs become aneurisimal; and the rupture of such an aneurism may be a source of sudden, copious, and even fatal hæmorrhage.

Disease on the left side of the heart is a well-known cause of hæmoptysis. Suppose an incompetent mitral valve: the left ventricle drives a portion of blood forcibly backwards into the lungs, while the right ventricle continues to propel the blood onwards. The pulmonary capillaries, strained by the increased pressure upon their walls, give way, and the result is hæmoptysis and pulmonary apoplexy.

Disease on the right side of the heart is comparatively rare; but, when it does exist, it is not unfrequently caused by bronchial hæmoptysis. In the *Medical Times and Gazette* of February 13th, 1853, I published the case of a woman whose sole organic disease was great dilatation of the tricuspid orifice. The whole systemic venous system was much engorged, in consequence of the reflux of blood through the tricuspid orifice. The bronchial veins and capillaries were partakers in this engorgement, and the result was rupture of bronchial capillaries and hæmoptysis. In cases of congenital narrowing of the pulmonary artery, hæmoptysis has been a frequent symptom. This, again, is a result of a retrograde engorgement of the bronchial veins and capillaries. These patients, too, have frequently become phthisical. I shall presently refer to the occurrence of phthisis as a consequence of pulmonary hæmorrhage.

Bronchial hæmoptysis, resulting from disease on the right side of the heart, will help us to understand the hæmoptysis of apnea. Thus hæmoptysis, to a variable extent, is an occasional accident in cases of spasmodic asthma. What is the explanation of this? Bronchial spasm limits the supply of air to the pulmonary capillaries. In consequence, the minute pulmonary arteries, by their contraction, check the onward movement of the blood. The systemic arteries are comparatively empty,

while the whole systemic venous system is distended. The bronchial veins and capillaries share in this distension; and hence bronchial mucous exudation, and occasionally bronchial hæmorrhage.

Active inflammatory congestion of the pulmonary and bronchial vessels is a frequent source of hæmorrhage. In most cases of pneumonia, the expectoration is more or less blood-tinged. The mucous expectoration of bronchitis is not unfrequently mixed with blood. In both pneumonia and bronchitis, profuse hæmoptysis is an occasional occurrence, quite unconnected with tubercular disease.

About three years ago, I attended one of our former house-surgeons with bronchitis. He had profuse hæmoptysis for several days in succession. I felt very anxious about him; but there were no positive physical signs of tubercular disease; and I always hoped, and expressed hope. He completely recovered, and is now actively at work. I have seen several cases of the same kind.

Plastic bronchitis is a rare disease. I have met with it only once. When it does occur, hæmoptysis is a frequent symptom.

In cases of primary cancer of the lung, the sputa are more or less blood-tinged, and not unfrequently assume the appearance of red currant-jelly.

In several cases of hæmoptysis that have come under my observation, emphysema of the lung has been the only structural change that I could discover. In most of these cases, the exciting cause of the hæmoptysis has been either an attack of bronchitis or over-exertion. In one case, a fat lady with emphysematous lungs, while suffering from an attack of catarrh, had profuse hæmoptysis after walking up stairs. She died some years afterwards, of Bright's disease; but had no symptom of any other pulmonary disease than emphysema, with occasional catarrh.

A former clinical clerk, a powerful muscular man, who has overstrained his lungs and rendered them emphysematous by excessive gymnastic exertion, has twice had hæmoptysis after playing at football. He remains in good health.

Without doubt, excessive exertion may cause rupture of pulmonary vessels and hæmoptysis in persons whose lungs and heart are perfectly sound; but it is obvious that vesicular emphysema is a predisposing cause of hæmoptysis from over-exertion. Vesicular emphysema is associated with more or less obliteration of pulmonary capillaries, and with hypertrophy of the right ventricle consequent on the impeded circulation through the lungs. Therefore, when the heart's action is excited by active exercise, the pulmonary capillaries are injected with great force by the strong right ventricle, and the result may be rupture of vessels and hæmorrhage.

In a considerable number of recorded cases, the irritation of the air-passages by a foreign body introduced through the larynx has been attended with bronchial hæmoptysis.

It is obvious that a blow on the chest, either with or without fracture of the ribs, and a consequent wound of the lung, may rupture vessels, and cause hæmoptysis. So an aneurism of the aorta, or of one of its primary branches, may open into the air-passages, and cause hæmoptysis.

In all the cases of hæmoptysis to which I have referred, the hæmorrhage results from various forms of structural disease or injury, either in the lungs, or heart, or blood-vessels; but pulmonary hæmorrhage may occur unassociated with any appreciable structural change within the chest. In some of these cases, deterioration of blood, and consequent weakening of the walls of the vessels, are the probable causes of the hæmorrhage. Thus hæmoptysis is one of the forms of hæmorrhage which is not unfrequently associated with scurvy, with purpura, and with uræmia. I have repeatedly seen both profuse hæmoptysis and epistaxis as results of an habitual excess of alcohol and a deficiency of nutritive food.

Hæmoptysis is occasionally vicarious of the menstrual discharge. In cases of this kind, we must guard against deception. I once had a patient whose blood-spitting was supposed to have this origin. On examination, however, I discovered the source of the bleeding in numerous scratches which she had made with a needle in the roof of her mouth. I believe that this case is a type of some other supposed cases of vicarious hæmoptysis.

Lastly, there are cases in which there is no apparent cause for the hæmoptysis; and, to conceal our ignorance, we speak of the hæmorrhage as resulting from a hæmorrhagic diathesis. The following case, recently in the Hospital, is an example of this (vol. xxix, p. 75).

John Herring, aged 37, a blacksmith, was admitted Dec. 18th, on account of hæmoptysis, which began ten days before his admission. He said that, for a fortnight before he began to spit blood, he had suffered from pain in the right side of the chest. The hæmoptysis began on the 8th December, and has continued daily until his admission. One day, the 11th December, he brought up as much as three-quarters of a pint. The blood, he said, had varied in colour, sometimes being dark, at other times bright red. He said that twelve years ago he had

pleurisy; that five or six weeks after this he first spat blood, and that he had since had frequent attacks of hæmoptysis. He had some times passed nine months without an attack; at other times he had had two attacks within a week. The blood-spitting had generally continued from twenty-four to thirty hours. If it continued longer, he usually stopped it by a dose of elixir of vitriol. Three years ago, he had inflammation of the lung, and was laid up for six months, but during this illness he had no hæmoptysis. He said that he had always been temperate. His father died of old age (upwards of 80); his mother from "a change of life, and something wrong in her head." He has three brothers and a sister in good health; none have died; his grandparents all lived to old age.

On admission, he was a fairly nourished man; but his face and lips were pallid. He complained of a troublesome cough, and he expectorated a quantity of dark yellowish-brown blood-tinged material, having a fetid odour; his breath, too, was fetid, and there was some pain over the right side. Tongue coated, appetite bad, bowels costive, urine normal; the skin was moist; at night, sometimes profuse perspiration; pulse, 66; temperature, 99.8. Percussion gave natural resonance over the whole front of the chest; behind, there was some dullness on percussion on the right side, from the spine of the scapula to the base of the lung; over the dull space there was rather large crepitation, with diffused blowing expiration; the vocal resonance and vibration were unchanged over the dull space; elsewhere the respiratory sounds were normal, both front and back; the heart's sounds and action were normal. He was ordered to take ten grains of gallic acid every three hours; to inhale the vapour of turpentine and boiling water night and morning. On the 22nd December, the expectoration had ceased to be blood-tinged; it was of a dark-greenish colour, and still had an offensive odour. Temperature, 98.5; the dullness and crepitation over the lower lobe of the right lung were diminished; he was ordered to inhale creosote instead of turpentine. He continued steadily to improve; the expectoration gradually ceased; and he left the Hospital on the 15th January. The day before his discharge, it was noted that there was normal resonance over the right lower lobe; inspiration was vesicular and free from crepitation. The only abnormal sound was somewhat prolonged expiration over the right back.

Now here is a case in which a frequently recurring hæmoptysis, extending over a period of twelve years, is pretty certainly not associated with organic disease of the lung either as a cause or a consequence. When he came in, the physical signs indicated that the lower lobe of the right lung was partially consolidated, probably by blood, which had been driven into the extreme bronchi and air-cells, where it appears to have decomposed and become fetid. This blood was gradually expectorated; the lung has recovered its normal condition; and the man has been restored to his usual state of health.

Although I have long known that hæmoptysis not unfrequently occurs unconnected with phthisis, it is only recently that I have learnt that pulmonary hæmorrhage is an occasional exciting cause of phthisis. Laennec taught us to believe that, when profuse hæmoptysis is quickly followed by the symptoms of a rapid phthisis, tubercles were latent in the lung and caused the hæmorrhage. Niemeyer has lately revived the doctrine, which was accepted before the time of Laennec, that a copious pulmonary hæmorrhage, in a person previously healthy, may be an exciting cause of phthisis. (See Niemeyer's *Text-Book of Practical Medicine*, translated by Drs. Humphreys and Hackley of New York.) Niemeyer's doctrine is, that a portion of the blood, being driven down to the ultimate bronchi and air-cells, acts as a foreign body, and sets up inflammatory and degenerative changes in the lungs, from which the patient may slowly recover, or which may result in cheesy deposits, excavations, and fatal phthisis.

In the second volume of the *Clinical Society's Transactions*, there are two interesting papers; one, by Dr. Christian Baumber, on "Cases of Hæmoptysis followed by Inflammatory Changes in the Lungs"; another, by Dr. Hermann Weber, on "Hæmoptysis as a cause of Inflammatory Processes and Phthisis." These papers are confirmatory of Niemeyer's doctrine; and I am sure that in the main the doctrine is true, for it has rendered intelligible to me some facts in my past experience which before I could not comprehend.

On the 10th May, 1867, I first saw a married lady, aged about 25, who, a month before, during a violent fit of coughing, had brought up a large quantity of blood. Since the hæmoptysis, she had been weak and ill, but not confined to bed. I found all physical signs normal at the upper and front part of the chest; but, over the right base at the back, there were some dullness on percussion, and rather loose and large bubbling rchoni. The family history indicated no tendency to phthisis. The history and the physical signs were not those of tubercular disease, of ordinary pneumonia, or of ordinary bronchitis. I have no doubt that, consequent on the pulmonary hæmorrhage, blood had been driven into the lower lobe of the right lung, and had there excited inflammatory

changes. I saw this lady occasionally for some months, during which she gained strength, but the physical signs remained unchanged. I have heard quite recently that her health has continued to improve; but her medical attendant in the country says there is still dullness and crepitation over the right base, and still absence of abnormal physical signs over the upper and front part of the chest. There is reason to hope that ultimately she may recover from the accidental results of the pulmonary hæmorrhage, though the long continuance of the physical signs gives the case a somewhat serious aspect.

A few months ago, I saw a case in which the fatal consequences of pulmonary hæmorrhage were of an unusual character. A lady, about 40 years of age, healthy, but of a somewhat delicate frame, during the early part of September, had a troublesome dry cough, and one day she began to cough up a large quantity of florid blood. So rapid was the hæmorrhage, that at one time she was nearly suffocated, and the active bleeding continued for several hours. I first saw her at Eastbourne, on the 17th September, a week after the onset of the bleeding. She was then expectorating small quantities of semi-solid dark blood, which had evidently been for a considerable time out of the vessels. Percussion and auscultation over the front of the chest gave quite normal results; and, as the chest-walls were thin, the air could be heard entering the lung with great clearness. Over the right lower lobe at the back, there was marked dullness on percussion, and, on auscultation, rather fine crepitation, with diffused blowing expiration. The inference was, that the right lower lobe had been partially consolidated by blood driven into its tubes and vesicles. Percussion and respiratory sounds over the left back were quite normal. The pulse and breathing were somewhat quickened, but there was no febrile excitement. A few days afterwards, I heard that the chest-symptoms were better, but that the left leg below the knee had become painful and swollen, though not inflamed; and I suggested that probably some coagula from within the pulmonary capillaries, having entered the circulation, had led to the formation of coagula within the capillaries and veins of the leg. On the 4th of October, I again saw the patient. I found that, during the last few days, the painful swelling of the leg had entirely subsided, but this had been succeeded by urgent dyspnoea. The breathing was still upwards of 40 in a minute; the pulse rapid and feeble; the countenance anxious; the face pale; the lips livid. There was now normal resonance over the lower lobe of the right lung, the air entered freely, and there was scarcely a trace of crepitation left. Over every other part of the chest, percussion and respiration were quite normal. The blood which, for a time, had blocked a portion of the lung-tissue, had been expectorated, and evidently there was nothing in the state of the lung to explain the alarming dyspnoea. What, then, was its cause? Probably, a fibrinous clot, from the temporarily obstructed vein in the leg, had made its way to the right side of the heart, and there was embolic obstruction of the pulmonary artery. The dyspnoea was due, not to want of air in the lungs, but to want of moving blood. After my visit, the dyspnoea continued and increased, and she died early on the morning of the 6th October.

There was no inspection of the body, but there can be scarcely a doubt as to the nature of events. Pulmonary hæmorrhage led to impaction of blood in the lower lobe of the right lung; this was soon expelled; but, meanwhile, either blood materials absorbed from the air cells by the pulmonary capillaries, or, probably, coagula formed within the pulmonary capillaries while the blood was rendered stagnant by pressure from without, passed into the circulation, and led to the formation of coagula within the capillaries and veins of the leg; thence coagula found their way back to the right side of the heart, where they increased and caused a fatal obstruction to the circulation.

You see that pulmonary hæmorrhage is a subject which demands a careful and diligent study. Each case requires a minute and accurate investigation before we can venture to give an opinion as to the cause or the probable consequences, or the appropriate treatment. There are few cases in which an off-hand inconsiderate opinion is more likely to be erroneous, and, therefore, unjustifiable, than in these alarming cases of blood-spitting. The fact that hæmoptysis is often associated with serious organic disease, either as a cause or a consequence, renders it the more important that the antecedents and the circumstances of its occurrence should, in every case, be thoroughly investigated.

The treatment of pulmonary hæmorrhage will vary somewhat according to the nature of the exciting cause. There are, however, certain general rules which are applicable to all cases. The patient must remain as absolute as rest as possible. Bodily exertion or emotional excitement, by increasing the force and frequency of the heart's contractions, is apt to increase the bleeding, or to provoke a return. The patient should lie still, and neither move, speak, nor cough, more than is absolutely necessary. A cough is a powerful provocation of pulmonary hæmorrhage, and it is sometimes desirable to allay irritation

and cough by a dose of morphia, or by a cautious inhalation of chloroform from time to time. Do your utmost to prevent the patient from being alarmed and excited by the sight of the blood. Let him have a plentiful supply of cool fresh air. Let him keep lumps of ice in the mouth and swallow the cold water. Sometimes the application of ice to the chest has a powerful effect in arresting the bleeding. It should not be continued long enough to chill the patient; and it is more likely to be effectual in exciting sympathetic contraction of the deeper arteries when applied for a short time over different parts of the chest, both front and back, than when applied continuously over one part. Gallic acid I believe to be one of the best styptics in cases of pulmonary hemorrhage. It may be given in doses of ten grains, in the compound infusion of roses, every three hours, if the bleeding be copious, and less frequently as the bleeding subsides. Another useful styptic is the liquid extract of ergot. This, too, may be given every three hours, in doses of half a drachm. It may be given alone or combined with the gallic acid mixture. The oil of turpentine in 20-minim doses sometimes succeeds when other remedies fail; and I have seen the bleeding quickly arrested by the inhalation of turpentine vapour. We directed our patient, Herring, to inhale, first turpentine, and subsequently creasote, for two reasons: first, to correct the fetor of the expectoration and the breath; and, secondly, to promote the expulsion of the decomposing blood from the lung, and thus prevent the risk of mischief from its retention. You will find the inhalation of turpentine vapour an excellent expectorant in this and other cases where the object is to expel accumulated material from the air passages. An emetic of sulphate of zinc may sometimes be given for the same purpose. Dr. Weber, in the paper before referred to, recommends a combination of antimony and ipecacuanha as an emetic, partly to expel blood from the lung, and partly to arrest bleeding.

#### ON A CASE OF PARASITIC DISEASE PRODUCED BY THE LARVA OF THE CESTRUS BOVIS.\*

By ROBERT WALKER, M.D., Carlisle.

IN September 1859, when I was in Shetland, a young woman, 22 years of age, consulted me, complaining of an acute pain behind the right shoulder. She had felt it first about a fortnight before in the lower part of the back, and it had gradually ascended and had lately become more intense. On examining her back, I found a red line somewhat resembling an inflamed absorbent, but having a rather tortuous course, and extending from the left loin to about the middle of the right scapula. Towards its lower extremity it was indistinct and had a purple tinge, but at its upper extremity was very red and acutely painful. A little in advance of this extremity was a slight puffiness of the skin, beneath which a hard substance could be indistinctly felt. Having read a paper on this disease written by the late Dr. Spence of Lerwick, I had no difficulty in diagnosing the presence of the larva of the *Cestrus Bovis*, and, cutting down upon the above-mentioned hard substance, I ejected the intruder.

The case, so far as it goes, is a good example of the disease as it is usually seen in Shetland; but when the larva—to whose travels beneath the skin the symptoms I have described owe their production—is undisturbed, it eventually becomes stationary; a furunculus forms, and at its apex a small orifice appears, through which a little bloody serum, mixed with pus, for a while exudes, and the grub at last escapes and falls to the ground.

The *Cestrus Bovis*, or gadfly, infests cattle towards the end of summer, and the sight of it drives them almost mad with terror. Although it is contended by some that the female deposits her eggs on the hairs of cattle, it is generally believed that she inserts them into the cellular tissue by means of an ovipositor. After a short time, small tumours appear on the back of the infested animal, each having an orifice at its apex, from which exudes a sanguineous discharge, mixed with pus, and from which at length a grub, commonly called a warble, emerges. Another species of *Cestrus* infests the reindeer, causing a very similar affection; but other species which infest the horse and sheep produce disorders of a very different nature.

In South America, this parasite seems to have been very frequently observed on man. It has been frequently seen in the human subject in Shetland; but invariably, I believe, in women. In stating it to be the larva of the *Cestrus Bovis*, I follow Dr. Spence. Mr. Bracy Clark also considers the human parasite to be the *Cestrus Bovis*; and Küchenmeister says we are not justified in supposing that there is an

*Cestrus Humanus*. The rapid motion of the larva under the skin of the human subject, whilst it is stationary in the ox, may probably be explained by the different characters of the areolar tissue in the human and bovine animals.

#### NOTES ON SOME FEIGNED CUTANEOUS AFFECTIONS.

By C. HILTON FAGGE, M.D.,

Assistant Physician to Guy's Hospital.

IN a paper on "Feigned or Hysterical Diseases of the Skin", published in this JOURNAL for January 8th, 1870, Mr. Startin refers to the Museum of Guy's Hospital as containing a model of an affection produced by nitric acid. The model in question is, I believe, that numbered 298 in the Catalogue, and described as representing "the arm of a young woman, showing gangrene of the skin, believed by Dr. Addison to be the result of the application of some mineral acid." It was made many years ago, and has been altered by time, so that its original character is perhaps not clearly to be recognised; but it presents numerous irregular patches of very considerable size, which have sinuous outlines, and, as it were, fit into one another; being, however, separated by intervals of healthy skin. From some of the patches the sloughs are being detached; and in one instance this process has been completed, a granulating surface being left. No history of the case has been preserved.

Within the last few weeks, a patient has been under observation in Guy's Hospital who almost beyond doubt had produced an artificial gangrene of the skin of her face and chest by the application of nitric acid. She was originally a patient of Mr. Arthur Roper of Blackheath, who sent her up to me as an out-patient. I advised her to come into the hospital; and she was accordingly admitted into the Clinical Ward, under Dr. Habershon's care. With Dr. Habershon's permission, I communicate the following notes of her case, which were taken by Mr. Wilson Eager, the clinical clerk.

Caroline S., aged 18, was admitted December 14th, 1869. On admission, she had on her face and chest several dry, apparently gangrenous patches. These appeared to present different stages. The more recent ones were quite smooth, and of a yellowish-white colour; some with a more or less greenish tinge. Those of older date were uneven, and of a dirty brown hue. Over some of these patches there was absolute loss of sensation; others were exceedingly tender. Round the margins of two patches beneath the clavicles, the skin was distinctly raised into irregular blebs with a wrinkled flaccid membrane, very like blisters produced by some local irritant. Round the circumference of the patches there was a narrow well-defined zone of bright redness. In addition to the eschars or gangrenous patches, there were beneath the clavicles irregular erythematous spots, of about the size of five-shilling-pieces. On the neck, the cuticle was in several places peeling off in irregular brownish flakes.

The history of the affection given by the patient was as follows. In the afternoon of December 8th (eight days before her admission), she felt a burning sensation on the left side of her neck; she looked in the glass, and saw that there was a blister. Soon afterwards, other blisters appeared on different parts of the neck, preceded by tingling. On the following day, several patches were visible on her cheeks and forehead; and, on the 12th, one appeared on the chin. No fresh ones subsequently formed until the morning of her admission, when two or three were beginning to appear on the upper part of the chest.

In their examination of the case, the clinical clerks at once noticed that the tips of the middle, index, and ring fingers of the right hand, the palmar surface of the middle finger of the left hand, and the palm of the left hand itself, all presented stains of a bright yellow colour, exactly like those to which nitric acid gives rise. On the ring finger, the yellow colour ran along the sulcus between the side of the nail and the skin; the adjacent parts of both being stained in the same manner.

There could hardly have been stronger circumstantial evidence that nitric acid had been used than was afforded by this staining of the nail; but the girl maintained that she had used no acid or irritant substance of any kind, either in her work or otherwise. The marks on her fingers, she said, came of their own accord, with pain, like the patches on the chest and neck.

She was a well-nourished, healthy girl, but very impressionable. This was particularly noticed by Mr. Towne, who says that she started at the least touch.

On the 17th, while she was in a warm bath, her bed and locker were searched; but no evidence of trickery was discovered. No stains of

\* Read before the Cumberland and Westmorland Branch.



any sort were found on her night-dress or other apparel. None of the patches on the chest or neck presented any marks such as would be produced by nitric acid "riming" beyond the part to which it was applied.

After her admission into the hospital, no fresh patches appeared. Those which already existed quickly altered in character; the whitish eschars changing into brownish crusts, which themselves were soon shed, leaving the skin healthy, but marked by superficial cicatrices.

I was the more interested in this case, as a patient with a very similar disease had, a few months before, been under my own care in the same ward. The following report of the case in question is from the notes made at the time by Mr. W. T. P. Douglas, B.A., my clinical clerk.

Elizabeth W., aged 18, an out-patient of Mr. Bryant's, was admitted into the Clinical Ward, under Dr. Hilton Fagge's care, on August 23rd, 1869, on account of a cutaneous affection, presenting considerable varieties of appearance, in some parts taking the form of dry gangrenous patches or eschars. Such was especially the case with an irregularly oblong patch covering nearly two square inches of surface, situated just above the left mamma. This patch was depressed, dry, yellow, and shining; and in the lower part of it a small blood-vessel could be seen, with its contained blood dried up in its interior. The margin of the patch was brownish and raised, and was surrounded by an inflamed areola. Above the right breast was a similar spot, but smaller, and with less marked characters. On the left forearm there were three patches, all of more recent origin, but of different dates. The newest was red, slightly raised, and exhibited fine and closely set papules; the oldest was somewhat less raised, with the papules less distinct, and the intervening surface opaque, bluish-white, having the characters of a dry eschar; the third patch was intermediate in appearance between the other two. Other patches, again, were older than those on the chest. One, an inch and a half long, lay on the left sterno-mastoid. On the day before her admission, when she came as an out-patient to Dr. Fagge, this had presented an uniform whitish-yellow gangrenous appearance; now it was covered by a rough brownish scab, surrounded by an inflamed areola one-eighth of an inch in diameter. On the left arm and the back of the left hand, still earlier spots could be just traced, in the form of "scurfy patches", with irregular margins. Sensation was impaired over the patches on the neck and chest; but she could still occasionally feel a slight touch.

The girl stated that the affection had begun six weeks before, on the left arm. Here the skin began to itch; it soon became red and slightly raised; it then acquired (according to her account) somewhat the appearance of a blister; but no fluid was discharged from it. It gradually spread in an irregular manner over a surface three square inches in extent.

On the day after her admission (Aug. 24th), it was found that four fresh spots had come out during the night on the left forearm; and four more appeared that morning on nearly corresponding points of the right forearm. On the morning of the 25th, a large patch, three inches by an inch and a half, made its appearance on the front of the right forearm, below the elbow. All these patches rapidly altered in character. In most of them, a central spot, generally of jagged and irregular outline, assumed the white gangrenous character; and this, again, quickly passed into a yellow scab-like condition. At the same time, the size of the patches diminished; portions of the skin towards their periphery returning almost to the natural colour. On the 28th, it was possible with the point of a knife to raise the whitish cuticle from the patch on the right forearm, exposing a reddened surface. By the 30th, the crusts had fallen from the places on the neck and chest, leaving very superficial cicatrices.

At this time, two or three fresh spots came out on the inner side of the right thigh; but these never acquired the gangrenous character to any marked extent. On Sept. 3rd, another patch, having rather the appearance seen in urticaria or erythema, was observed on the right arm.

On August 27th, she was rather suddenly seized with symptoms of acute laryngitis. These quickly subsided; but on September 18th she had a slight return of them. The tonsils were somewhat swollen and inflamed, and remained so until Sept. 22nd, when she left the hospital.

The girl had been in service, but had fared badly. For three or four months, she said, she had felt weak, and unable to do her work properly. According to her own statement, she had had the same disease before, in the course of the summer, both in 1867 and 1868, though in a milder form. There were some slight marks on the chest and legs, indicating the seat of these eruptions.

She was not an unhealthy-looking young woman, nor thin; she had rather an excess of colour in her cheeks. She appeared entirely devoid of any excessive self-consciousness or excitability, and, in fact, seemed particularly stolid and indifferent. She showed no tendency to make much of her disease, either as a cause of suffering to herself, or as a

source of sympathy from others. She had passed about a fortnight beyond the proper time for her catamenia. She was ordered quinine mixture, and was directed to keep the affected parts covered with cotton-wool.

Having in view the apparently conclusive character of the circumstantial evidence of the use of nitric acid in the case first recorded, we can hardly, I think, escape from the conclusion that in the second case the affection was produced by the same means. It is true that the colour of the patches was not quite the same in the two cases, and that my patient appeared entirely free from that self-consciousness and excitability which Mr. Towne remarked in Dr. Habershon's patient, and which, he says, would have led him to suspect that there was some trickery about the case, even if no other evidence of it had been discovered. The question was repeatedly discussed when my patient was in the Clinical Ward; but I confess that at the time I was strongly of opinion that the case was one of "Spontaneous Circumscribed Gangrene of the Skin".

An undoubted example of this last named disease occurred two or three years ago in a male patient under Dr. Habershon's care. This case will be found recorded in the *Guy's Hospital Reports* for 1867, page 198.\*

Some years ago, Dr. Morley Rooke published in the *Lancet* (1864, ii, p. 486) an account of a case of this kind, to which he gave the name of "erythema gangrenosum." Dr. Tilbury Fox subsequently expressed his conviction that the disease was artificial, and produced either by repeated blistering, or by the conjoined application of a blister and of some strong acid.

The case above recorded appears certainly to support Dr. Fox's views; and also seems to justify considerable doubt as to the spontaneous origin of the disease in the cases of a similar kind described by Sir B. Brodie (the Works of Sir B. Brodie, 1865, vol. iii, p. 392).

In one respect, all these cases appear to have differed from that of Dr. Habershon's male patient above referred to. This man lived a month after the gangrenous patches first appeared; and after his death (from phthisis), there was no indication of the process of separation having even commenced. In the other cases, the eschars were rapidly thrown off.

Among the models of cutaneous diseases in the Guy's Hospital Museum, there is one which illustrates another very remarkable case of feigned disease, which occurred in the practice of Mr. Birkett, who has kindly given me some notes of it. In the model, the right breast is seen to be covered with an eruption, which apparently consists of solid red tubercles, as large as peas, closely crowded together. There is also an eczematous patch, nearly as large as the palm of the hand, just below the breast.

The patient from whom this model was taken—Catherine L., aged 20—was first admitted under Mr. Birkett's care, July 4th, 1855. She was a delicate, rather hysterical-looking girl, and had suffered from irregularity of the catamenia, and from leucorrhœa. She said that she had had more or less pain in the right breast for fifteen months—ever since she had received a blow on the part. She declared that she had also noticed a "small lump" a little on the inner side of the nipple. No lump, however, could be discovered; but the breast was "covered with red patches, evidently the result of some irritating application." The exact nature of the irritant which had been applied was not, however, discovered; the affection diminished in severity; and on July 17th she was discharged; "convalescent." On September 17th of the following year, she was readmitted. She said that in the interval she had been to Boulogne, where her breast again began to swell, and became very hard. Various lotions and ointments were prescribed for it; and afterwards caustic was applied daily, but without benefit. The report taken at this time goes on to say that, on admission, "there are warty growths, of peculiar and uncommon character, extending over the whole surface of the right breast, attended with a considerable amount of discharge. Her health does not appear to be at all interfered with. The breast is not tender, and there is very little pain."

One day, soon after her admission, Mr. Birkett visited the ward at an unusual hour, and discovered a piece of lint, strewn with powdered cantharides, which she had laid over the surface of the breast. The imposture having thus been detected, the disease was readily cured. The lint covered with cantharides which the girl used was preserved, and may now be seen in the Museum of Guy's Hospital.

The case is interesting, not only as an example of the detection of feigned disease, but also as showing how much the appearances produced by the repeated application of an irritant to the surface may differ from those which one is accustomed to see as the result of the use of that very substance as a local remedial agent.

\* See also the Reports of the Meeting of the Bath and Bristol Branch at page 377 of the present number.—EDITOR.

## NOTE ON THE PROVINCE OF COUNTERIRRITATION IN DISEASES OF THE EYE.

By FURNEAUX JORDAN, F.R.C.S.,

Surgeon to the Queen's Hospital, Eye and Ear Hospital; Professor of Surgery at Queen's College, Birmingham.

MANY diseases of the eye are of a specific character, and require specific remedies; many are of a degenerative character; many are successfully treated only by operative interference. My experience teaches me that counterirritation is the great remedy for inflammatory diseases. In proportion as the inflammatory element predominates over specific and diathetic elements, so is the utility of a second, not too near and not too distant, inflammation. The more acute and destructive the inflammation, the more striking and rapid the effects of counterirritation.

Gonorrhoeal ophthalmia, purulent ophthalmia, purulent ophthalmia of infants, are frequently destructive to sight; gonorrhoeal ophthalmia very frequently so. As a rule, all these inflammations may be checked instantaneously by a broad horse-shoe of smart counterirritation to the forehead, temple, and cheek. Acetum lyttæ, nitrate of silver, or iodine, may be used. The effect may be maintained by fresh applications within or without the first circle.

A young farmer was recently sent to me with gonorrhoeal ophthalmia. The chemosed conjunctiva projected beyond the lids half an inch; the cornea was wholly opaque, and in patches yellow. I applied acetum lyttæ (glacial) freely over the forehead, temple, and cheek. In forty-eight hours the chemosis and copious discharge had almost disappeared, and the cornea had regained sufficient transparency for the vision of large objects.

An infant with purulent ophthalmia, and completely opaque cornea, was brought to me. A narrow zone of counterirritation restored transparency in twenty-four hours.

The treatment just described is much more certain and rapid than any nitrate of silver treatment, however assiduously conducted. In the more chronic inflammations of the ocular surfaces, the chronic counterirritation (if I may so call it), in the form of a seton or a mild horse-shoe, if appearance be not very important, is certainly more efficient than any other treatment. More than this; every strictly inflammatory disease to which the human frame is liable is more quickly subdued by counterirritation, if the locality and the agent be judiciously selected, than by any other remedy—rest being, of course, the necessary attendant of all remedies. I have spoken of counterirritation as the best remedy; other remedies need not be excluded, whenever the surgeon considers them necessary.

## OBSTETRIC MEMORANDA.

### LABOUR INDUCED BY UTERINE INJECTION.

By EDWARD GARRAWAY, Esq., Faversham.

A LADY, aged 27, with some narrowing of the antero-posterior pelvic diameter, who had aborted twelve times, went on with her thirteenth pregnancy. It being considered expedient to induce labour at seven months and a half, a silver catheter attached to a flexible tube was passed well up and swayed to and fro between the cervix uteri and the membranes, so as to separate them rather freely. A pint and a half of warm water was injected, producing no pain, only a feeling of distension. On withdrawing the catheter, not a drop escaped. In an hour afterwards there was a rigor, with vomiting, pain, and an escape of water. The os was dilating, but very rigid. Twenty minims of Batley's solution were given and repeated; in six hours the head was on the perineum, and in another hour delivery was accomplished.

The interesting features in this case are the large amount of water that was thrown into the uterus, the absence of any discomfort occasioned thereby, and the prompt and powerful action it induced. So far as I could judge, the patient would have borne another pint or two. My injection clearly went to the fundus uteri and remained there.

In a discussion held some since at the Obstetrical Society, upon a paper by Professor Lazarewicz of Charkoff in Russia, advocating the injection of the fundus uteri, Dr. Greenhalgh characterised the proceeding as dangerous. He had injected the uterus once only, and alarming symptoms followed; and he had been informed by a former President of the Society of another case in which the death of the patient ensued, a lady in whose case he had twice before brought on premature labour by rupturing the membranes. Professor Lazarewicz quoted twelve cases, in all but one of which pains began immediately, and, with one exception, resulted favourably. In the exceptional case, how-

ever, he stated that death was in no way due to the operation. The largest quantity of water which the Professor injected was six ounces. In my own case, I intended to have injected till the patient felt uncomfortable; but, after throwing up thirty ounces, I considered it would be indiscreet to tax her toleration further. The child survived, and the mother convalesced remarkably well.

## REPORTS

OF

### MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

#### GUY'S HOSPITAL.

##### DISLOCATIONS OF THE HIP-JOINT.

(Under the care of Mr. BIRKETT.)

CASE I.—A small, but healthy man, 36 years old, was admitted 5th January, 1870, on account of the following injuries, reported by Mr. R. W. Murphy. He was engaged in clearing manure from a doorway, when the door, which was supported by props, falling, knocked him down and lay across both his thighs. He was also struck from behind by a weight of falling manure. On admission, soon after the accident, a dislocation of the head of the right femur into the thyroid foramen was detected by the house-surgeon. He was much contused on the back and loins also. The house-surgeon reduced the dislocation by manipulation when the man was fully under the influence of chloroform. The limbs were maintained in the extended posture. The next day, the man complained only of pain about the hips, loins, and back, which was much aggravated by a troublesome cough. Of the injured hip-joint, he made no complaint, and even pressure over the articulation did not hurt him. Slight flexion could also be performed without pain. In three weeks, he walked well.

CASE II.—A muscular, healthy man, was admitted in November 1869, having fallen from a height of sixty feet to the ground. In the fall, he struck upon the roof of an outhouse. The left side of the chest was severely injured. The right hip-joint was dislocated, the head of the right femur being lodged in the ischiatric notch. The bone was easily replaced in the acetabulum by the house-surgeon, without chloroform. The man survived the injury but a brief period.

Next day, an examination after death showed fracture of all the ribs on the left side, except the first and last, and laceration of the lung. When the gluteus maximus of the right side was reflected, a large quantity of blood was seen clotted beneath it; both the gemelli and quadratus femoris muscles were lacerated. The superior and posterior part of the cotyloid ligament, together with a long piece of the bony brim of the acetabulum, were detached, and the torn capsular ligament was lying loose. This ligament was torn through all round the joint, with the exception of the strong anterior part called ilio-femoral. The ligamentum teres was torn away from its attachment to the fossa in the acetabulum.

#### LONDON HOSPITAL.

##### ORANGE-PIP IN TRACHEA: REMOVAL.

MR. COUPER lately operated on a somewhat unusual and interesting case of foreign body in the trachea. Elizabeth W., aged 24 years, was brought to the hospital suffering from considerable dyspnoea, and with the history that she had had a cough for some days. On questioning the mother more closely, it appeared that urgent dyspnoea had come on suddenly while the mother was carrying the child upstairs. The child at the same time was sucking an orange. The difficulty of breathing continued for about twenty-four hours before the child was brought to the hospital. While in the receiving-room, the child vomited, bringing up the remains of an orange. When the finger was placed over the trachea, some small hard body could be felt to hit against the larynx during expiration. Under these circumstances, Mr. Couper performed tracheotomy. The pip of an orange at once presented, and was easily removed. A stitch was inserted into the trachea, and the external wound closed. The child breathed through the mouth. The child has had no bad symptoms since. The stitch broke away on the following day.

##### LOCUST-BEAN IN TRACHEA: REMOVAL.

In another case, three years ago, Mr. Couper removed a locust-bean from the trachea of a child about four years old. The child was brought to the hospital suffering from great dyspnoea, which had come on suddenly while the child was sucking a bean. In his case, too, a

hard body could be felt in the trachea by the finger. It was propelled against the larynx at each expiration. As soon as the trachea was opened, the bean could be seen to be carried up with each expiration, but would not come out. The edges of the trachea were held open; and the bean was transfixed with the point of the knife, and thus extracted. The child unfortunately died of pneumonia.

The important practical point in both the above cases is the confirmation of the diagnosis by the surgeon being able to feel the foreign body moving within the trachea. The object of stitching the edges of the tracheal wound together was to prevent the direct access of cold air to the lungs. In a former case, Mr. Couper stitched the edges of an incision in the thyroid cartilage together, with great success. The patient was an old lady; and Mr. Couper operated for the removal of warty growths of the inferior vocal cords. Three stitches were inserted into the thyroid cartilage, and the union was remarkably rapid.

#### MIDDLESEX HOSPITAL.

OPERATION DAY, JANUARY 26TH, 1870.

MR. DE MORGAN amputated at the hip-joint for a Tumour in the Thigh in a young man of 23. The tumour was of four months' growth, and extended from above the knee to a couple of inches below the trochanter minor. It had latterly given great pain. The operation was performed by making two semilunar incisions from above the trochanter—the one towards the inner, the other to the outer, side of the thigh. The capsule being cut through, the head of the bone was readily dislocated; and, the knife being passed behind the bone, the remaining tissues on the inside of the thigh were divided. The aorta had been compressed by a Lister's tourniquet, and not more than six or seven ounces of blood were lost. The vessels, including the large veins, were tied with silk ligatures previously steeped in carbolic acid. The wound was sponged with the strong sulphurous acid solution. A deep quilled suture was passed through the flaps, which were then brought together at the edges by ordinary suture; and lint soaked in sulphurous acid solution, one part to eight, was applied over the stump. In a high amputation performed last year on a young woman for tumour of the thigh, the deep suture was used, and the stump dressed in the same way. Although ligatures were used, no suppuration took place; and the patient was up, with the wound quite healed, in three weeks. The present case promises equally well. Since the operation, the wound has mostly healed; and there has been only a trifling amount of suppuration from the point at which the main ligature was brought out, and from one other small point. The whole amount has not been more than a large teaspoonful a day. The skin has shown no trace of inflammatory action, preserving a natural colour up to the very edge of the wound; and there has been no swelling of the tissues of the stump. Constitutionally, the patient has not had a single symptom indicative of a great operation. This immunity from inflammatory action appears to attend generally the continued use of sulphurous acid. Nothing more is required than that cloths dipped in the solution should be kept to the wound, just as would be done with ordinary water-dressing. The tumour, on examination, proved to be a sarcoma, containing at parts large spaces filled with blood, and bloody serum. The central part was hard from deposit of calcareous matter; it had not formed true bone. The origin was clearly from the inner layer of the periosteum towards the lower fourth of the femur.

MR. MOORE extracted the Eyeball of a man aged 50, for destructive inflammation of the organ, which commenced in May last, from the admission of lime. The upper eyelid was adherent to the anterior part of the eyeball, which again was inflamed, disorganised, and shrunken. The patient had continued to suffer most severe pain from the state of the eye; and, symptoms of serious sympathetic irritation of the other eye supervening, Mr. Moore determined to remove the eyeball. This was done by dissecting off the adherent conjunctiva from the eyeball, and enucleating the ball; the optic nerve being severed from the outside.

MR. MOORE also operated on a man forty-five years old, for Epithelioma of the Scrotum of ten months' standing; it involved the left part of the scrotum, and extended inwards to the tunica vaginalis, to which it was adherent for about an inch. The part was enclosed and lifted up in a hemorrhoid-clamp, and removed.

MR. MOORE operated for Strangulated Inguinal Hernia in a woman about forty-five years old, who was brought into the hospital during herations. The symptoms of strangulation had lasted a week, but they had not been of a very severe character. Taxis was attempted; and, finding this of no avail, Mr. Moore operated in the usual manner. A thin sac of peritoneum was exposed, and in it was found a small portion of omentum very tightly constricted.

A child a year old was shown, with a Congenital Opening between

the vagina and bladder, which formed the Urethra. It was simply the urethra without a sphincter. Mr. Moore considered it advisable to postpone any operative interference until the child was somewhat older.

MR. NUNN operated on a case of Stricture of the Rectum by dilatation with metallic and with flexible bougies. This was the *third occasion* on which the patient had been fully subjected to the influence of this form for the purpose. In the first instance, a very tight stricture with sharp edge was encountered within easy reach of the finger, and beyond it a contraction of the gut of quite an opposite character—gristly, unyielding, irregular, and impermeable to the finger, from implication of other than the mucous and submucous coats of the rectum.

Mr. Nunn, during his clinique, made the following remarks, "I have long had the conviction that strictures of the rectum, not cancerous, are for the most part syphilitic, although I have not been able to show you indisputable signs of constitutional syphilis on the surface in every case that we have had in these wards; nevertheless, the patient has been always open to the charge of having suffered from syphilis, whenever palpable signs of that disease have not been demonstrable. For example, there is this case; the patient is of florid complexion; to all outward appearance, healthy; but we have the history of her past life to show that she has run the risk of syphilis; and there is, besides, a condition of the margin of the anus justifying the suspicion of the existence of mucous tubercles and fissures at a former period. On the other hand, we have had in some patients syphilitodermatous phenomena that render denial of previous chancre superfluous; cases where we can point to palmar psoriasis, loss of hair, spots in the scalp, and cracks at the angles of the mouth. I confess, however, gentlemen, that I was at a loss to picture in my own mind the chain of events. Constitutional syphilis, presenting palmar psoriasis, loss of hair, etc., is only too common, whereas stricture of the rectum is but occasionally, so to speak, met with. I, however, in a private case, believe I have met with the 'missing link' belonging to this chain of events; it is the initial link. It consisted essentially in this: a lady, during her first pregnancy by her husband, who was, at the date of his marriage, in the early stage of constitutional syphilis, had some very indefinite symptoms of syphilitic infection. She miscarried at the seventh month; afterwards she consulted me for catarrh of the rectum, with fissure of the anus and vaginitis; suffice it to say, that the symptoms of secondary syphilis were very indefinite. Without my further particularising now, why should not this catarrh of the rectum be followed by stricture just as a gleet is frequently followed by stricture of the urethra? I trust that the measures I have employed may obviate such a distressing result; but in how many cases would not catarrh of the rectum be considered as a mere irritation of the lower bowel, and be disregarded by a patient in the poorer classes as one of the inevitable ills connected with child-bearing, or rather with miscarriage? Further, I would especially draw your attention to the circumstance that all our patients with non-cancerous stricture of the rectum have been females. In the case of the private patient just spoken of, you will mark also that I specified vaginitis as one of her troubles. I cannot help imagining that the close anatomical relationship of the vagina and rectum was an important bearing in the disease with which she was dealing. If there be continuity of inflammation in the tissues of the two canals, there may be a somewhat analogous tendency to metastasis, as we see in gonorrhoea, where urethritis is replaced by orchitis, or by inflammation of the prostate and neck of the bladder. You will remember last year I drew your attention repeatedly to a case of syphilitic stricture of the rectum, sent to the Hospital by Mr. Edward Tyler of High Street, Marylebone. In that case the stricture was accompanied by the formation of an abscess external to the gut, which burst into it and the ischio-rectal region; and also to another case some months previous, sent to the Hospital by Mr. Firman of Gravesend. Now, you must not conclude that the diagnosis of the nature of a stricture of the rectum is an easy matter; it is quite the contrary in some instances; and you must form your diagnosis by giving more importance to the history of the case than to the sensations conveyed by the touch. I met with a case, in private, in conjunction with Mr. Aikin of Clifton Place, Hyde Park, in which a disregard of the history—namely, that a miscarriage at an early month was followed by smart inflammation along the track of the round ligament and other perimetritic tissues—would unquestionably lead any practitioner examining the rectum to declare that there was cancerous thickening of the rectum; in fact, two physician-accoucheurs, who were consulted, did declare that such a hopeless case of matter existed. Sufficient years have now elapsed to refute their opinion, and seeing that the lady is now enjoying excellent health, and has added to her family without inconvenience. I may tell you that some years since I admitted into the Hospital a female patient, believing her to be suffering from cancer of the rectum. I made my diagnosis by the touch. Some weeks afterwards I observed a very marked eruption on the palms,



which led me to suspect I had fallen into an error, as had really occurred. The subsequent progress of the case proved that the strictured condition was not cancerous."

Mr. NUNN operated on a girl aged 10, for Disease of the Hip-joint. The disease of the bone had been present for ten months, and had been treated by the extension-pulley and weight; but although she had been considerably relieved by this means and by leeching, the characteristic symptoms of hip-joint disease became prominent. Mr. Nunn made an incision over the trochanter three inches in length, through the fascia of the gluteus maximus, which was crossed transversely by a second incision at its middle in the fibrous structures only, so as to do away with pressure over the trochanter by the gluteus maximus through its insertion into the fascia lata. Perforation was made into the diseased trochanter, and a small piece of potassa fusa inserted, with the view of obtaining free discharge from the bone and anchylosis of the joint.

#### BIRMINGHAM GENERAL HOSPITAL.

OLD SYPHILIS: EPILEPTIC FITS: CEPHALALGIA: LOSS OF SPEECH: THICKENING AND ADHESION OF THE CEREBRAL MEMBRANES: OBSTRUCTION OF THE LEFT MIDDLE CEREBRAL ARTERY.

(Under the care of Dr. RUSSELL.)

THE subject of the case was an out-patient during most of the time. He was aged 37, had lived a dissipated life in youth, and had had syphilis, but the nature of the disease and the period were uncertain. At present, however, his throat bears evidence of extensive mischief, and his upper teeth have all fallen out. He became an out-patient in March 1869.

Two years previously, he had an epileptic fit, a second in a month, and a third five weeks before his application at the Hospital, in which, from the report, the convulsive action was unilateral, on the right, the two previous ones having been probably of bilateral character. During these two years, he had also been subject to severe pain, chiefly occipital, in violent paroxysms of long duration, apparently very severe at night, and accompanied by vertigo; the pain was also seated elsewhere, especially in the region of the parietal eminences.

Such were his chief complaints when I first saw him. He gained great benefit from large doses of iodide, none from bromide of potassium. In August, he had a fit, in which he lost speech for half an hour; the former fits were replaced by paroxysms of vertigo, of severity, attended by some confusion ("mithering"). The pain had not ceased. Intellect had hitherto remained entire. Late in December, he suffered from constantly recurring fits of loss of power to articulate; "he tried to bring out his words, but could not"; "he sat up all day without speaking"; "he asked for contrary things to what he wanted". He was taken as an in-patient on December 20th. He would then speak most of a sentence correctly, but invariably came to some word which he miscalled or replaced by gibberish. The defect was greater in reading, many words in a sentence being changed, or quite unintelligible; he was sensible of the imperfection, and tried to correct it.

By January 11th, he had become much worse. Whole sentences were unintelligible; some of the wrong words, however, had a relation to the subject, as "pills" for mixture; and I detected the word "fares" very often, he being a cabman. Desiring to speak of something wrong in his eyes (an idea suggested solely by our having just examined them), he expressed himself thus: "It says things that I shoun such different tones"; "they are chiefly the thing that there is anything about". And in reply to "how are you?" "I feel lost and very low the last two years". He misstated the time constantly; indeed, blundered more in this respect than in most others. The following articles were held up to him in quick succession, and in the order now stated. A pen, "ken"; keys, "kemp, inches"; knife, "a knife, penknife, sir". Again, a pen, "knife". Again, keys, "penknives, sir"; a shilling, "some money, sir; its sixpence; sixpence". A watch, "watch, sir"; but could not name the hour. He could write his name correctly; but, in writing from dictation, there was hardly an English word in the sentence, and much of the writing, like the gibberish spoken, was unreadable. Smell was lost, probably from the state of the throat. Taste remained perfect, and so was hearing. Vision was good with the right eye; he even read No. 1 Jäger with difficulty; but with the left eye it was very imperfect; he could not read below 16. The other cerebral nerves seemed perfect in their action, except slight left ptosis and sluggishness of the left pupil. The optic disc was found by Mr. Arthur Bracey to be very indistinct in the right eye, and the origin of the vessels obscure; in the left eye, the disc was grey and anæmic, and its outline indistinct. At a later period, Dr. Welch entirely failed in procuring the compliance necessary for making an examination; this was in the aphasic period of the case, and

accorded with the loss of control over his speech. He declined rapidly, and died at the end of January.

On *post mortem* examination, we found universal adhesion of the brain to the dura mater, and much thickening of the membranes. At the base, dissection was needed to clear the different parts; all of which, including the nerves, were connected with the thickened arachnoid. The arteries of the base, like the other parts, were closely attached to the thickened membrane, but all were perfectly pervious except the left middle cerebral, which was thickened in its coats, and surrounded, just above its origin, by a dense yellow mass about the size of a horse bean. A similar mass adhered closely to the surface of the insula; the structure of both was granular matter, minute irregular nuclei, and small fat groups. The left middle cerebral artery was filled at its origin with a colourless unadherent plug of fibrin, which did not extend into the carotid; all its branches were empty. No marked softening was discovered on the surface of the brain, which, however, was somewhat damaged in the process of removal; but a small softened cavity lay just outside the anterior extremity of the left corpus striatum; and the exterior of that body, with the connected white matter, was softened. The spinal cord, its membranes, and the other organs of the body were healthy.

#### MEATH HOSPITAL.

CHRONIC OTORRHOEA: SATURATION OF THE MIDDLE EAR: THROMBOSIS OF THE LATERAL PETROSAL, AND CAVERNOUS SINUS OF THE RIGHT SIDE.

(Under the care of Dr. STOKES.)

JAMES BYRNE, aged 49, a fisherman, was admitted into the Meath Hospital on the 12th of January, 1870. He stated that, on the 1st of the month, he had caught cold; that he had struggled against his illness for some days, but in vain; that, finally, on the setting in of severe headache, he had sought admission to hospital. He was a man of powerful build, had lived a temperate life, though necessarily one of hard and unremitting toil; and had enjoyed good health, excepting that for many years he was subject to severe attacks of cold, and, during them, to a *fetid discharge from the right ear*, the hearing in which was much impaired. Physical examination revealed the existence of general bronchitis without any special symptoms of fever; the heart being normal and the pulse beat 65. The only other point in the case that attracted attention was the discharge from the right ear of a purulent fluid of very fetid odour. After the lapse of twenty-four hours, the head-symptoms became more pronounced, pain having increased, and a low delirium having set in at night. Profuse perspiration occurred during the day and the following days. On the 17th, a new and remarkable sign appeared; *that was nodulus and extreme nodula of both eyelids*, with great chemosis. Under the use of local applications, poulticing and fomentations, this oedema almost subsided in the course of two or three days. A trace of it, however, remained in the right eyelid. On the 20th, subulturns and floccitation were noticed, and he passed urine under him. The delirium now became more or less constant. Two days subsequently, a slight puffiness about the mastoid process of the right temporal bone appeared. No pus escaped on making an incision. From this time, the patient continued to sink until 9 p.m. of the 25th, when he expired, a discharge of purulent matter and blood having just before taken place from the nose and mouth. Up to the last, but very slight febrile disturbance had shown itself.

On *post mortem* examination, made fourteen hours after death, purulent meningitis of the base of the brain was discovered, involving the region of the pons Varolii, and extending along the right crus cerebri. There was also superficial softening of the antero-inferior portion of the right side of the cerebellum. No morbid appearances were marked in connection with the abdominal viscera, and the lungs were free from any purulent deposits. Numerous bands of adhesion, apparently of old formation, existed in the right pleura. Subsequently, a minute examination of the right temporal bone and sinuses of the brain was made by Dr. A. W. Foot, when the following pathological conditions were noticed. The lining membrane of the external ear was thickened, whitish, and sodden from long contact with purulent matter. The membrana tympani was destroyed, with the exception of a narrow rim of its attached border; and the malleus was, in consequence, set free. The mucous membrane of the middle ear was pulpy, vascular, and bathed in pus; more particularly that portion of it which lines the minor wall. The mastoid cells opening into the tympanum had their lining membrane in the same condition as that of the middle ear. The lateral sinus was completely obstructed by softening coagula, and purulent matter lay between the outer wall of the sinus and the bone on which it

rested. The superior and inferior petrosal sinuses were occupied by similar clots, and the cavernous sinus was likewise the seat of a suppurative phlebitis. The parts of the dura mater related to the petrous portion of the temporal bone, were thickened, easily detached, and, in places, actually separated by lymph from the bone beneath. It appeared, from the absence of fever, and of discoloration or softening of the bone, that the lesion which caused death was essentially, not a caries, but a suppurative phlebitis of the sinuses of the skull, propagated through the cells of the mastoid bone from the inflamed mucous membrane of the middle ear. It would further seem that the peculiar ocular phenomena, which suddenly appeared a few days before death, were due to the obstruction of the right cavernous sinus, which interfered, directly, with the venous circulation of the right eye, and, indirectly, with that of the left.

## CLINICAL LECTURE ON SEVERAL CASES.

By MR. PAGET, F.R.S.

MR. PAGET (on Wednesday last) alluded briefly to the case of erysipelas following burn, which he mentioned in last week's lecture, and in which he considered that erysipelatos inflammation of the membranes of the brain had been succeeded by erysipelas of the scalp. The child in a few days showed signs of pneumonia, and quickly died. At the *post mortem* examination, small pyemic abscesses and deposits were found in the lungs. The membranes of the brain were quite healthy; and this fact, in Mr. Paget's opinion, strengthened the accuracy of his diagnosis, for recent erysipelas of the skin is known to leave little, if any, *post mortem* evidence of its presence; and the same may, therefore, be justly surmised with respect to the cerebral meninges.

Mr. Paget made a few remarks in connection with this case, on the *causes of death from burn*, which he arranged under the headings of Shock, Secondary Inflammations of various Internal Organs, and Perforating Ulcer of the Duodenum. Mr. Paget considers that death from shock is often accelerated by the previous inhalation of very hot air, which must act injuriously on the lungs. The "secondary inflammations" were, the lecturer suggested, often of the same erysipelatos type as we commonly see in the cutaneous structures.

Mr. Paget next referred to a case (in Sitwell Ward) of a large *Cyst in the Neck*. The patient is a girl, 18 years of age. She had no nevus or tumour in the neck until about twenty months before admission, when she noticed a small lump on the right side of her neck; it steadily increased until her admission, when a tumour larger than a man's fist was discovered under the sterno-mastoid muscle. It contained fluid; and, after consultation, Mr. Paget tapped it with a very small trocar. A small quantity of sero-purulent matter escaped, which was found to contain broken-down pus, crystals of cholesterine, and large epithelial cells—the latter structure pointing to its real nature, as that of a cutaneous cyst. Mr. Paget remarked on the apparently trivial nature of deep-seated cysts in the neck, but insisted that they are really of considerable importance for the following reasons. They are large, and increase steadily; they sometimes contain blood, and refill with that fluid after they have been punctured, so that even fatal hemorrhage has followed an operation apparently harmless; they are often deep-seated, and connected with important structures such as the spine and the sheaths of the blood-vessels; when they are tapped they often refill, and require to be emptied repeatedly, lastly, if they be laid open and made to suppurate, it is often very difficult to make them heal from the bottom, while, if suppuration continue, it may involve important deep-seated structures.

*Secondary Inflammation of the Rectum*.—The patient whose case illustrated Mr. Paget's remarks on this condition, was a woman who was admitted in a state of great misery and exhaustion, suffering from acute syphilitic ulceration of the rectum and syphilitic cutaneous growths about the anus. She had involuntary passage of feces, and much foul mucous discharge from the ulcerated intestine. The history of syphilis was imperfect; but there were scars, like those of tertiary ulcers, on her lip, and scars about the vagina; she had some old tubercular mischief at the apex of one lung, but this was evidently not progressing. But little could be done to alleviate such an extreme condition of general weakness and local disease, and the patient gradually sank and died. After death, very extensive ulceration was found, involving the rectum and extending upwards into the sigmoid flexure, and about the lower six inches of the ileum. Mr. Paget described the ulcers as presenting just the characters of tertiary syphilitic ulcers on the skin, circular or oval, the edges well defined,

smooth, not indented, not raised, not overhanging, the base resting on the submucous tissue, and nearly smooth. These characters, as the lecturer pointed out, could be well seen in the upper part of the ulcerated tract; but lower down, in the sigmoid flexure and rectum, the ulceration was described by Mr. Paget as "confused", having resulted from the coalescence of numerous small regular ulcers.

Mr. Paget alluded to the rarity of death from syphilis, except when it affects internal organs; remarking, at the same time, that syphilitic lesions of internal structures are much commoner than until lately was supposed. In describing the chief features of syphilitic disease of the rectum, Mr. Paget first noticed the cutaneous growths about the anus which, he considers, almost always accompany that condition; and mentioned the points in which they differed from warts and from condylomata. They were described as growths from the skin, smooth, and flattened from side to side by mutual apposition. Mr. Paget stated that, in chronic syphilitic disease of the rectum, the symptoms are less severe than they were in the case under consideration, but that they produce great discomfort and inconvenience. The chief characters of this condition were stated to be a thickened and indurated condition of the lower part of the rectum, with ulceration of its mucous membrane, and the existence of a sharply defined and often narrow stricture at about an inch and a half from the anus.

The points of distinction between cancerous and syphilitic disease of the lower bowel were pointed out as follows. In cancer (except in the latest stages) the anus is free from disease; while in syphilis the above mentioned cutaneous growths are always present. In cancer, from one to three inches of the rectum are usually quite healthy; in syphilis, the ulceration comes quite down to the anus.

Between tuberculous and syphilitic disease of the intestines, Mr. Paget drew the following distinctions. In tuberculous disease, the seat of greatest action is the lower end of the ileum; in syphilis, it is the rectum (even the colon being but seldom extensively affected). In tuberculous disease, there would be deposits of tubercle in the bases of the ulcers, and in the subperitoneal tissue or the mesenteric glands; and there would be also *progressing* tuberculous disease of the lungs.

*Treatment*.—Mr. Paget said that iodide of potassium has very little effect on syphilitic ulceration of the rectum, but that mercury, given with great caution and due consideration for the state of the patient's health, often produces marked improvement. Locally, Mr. Paget advocated removal of the leaf-like cutaneous growths around the anus (taking care not to remove them all at once in cases where they completely surround the orifice, for fear of contraction), *incision* of the stricture, and subsequent diligent use of bougies. Mr. Paget, however, cautioned his hearers against employing bougies whilst active disease is going on, as the intestinal walls are then so weak that perforation has been known to follow the too zealous use of the instrument. Local cleanliness and the use of astringent applications were mentioned as matters of course.

## REVIEWS AND NOTICES.

A TEXT-BOOK OF PRACTICAL MEDICINE, WITH PARTICULAR REFERENCE TO PHYSIOLOGY AND PATHOLOGICAL ANATOMY. By Dr. FELIX VON NIEMEYER, Professor of Pathology and Therapeutics; Director of the Medical Clinic of the University of Tübingen. Translated from the Seventh German Edition by G. A. HUMPHRY, M.D., and CHARLES E. HACKLEY, M.D. New York: 1869.

THE appearance of a German text-book on the practice of Medicine, in an English form, should at least raise our curiosity. It can scarcely be said that text-books on medicine in the English language are wanting. Since the publication of the last edition of Sir Thomas Watson's work, nearly a dozen treatises—all more or less ably written, and fairly on a level with the most recent observations on medicine and therapeutics—have appeared in Great Britain and America. The translators of Professor NIEMEYER's work, however, consider that still another is required. Following the example of all modest authors, they usher themselves and their goods into notice by a preface to the effect that all previous works are excellent—most excellent, indeed, except in one particular; and it is to supply this want that they venture "to suppose that an English edition of the work might be acceptable to the medical profession in America"; but why an *English* edition of the work might not be acceptable to the profession in *England* also, we are at a loss to see. Be this as it may, the translators have, we think, ample excuse for their venture. It is on account of the vast strides in the sciences of pathology and therapeutics which have been made in Germany of late years, and which are partially recorded in the work before us, that we have the opportunity of reviewing the present edition: and

it is chiefly from this circumstance, but more particularly because of its pathological interest, that we may expect the work to receive support in this country and in America.

In noticing a large treatise like the present, any attempt to do justice to its contents in a short notice, is of course quite out of the question: we shall therefore merely glance at some of its leading features, and more particularly the points of therapeutical interest, either as being novel or in other respects of interest to the profession in this country.

First, with regard to its pathology: we can dispose of this in a few words. In substance, it is an admirable reflection of the Berlin School, with here and there displayed the views of Rokitsansky, and a stray English or French authority smuggled in, as it were for variety. And we confess that there is but too much reason for this want of recognition of English and French pathologists; for, although we are far from being of those who believe that little pathological work of value is done in this country, still it cannot be denied that the most important recent advances in pathology during the last few years have been mainly due to the researches of German pathologists, and pre-eminently of Virchow. The value of a well-arranged work, which gives so much space to the advanced pathological notions with regard to disease, is certainly wanted in England; but we trust, that ere the publication of another edition, the author will make himself better acquainted with the results of labours in pathology in this country. Some of the chapters are very ably and concisely written, such as those on consumption of the lung and acute military tuberculosis, where the most recent pathological views on these subjects are set forth.

We shall now proceed to the consideration of the therapeutics of the book: and here let us premise by saying that the author is sadly ignorant of the state of English therapeutics of to-day. The condition in which he represents English therapeutics to be would answer pretty well for the style of treatment adopted in this country twenty years ago. We would not have cavilled at this so much, had the author not represented his work as containing the results obtained in the domain of therapeutics by recent investigations. This may be correct so far as Germany is concerned, but it falls far short of the truth with regard to this country, which is by no means behind the Fatherland in practical medicine. The therapeutical part of the work is, however, extremely valuable, and logically written. It gives the great practical experience of one of the most distinguished physicians in Germany with regard not only to methods of treatment little if at all known in this country, but also with regard to medicines already recognised as valuable remedies by the profession throughout the civilised world.

One of the most notable characteristics observed is the frequent advocacy of the application of continued cold to inflamed internal organs, first recommended by Kiwisch in puerperal peritonitis. It has long been considered a valuable remedy in the treatment of acute cerebral diseases, and also in gastritis and peritonitis, in this country; but Niemeyer recommends its use in the strongest terms for almost every internal inflammation. On the first appearance of croup, cold compresses, changed every few minutes, are employed round the neck; and, when asphyxiating symptoms supervene, cold water dashed over the chest while the child is in the bath, is strongly advocated—a method of treatment the very opposite to that which obtains in this country. In pneumonia; in non-rheumatic pericarditis and neurosis of the heart; in certain cases of acute endocarditis, with extreme excitement of the heart's action; in acute peritonitis, suppurative hepatitis, acute yellow atrophy of the liver, cerebral inflammation, traumatic spinal meningitis, and other diseases, he considers the application of cold to be most efficacious. It not only temporarily reduces the temperature, but has a beneficial effect throughout the course of the disease. Difficult as it may be to explain the effect of cold upon an organ separated from it by various tissues, experience, says Niemeyer, has more right to respect than physiological abstract reasoning. He gives the result of his large experience of its effects.

With regard to bleeding, he advocates its occasional adoption by venesection from the arm, and also by leeches applied locally; and says that bleeding in apoplexy, for example, must prove beneficial, if the symptoms given as signs of pressure on the brain were actually induced by the pressure to which the brain is subjected by the extravasation.

For diseases of the larynx, he strongly recommends steam and spray medicaments.

In pertussis, he considers that the cough may be markedly lessened by teaching the child to overcome the cough as much as possible, reflex symptoms being controllable by the will; and relates the assertion made by the wife of a Prussian general, that whooping-cough was only cured by the rod.

In the section on nervous asthma, which, by the way, is very incomplete, he recommends as the most efficacious of all dietetic remedies (in

the widest sense of the word)—the respiration of compressed air. He mentions, also, Köhler's plan of giving an infusion of ipecacuanha with extract of pulsatilla. He recommends the use of quinine between the attacks; and the more regular the intervals, the more is to be expected of the drug.

The remarks on digitalis, as a remedy in disease of the heart and its consequences, are amongst the most valuable in the whole work; and, coming as they do from a physician of sound experience and accurate as an observer, they are rendered doubly so. In digitalis, he says, we possess a very powerful means of moderating not only hyperæmia of the lungs, but also engorgement of the aortic venous system, which arises in mitral disease. By retarding the action of the heart, time is afforded to the auricle to drive its contents into the ventricle through the contracted passage. In pure uncomplicated hypertrophy of the heart, digitalis is unsuitable. Its use is indicated in diseases in which the action of the heart is weakened, but never in cases where it is augmented. In dilatation of the heart, when combined with an exclusively milk diet, digitalis is an invaluable remedy. It is a very efficient means of temporarily strengthening the heart's contractile power, and of thus allaying cyanosis and dropsy. In endocarditis, where there is great acceleration of the pulse and signs of feebleness in the action of the heart, cyanosis, etc., the exhibition of digitalis is indicated. In stricture of the aortic outlet, the use of digitalis is to be confined to those cases in which compensation begins to be imperfect. It is most effective in the cases in which the action of the heart is so accelerated that the left ventricle apparently has not time to expel its contents through the narrowed opening during the short period of systole.

The action of diuretics on dropsy resulting from cardiac disease is, he says, at least a doubtful matter to ascertain: to this, we cannot give adherence.

In neurosis of the heart, he advocates the application of cold over the precordial region, and also in pericarditis.

In his chapter on exophthalmic goitre, or Basedow's disease, as it is called in Germany, which is very imperfect, he does not once mention the name of Graves, who recognised the disease without doubt some time before Basedow, and has given a most excellent description of the disease in his *Clinical Lectures*. He mentions nothing of the good results of belladonna in this peculiar disease.

For aneurism of the aorta he recommends, among others, a curious mode of treatment. When a tumour develops upon the wall of the thorax, and when the skin upon it begins to redden, he advises the patient to wear upon the prominence a tin vessel, shaped according to the tumour, and filled with cold water.

The author quietly passes over the treatment of hydatids of the liver, by saying that "treatment can accomplish nothing in multilocular hydatids; nor does the attempt at tapping, made in Griesinger's case, encourage imitation"—a statement which has been over and over again disproved by Murchison and others in this country.

Gonorrhœa in the acute stage he treats by means of tannin injections in solution with red wine; cold hip-baths, in which the patient is to sit for a long time; or frequently renewed cold water compresses.

In diseases of the uterus and appendages, he appears to consider Scanzoni the only authority.

In his chapter on diseases of the nervous system, the author refers to his experience of nitrate of silver and the constant current of electricity, which has proved successful in the hands of Remak and Benedikt, but which has not succeeded in his hands.

For neuralgia in its various forms, he recommends, among others, the remedies in most frequent use in this country. The use of electricity by the induced and the constant current is spoken of as having produced excellent results, although the application is by no means pleasant, and often very painful. The first sitting shows whether the neuralgia can be cured by the induced current, when the pain is entirely relieved or entirely disappears, at least for the time. The constant current is, it is said, far more effective than the induced in neuralgia. Some cases which have been treated unsuccessfully by the induced current, have terminated favourably with the constant; but Niemeyer has never seen the reverse. Details are given for the application of both currents. In this chapter are some valuable remarks on the use of the two kinds of electricity, and the theory of their action. He believes that "in the constant current we have a means more powerful than any other of modifying the nutritive conditions of parts that are deeply situated." Among other means mentioned by which the excitability of the nerves is destroyed, are cold, morphia injections, and veratrine ointment.

Following that on neuralgia, are short and excellent chapters on paralysis of individual nerves, which are given in a clear and concise manner.



His remarks on the treatment of chorea are well worth perusal and study. He recommends, when the patient shows, or has shown, a rheumatic tendency, sulphur baths; and when it is determined to employ the metallic nervaline, he advocates Fowler's solution. He condemns the use of narcotics and strychnine, which have been strongly recommended by Trousseau; and also the subcutaneous injection of curare. Cold effusions upon the back, when carefully applied, are recommended. He quotes the experience of Benedikt, that, out of more than twenty cases of chorea treated by the constant galvanic current, all recovered; which of course goes for little. Niemeyer most properly, we think, says that a more careful trial will be requisite ere the general adoption can be sanctioned of forcibly holding or tying down patients when the movements are excessive—a practice proposed by several authorities. He however remarks, with regard to the treatment of chorea, that, as "the disease usually subsides spontaneously in the course of six or eight weeks, and as it very rarely is possible to cut the malady short in a less period of time, we are very apt, if quite candid and circumspect in measuring our success in special instances, to be in doubt as to whether the chorea abated in consequence of a six weeks' administration of the medicine prescribed, or whether it got well of itself." This agrees with our own experience.

The chapter on epilepsy contains nothing noteworthy. Compression of a limb from which the aura seems to proceed, he considers inadvisable, even although the fits may be averted, or the patient feels worse than he would if he had had a fit, and because his next fit is apt to be of unusual violence.

With regard to the treatment of articular rheumatism, he says that nitrate of soda, or nitrate of potash (which is probably more active), is prescribed without any great expectations from it; but, since it can hardly prove injurious in small doses, and since its antiphlogistic action has not been disproved, and especially as we have no other remedy that will arrest or shorten the attack, he has nothing to say against its employment. He thinks quinine of value, when given in large doses (twenty to thirty grains), as an antiphlogistic in cases where the temperature is high. He approves of opium, and limits himself in most cases to the use of quinine and opium. When cerebral symptoms and threatening excessive high temperature come on, cool baths and wet sheets are recommended. Every advantage is of course taken, in rheumatic, gouty, and other affections, of the valuable spas of Germany; which are, however, very naturally overrated, to the exclusion of equally, if not more, effective and convenient modes of treatment.

In measles, when high temperature comes on, he advises the application of the cold wet sheet and administration of quinine; and in variola and scarlatina, he recommends that a similar plan be adopted—the cold douche or wet sheet being repeated every ten or fifteen minutes. With regard to the treatment of typhoid fever, or, as it is called in Germany, abdominal typhus, he believes that, after the accurate observations of Wunderlich, the disease may, in some few cases, be cut short by one or two five-grain doses of calomel; and that, where the remedy is given during the first week, and before the occurrence of much diarrhoea, the attack is rendered milder and shorter. The experience, he says, of Pfeuffer's clinic, as well as his own, agrees with this. The experience of our best authorities in this country has by no means lent sufficient support to this opinion. He recommends iodine, which is not a new remedy in the disease, as well worth a further trial, after the experience of Willebrand and Liebermeister. And it is in the treatment of typhoid and typhus fevers that Niemeyer strongly advocates the employment of tepid baths for the reduction of the temperature by the plan recommended and tried by Ziemssen, which he describes thus: "As often as his temperature rises above 104 deg., the patient is placed in a bath whose temperature is about to deg. below that of his body, or about 94 deg. While the body and limbs are gently rubbed, we add cold water gradually, till the temperature of the bath is reduced to about 68 deg. The patient is to remain about twenty or thirty minutes in the bath till he is slightly chilled, and then to be placed quickly in a warm bed." In addition to quinine in one or two grain doses, he recommends digitalis as an antipyretic.

In diphtheria, "tracheotomy should not be deferred too long, if we hope to have it succeed, which it rarely does."

In intermittent fever, he recommends one dose or so of quinine given some hours before the expected chill. If contraindicated by the mouth, it acts as well by the rectum or by hypodermic injection, the salt being perfectly dissolved.

In the treatment of constitutional syphilis, he believes that the efficacy of mercury does not depend upon the form of the salt, whether an oxide, chloride, etc., in which it is administered. He follows the plan of Sigmund, the inunction method with mercurial ointment, but more frequently the internal administration of calomel, of all mercurials

"the least open to the charge of causing serious or permanent detriment to the mucous membranes, when given in moderate doses."

Space prevents us from going more minutely into the work of Niemeyer; but we have, we think, gleaned sufficiently from its pages to give the reader some idea of its merits. Some subjects, we are rather surprised to find, are omitted; such as relapsing fever, dengue, and yellow fever. The treatise is in two handsome and well printed volumes, each containing over seven hundred pages. The index might have been prepared with a little more care and more in accordance with English nomenclature. The English is occasionally clumsy and peculiar, and sometimes not in strict accordance with the original; but, altogether, we are able to congratulate the translators on their success.

We may sum up by saying that the work of Niemeyer is an excellent one. Pathologically considered, it is more reliable than any other text-book with which we are acquainted. The symptoms of the various diseases are faithfully and distinctly recorded, and the treatment, so far as it goes, is explicit and logical. Charlatany receives no sympathy from the author; and he has the power, pre-eminently, of sifting the tares from the wheat—a matter of the greatest importance in a text-book for students. The work will, we think, become popular in Great Britain; and, so far as we are concerned, it has our best wishes for success.

## NOTES ON BOOKS.

*The Voice: its Acoustic Production, Development, and Preservation.* By G. J. LEE. Second Edition. London: Simpkin and Marshall.—Mr. Lee, an eminent teacher of music, has produced a very elegant volume on the practice of singing and the management of the vocal organs. Many arguments are brought forward against the string and reed theories of the voice, and others in support of the view which compares the larynx to a flute. Mr. Lee claims originality for some of the points advanced on this topic. The work is admirably printed and illustrated.

*Prison Discipline, with some Suggestions for its Improvement.* A Letter addressed to H. POWNALL, Esq. By A. A. CROLL, Esq., J.P.—The author advocates, in the first place, the employment of prisoners in their own trades. This is already done to a small extent. In the next place, the prisoners should be fed on the lowest possible dietary that will keep them above starvation. If they want more food, they must earn it. Work is to be given out to them, and paid for. One part of their earnings should be allowed to themselves; a second portion should go to the expenses incurred by the public; a third portion might go to the support of a family, or be saved up for the prisoner against the time of release. Those who will not work (except on receipt of a medical certificate) should have only cruel, or bread and water. The proposals seem exceedingly good. We ought not to encourage idleness; we ought not to let a man forget his dexterity in his occupation. Some inducement to work ought to be offered. "If a man will not work, neither shall he eat," is not a new maxim. To those who have not learned any trade, occupation in the way of mere agricultural labour is suggested. We commend the pamphlet to our readers' attention.

*An Introduction to the Elements of Pharmacy, or the Minor and Major Examinations.* By F. HARWOOD LESCHER, Pereira Medallist. London: J. Churchill and Sons. 1869.—Mr. Lescher has prepared this book for the use of Pharmaceutical Students. It consists of sections on Materia Medica, Botany, Chemistry, Pharmacy, Prescriptions, and Practical Dispensary. The matter is arranged in a columnar or tabular form, in clear type, on good paper, so as to be readily perceived by the eye. The author thus gives, in a condensed form, a great deal of useful information as to the characters of the articles of the Materia Medica, their principal adulterations and the means by which these may be detected, the physical characters of the tinctures and other preparations, etc. He keeps, too, very fairly within his limits as a pharmacist. We can recommend the book to students of pharmacy as one which they may safely use as a guide in preparing for their examinations, and subsequently also as a book of reference wherewith to refresh their memory on sundry details.

*The Shilling Manual of Pharmacy: a Class Book for Students, and a Counter-Book for Dispensers.* By O. DAVIES OWEN. Simpkin, Marshall, and Co. 1870.—As far as the pharmaceutical preliminary portion of this work is concerned, the notices seem to be as well up with the times as one could expect; and the body of the pamphlet gives us the strengths of British Pharmacopœia preparations, and the new chemical nomenclature. We wonder, however, what possible use it can be to any one to be informed that bromide of potassium operates "as a diuretic and alterative"; that it is used "in scrofula,

bronchocele, etc.”; and that its dose is from “twenty to thirty grains”. Nothing is said about epilepsy. At the end we find a glossary. We take the first definition: “Absorbent—a term applied to medicines which possess the property of sucking or drawing up morbid matter, as tumours, swellings, etc.” This strikes us as rather too bad for 1870. The explanation of amaurosis is too long to quote, and is taken from Liston. It was excellent in his day, but is utterly misleading now. Glaucoma is defined most erroneously. One of the most objectionable definitions, however, is that of “Rupia—an eruption or blotch produced by filth.” Scirrhous is given as “indurations which precede certain complaints, such as cancer, etc.” Visceral is said to mean “relating to the bowels”. The list of medicines and the strength of preparations, etc., may possibly be useful to students; but, before the other parts can be anything but the source of erroneous ideas, thorough revision is necessary.

## COMPARATIVE PATHOLOGY.

### ON ULCERS OF THE CORNEA IN DOGS SUFFERING FROM DISTEMPER.

[Communicated by MR. MCBRIDE, of the Cirencester Agricultural College.]

DISTEMPER may be considered as the scourge of the canine race. It affects all breeds at all ages, and under all systems of management. The better bred the animal, the more severe the attack; whilst mongrels without home or habitation generally present a very mild type of the disease. At present, I shall only consider one of the complicated forms of this disorder, viz., *ulceration of the cornea*, and the treatment which appears best adapted to it. A description of distemper, and its relation to human pathology, will be reserved for a future occasion.

It is during an attack of this malady in dogs that ulceration of the cornea frequently takes place, from the sixth to the twelfth day, and generally occurs simultaneously in both eyes; it may happen in one only, but this is very rare. This destructive process is occasionally so severe as to lead to perforation. The ulcers are situated in the centre of the cornea; they are transparent, deep, and circular, and have no appearance of inflammatory action. From numerous cases which have been narrowly watched by me throughout their whole course, I am decidedly of opinion that they are wholly dependent upon the anæmic condition of the animal; the blood being so poor in nutritive constituents that it is unable to supply the cornea with sufficient nourishment; and, as a result, the central portion of this non-vascular structure (cornea) being further removed from its source of nutritive plasma, must, of necessity, break up first, and thus form an ulcer. This hypothesis is very much strengthened, not only by the physical appearances of the blood, and by the uniform success of the treatment adopted, but also by the experiments of Magendie on dogs. He says: “I took a small dog of three years old, fat and in good health, and put it to feed upon sugar alone, and gave it distilled water to drink; it had as much as it could of both. It appeared very well in this way of living the first seven or eight days; it was brisk, active, ate eagerly, and drank in its usual manner. It began to get thin the second week, though it had always a good appetite, and took about six or eight ounces of sugar in twenty-four hours. Its alvine excretions were neither frequent nor copious; that of the urine was very abundant. In the third week, its leanness increased, its strength diminished, the animal lost its liveliness, and its appetite was much lessened. At this period, there was developed upon one eye, and then on the other, a small ulceration on the centre of the transparent cornea; it increased very quickly, and in a few days it was more than a line in diameter; its depth increased in the same proportion; the cornea was very soon entirely perforated, and the humours of the eye ran out. This singular phenomenon was accompanied with an abundant secretion of the glands of the eyelids. It, however, became weaker and weaker, and lost its strength; and, though the animal ate from three to four ounces of sugar per day, it became so weak that it could neither chew nor swallow; for the same reason, every other motion was impossible. It expired on the thirty-second day of the experiment. I opened it with every suitable precaution. I found a total want of fat. The muscles were reduced more than five-sixths of their ordinary size; the stomach and the intestines were also much diminished in volume, and strongly contracted.”

A second and third experiment of the same nature produced similar results. The usual treatment in such cases is to apply a solution of the nitrate of silver to the ulcers. I have never seen any good effects from its use, but very often the most disastrous results. After having

come to the above conclusions as to its cause, I have discontinued the use of topical applications, and now rely solely upon means best adapted to invigorate the debilitated condition of the animal. The anæmic state should be improved by the administration of iron, beef-tea, and wine. If the stomach should be too irritable to retain food, a state which most commonly accompanies distemper, the beef-tea and wine should be given in the form of clysters by means of the enema-funnel,\* which, for this purpose, has many advantages over the ordinary barrel-syringe.

In all cases of persistent vomiting the animals should be treated with nourishing clysters, so as to allow the stomach rest instead of further irritating it with drugs; and it is astonishing to find how rapidly weight is gained.

It may not be out of place to mention, that a form of chorea which usually accompanies debilitating diseases in dogs, also yields in a few days to this mode of treatment.

\*\*\* Mr. McBride's description clearly applies to what are known in the human subject as inaction-ulcers; and the treatment found successful also supports his conclusions on this point. Distemper in dogs is in all probability a specific fever. In children, after one or other of the exanthems, we now and then see inflammations of the eye which sometimes take the form of corneal ulceration, at others of more deep-seated disease. The ulcers which follow small-pox are well known, as is also the fact that they are not due to actual varicose pustules, but occur some little time afterwards. Almost all the corneal ulcerations which come under the care of ophthalmic surgeons in connection with specific fevers are, however, attended by inflammation; nor are they met with specially in those who are very feeble. It is exceedingly rare in British practice to see glassy ulcers, such as those described by Mr. McBride. Examples of these, the inaction-ulcers, are, we believe, to be found in abundance in the Indian bazaars amongst the wretchedly fed native children. We cannot, therefore, expect to apply the suggested treatment at all extensively in parallel cases in home medical practice, for such do not exist.

## SELECTIONS FROM JOURNALS.

**HYPOSULPHITE AND BISULPHITE OF SODA IN INTERMITTENT FEVER.**—Dr. John P. Little of Richmond, Virginia, says he has for four years used, with good effect, the hyposulphite and the bisulphite of soda as a substitute for quinine in intermittent fever. The dose for an adult is from 10 to 20 grains every three or four hours, in a wineglassful of water. Of the two salts, he prefers the bisulphite. —*Amer. Journal of Med. Sciences*, January 1869.

**NERVES OF BLOOD-VESSELS.**—Dr. James Tyson, Lecturer on Microscopy in the University of Pennsylvania, has repeated some of Beale's observations on the distribution of fine nerve-fibres to the walls of small blood-vessels. He used the connective tissue of the hilus of the kidney of a young pig. He confirms, in the main, Dr. Beale's observations on the same structures in the newt and frog, and insists generally on the importance of repeating the researches of other investigators in matters of observation. —*Quarterly Journal of Microscopical Science*, Jan. 1870.

**THE STRUCTURE OF THE HUMAN UMBILICAL CORD.**—By injecting Prussian blue, and staining with nitrate of silver, Dr. Köster considers that he has demonstrated a “plasmatic system” in the umbilical cord. This “plasmatic system” corresponds to the connective tissue network of Virchow; but Dr. Köster considers that it is tubular, not solid; and further, that, instead of the channels being *intracellular*, as held by Virchow, they are formed by flattened and elongated connective tissue cells, which are rolled upon themselves. The channels, in fact, are intercellular. —*Quarterly Journal of Microscopical Science*, Jan. 1870.

**TREATMENT OF ORCHITIS BY LOCAL APPLICATIONS OF DIGITALIS.**—Dr. Besnier, of the Lariboisière Hospital, states in the *Bulletin Général de Thérap.* for January 15th, 1870, that, calling to mind that Debout had successfully used external applications of digitalis in certain cases of hydrocele of the tunica vaginalis, he was led to try the same remedy in orchitis; and that the treatment has been very successful. The patient being kept in a state of rest, and the scrotum raised, the part is constantly enveloped in cloths saturated with a concentrated infusion of digitalis leaves, either warm or cold.

\* This instrument was first introduced into veterinary practice by one of my teachers, Mr. Joseph Gamgee, sen., Edinburgh.

## NOTICE.

THE ANNUAL SUBSCRIPTIONS TO THE BRITISH MEDICAL ASSOCIATION FOR THE YEAR 1870 ARE NOW DUE: and it is a matter of great convenience to the Association, and conduces to the efficiency of its working, that they should be paid promptly.—Members of Branches, and all others who usually receive circulars at the beginning of the year from the local Secretaries, will greatly oblige, and will prevent trouble, by PAYING their SUBSCRIPTIONS TO THE LOCAL SECRETARIES, AND NOT TO THE GENERAL SECRETARY.—All other members should pay their Subscriptions without delay to the General Secretary, T. WATKIN WILLIAMS, Esq., 13, Newhall Street, Birmingham.

Members of the Association residing in the counties of Middlesex, Essex, and Hertfordshire (except those belonging to country Branches), should pay their Subscriptions to Dr. A. P. STEWART, 75, Grosvenor Street, W.; or Dr. ALEXANDER HENRY, 16, Great Coram Street, W.C.

## BRITISH MEDICAL JOURNAL.

SATURDAY, FEBRUARY 12TH, 1870.

## THE HIGHGATE INFIRMARY.

THE opening of the new pauper Infirmary at Highgate is an event of considerable importance to the profession. The institution will receive, when complete, five hundred inmates; and will, according to present appearances, be managed with a liberality much superior to what has, as a rule, hitherto prevailed in similar establishments. It is well situated and well built; and, whilst there has been no extravagance, all the arrangements as yet brought to completion have been made, we believe, without parsimony. The important question now arises, as to how such an establishment should be officered. It is clear that, if this be judiciously arranged, the medical posts in connexion with it will present advantages likely to attract good men. They will be of value in several directions, not only in respect to the salaries which will attach to them, but on account of the large opportunities which they will afford for professional work. We believe that as yet the District Board, under whose management the hospital is, has formed no definite plan. As a temporary arrangement, a very able officer has been appointed; but, when the whole of the building is occupied, a staff will have to be organised. For the care, and cure if possible, of five hundred sick persons, a considerable staff will be required. In the first place, we hope that those in authority will realise the fact that, apart from motives of humanity, it is far cheaper to cure quickly, where practicable, even at some little increase in the cost of skill, than to allow disease to become chronic and confirmed, and thus throw its victims permanently on the public charge. We suggest this argument not so much to those at present most influential in the matter, many of whom are well known to be men of liberal views and to whom it is unnecessary; but rather for their numerous constituents, the ratepayers. There is not the least doubt that an increase in the expenditure on the medical care of the sick poor in workhouse infirmaries would result, in the long run, in a saving to the ratepayers' pockets.

The first duty of those responsible in this matter will be, undoubtedly, to consider the interests of the patients; but, next to this, it will be quite legitimate that some thought should be given to the extent to which such an institution may become useful to medical science. The advancement of medical knowledge is an object of national interest, and nothing would be more foolish than to neglect to utilise such opportunities as are here presented. In the suggestions which we shall venture to make, these two objects will be kept in view, each in its place.

One important question which occurs at the outset is, should the principal part of the staff be resident, or visiting? and, if the latter, should those engaged in practice in the immediate neighbourhood of the hospital be employed? Much might be said in favour of the latter proposal, and many able men might be easily found for the posts. On

the whole, however, we should much prefer that a large and responsible resident staff should be entrusted with the main charge, with the addition only of consultants for special cases. If a post of medical superintendent were constituted, with a liberal salary, and full authority in the house, after the manner usual in large asylums, it would, no doubt, attract and retain a thoroughly efficient man. It would be desirable that the incumbent of such a post should hold it for a considerable time, perhaps permanently. To secure this object, it will be absolutely necessary that it should be made a comfortable one in a social sense. If the resident medical officer be in any way second in authority, there would be a risk, amounting almost to certainty, of disagreeable collisions between him and his ill-placed superior. The Poor-law appointments of masters have not hitherto been remarkable for their success in securing gentlemen, and in many instances those have been in authority with whom it has been found impossible for gentlemen to work on pleasant terms. We would urge, then, strongly the appointment of a medical superintendent, who should, by preference, be married, and to whom the house-steward should be subordinate. We would suggest also, as a matter of graceful justice, that this post should, whenever suitable, be conferred on some surgeon of experience in other Poor-law appointments. It and other similar ones might easily come to be looked upon in some sense as prizes for meritorious work in inferior positions, and, as such, would be most useful. They would help to consolidate a Poor-law service which as yet can scarcely be said to exist.

Under the superintendent should be placed several assistant medical officers, all resident, all unmarried, and each with his allotted wards. These posts would be held, as a rule, only for short periods, and by young men with zeal for work, and to whom the work would be of great value. They should, of course, be adequately paid.

In addition to the resident staff, there should, we think, be consultants attached, who should attend at stated times, and should take charge of the treatment of special cases. Some tact would be required in adjusting the duties of these officers—to secure, on the one hand, that there should be *bonâ fide* duties to perform; and, on the other, that they should not clash with those of the residents. As there is an ophthalmic ward, and will probably be many eye-cases, a knowledge of this speciality should be essential to the consulting-surgeon; whilst that of skin-diseases should be required either of him or of his medical colleague.

We have ventured to make the above suggestions in some detail because we think it a subject to which the attention of the profession should be directed. Other large Infirmaries of a similar kind will follow, and it is really a matter of great importance that the medical arrangements in respect to them should be made with forethought and judgment.

## COUNTRY DOCTORS.

THE following appeared last week in the columns of the *Graphic*. We quote it entire, in order that our strictures may do no injustice to its writer.

“Persons engaged in any vocation of an intellectual character should have opportunities of refreshing their minds and acquiring new ideas. The long vacations at our public schools enable the masters to keep abreast of the world and well in advance of their pupils. Doubtless, in the old days, the cathedral was a place whereto the parochial clergy were wont to resort, to learn the right defence against the new heresies. Country doctors, we take it, would be far more efficient if they could come to town and walk the hospitals again every three or four years. Medicine is not a science, nor ever will be, unless some one discovers what *life* is; but medicine, as an art, is of remarkably rapid growth. Every day there seem to be new modes of treatment, new chemical combinations, new instruments of surgery. Of these things the country practitioner has no knowledge. Hence, if you have the ill fortune to be taken ill at a distance from London, you had better at once tele-



graph for your medical adviser. In some parts of England, the doctors are so far behind the day, that you might almost as safely be taken ill in India."

Our first question as to the above remarks must be, Are they in any sense true? To this we believe that any one, who will give the subject a minute's thought, will return an emphatic negative. There are degrees of intelligence and degrees of skill in our own profession, as in all others; but these cannot be estimated by place of residence. The ratio of those who are behind their day is probably as great in cities as elsewhere; and the only real difference is, that a patient in a city has his choice, whilst in a village he may chance to have none. Take a hundred village practitioners, and the same number from a city; and, allowance being made for a few among the latter who have had special opportunities, the average of talent will probably be the same. Why should it be otherwise? Are there no means of keeping abreast with the progress of knowledge but by periodic returns to the schools? Are we relapsed to the middle ages? and is the professor's lecture the only possible source of information? We had thought that the printing-press had in fact almost superseded *vivus voce* instruction, and that by its aid the inconveniences of provincial residence had been practically annihilated. In some respects, country surgeons have advantages over city residents. They are thrown more completely on their own resources; and in many instances we believe that, as a matter of fact, they are more careful to secure good libraries of reference, and find more time for reading, than their town *confères*, who but too often trust to obtain their knowledge in easier ways. That the original stock does not differ in town and country, all will admit. Metropolitan teachers not unfrequently note with regret the absorption into out-of-the-way places of their very best pupils. A man may rust in a city as well as in a village; and of the majority who settle in the country, it may be said with the fullest meaning, *Caelum non animum mutant*. The sagacity, industry, and common sense, which would have made a first-rate hospital surgeon, had the Fates willed it, make, under other circumstances, a first-rate country doctor, invaluable to all around him.

That the editor of the *Graphic* might find in the country, here and there, doctors who are stupid and old-fashioned—men who are not members of our Association, and who do not even avail themselves of the advantages offered by our cotemporaries—all will admit; but he might find such also within a mile of his own office. He has surely forgotten that the most beneficent of medical discoveries was born in the brain of a village surgeon.

Having recorded our conviction that the statements contained in the offensive passage we have quoted are not in any sense true, we have next to ask whether there is about them an appearance of truth sufficient to warrant an intelligent non-professional editor in recording them. Here, too, we must reply in the negative. The suggestions we have made are such as might have occurred to any thoughtful mind; they are such as ought to have been carefully considered before statements of this kind were printed. We are compelled to say that the ignorant thoughtlessness of the writer is only equalled by his bad taste.

#### RETURNS OF SICKNESS.

A FEW suggestions as to the issue of *national returns of sickness* have been prepared by Mr. James Lewis of the Registrar-General's office. We are glad to know from one who has had much practical experience in such work, that there would be no insuperable difficulty in the way of publication of the returns within a week of the date to which they refer. His proposal deals only with such returns as might be obtained from the Poor-law Service. He suggests that each medical officer should send up to the central office his list of new cases during the previous week, and that the list should be made up on Saturday nights. These returns, making allowance for accidental delays, might be expected to be ready for compilation at the office on Wednesday, and might, he thinks, be published on the following Saturday. He is in favour of weekly rather than quarterly or annual publication; but there will

be differences of opinion as to whether in beginning the plan it might not be well to be content with a less frequent issue. Mr. Lewis discusses also the question as to whether such reports should be prepared, in the first instance, by the medical officer or by the union clerk, and decides very properly that the duty should devolve on the former, who, in consequence of his familiarity with the matter in hand, would do it both more readily and more correctly than a non-professional clerk. By whomsoever performed, the labour will of course be remunerated.

We have already, on former occasions, urged the importance of sick returns. Although statistics of all kinds are open to a thousand fallacies; and although these would, perhaps, be more than usually in danger, yet they would, without doubt, be of great value. It is impossible to foresee all the directions in which fruit might be expected from them; but there is enough in clear view to make us very desirous that the plan should be carried out. Apart from their obvious importance to sanitarians in supplying information as to the prevalence of contagious maladies, and others of the so-called preventable class, we might hope, indirectly, to glean from them much new knowledge as to the probable causes of disease.

Let us take an instance—one, perhaps, not by any means of the best which could be adduced. There is no doubt that the British population in many districts still suffers much from the influence of malaria; yet the effect of this agency is, perhaps, scarcely shown at all in our returns of deaths. Now the returns of sickness will, it is fair to expect, soon denote the localities where malaria is rife; and, having found that out, we shall then be in a position to examine any peculiarities which the death-returns of such districts may exhibit, and thus not improbably be enabled to assign the correct cause to maladies in which it has hitherto been but little suspected. Nor will it be alone as a remote cause of fatal maladies that facilities for the investigation of the influence of malaria will prove of interest. We may find that other diseases, not usually of a fatal tendency, exist in excess in its districts, and may be enabled thus to sketch in more detail, and with a bolder hand, the features of this wide-spread and very important enemy to health. Following such increased accuracy in knowledge, corresponding improvements both in prevention and treatment would be certain, sooner or later, to result.

Inquiries as to local habits, diet, and occupations, would follow from the observation of peculiarities of disease. Unexpected facts might possibly be encountered as to the influence of race; and the labours of local workers as to meteorology, physical geography, and geology, would acquire a fresh goal and a new stimulus.

In reference to these matters, we have another subject to mention, and it is this, that it is very desirable that better returns of sickness should be made by our Hospitals. Some attempt—a very useful and laudable one—in this direction has already been made at Newcastle, under the auspices of Dr. Philipson, whose returns are published by the Northumberland and Durham Medical Society. Increased accuracy in diagnosis ought to be obtainable at public institutions of this class; and the compilation of accurate statistics of disease, both of out-patients and of those admitted to the wards, ought to be amongst the recognised duties of all hospitals. Such data would supplement, in the most important way, the facts supplied by Poor-law observers. A great drawback to zeal in the record of such facts is that, after they have been laboriously got together, but few persons read or use them. If, however, the statistics were collected with more uniformity of plan, and in better detail, we feel confident that this assertion as to their neglect would, year by year, become decreasingly true. The statistics of sickness is almost a science in itself, and it needs careful study and preparation on the part of those who would profitably cultivate it. Why should we not have a statistical section in the Royal Society of Medicine? Excellent work might be done by a little organisation, by the preparation of suitable case-books for special subjects, nosology-tables, etc. Materials are fast accumulating which will soon enable such a body to prepare systems of nomenclature for public use which would be greatly in advance of those now used.

### WAS LORD BROUGHAM INSANE?

THIS question is discussed in a paper by Dr. Daniel H. Tuke, read at the annual meeting of the Medico-Psychological Association held at York in August, and published in the *Journal of Medical Science* for the current quarter. Every one who knows the political history of the period during which Lord Brougham figured, knows the lamentable errors of conduct which he committed, and the consequent loss of *status* in Parliament and in the Cabinet which he sustained. To what was this blight in his splendid career to be attributed? Most of his contemporaries and critics have referred it altogether to blameworthy actions originating in unworthy motives, to acts of selfishness and vanity for which he was entirely responsible, and for which he most justly suffered. Dr. Tuke comes forward as his apologist, and suggests that the well-known eccentricity of his father, transmitted to the son, became at certain periods of his life something more than this—an active form of mental disease—and reasonably accounts for some at least of his strange actions, and relieves him to a large extent of moral responsibility. Hence, he thinks, we ought to pity rather than condemn. The author brings forward many circumstances in Brougham's history calculated to support this solution of the problem of his political career; but although he strongly inclines to adopt it, he wishes the opinion he has expressed to be considered more suggestive than dogmatic, and as subject to the correction which further knowledge of Lord Brougham's private mental history may throw upon it. The following extracts will show the author's conclusions. For the proofs we must refer to the article itself.

"That Brougham's mental condition at the periods of his life to which I refer was something more than mere eccentricity—that there were times when a certain latent insanity seemed to break out and assume an active form—will, I think, be deemed highly probable by those who will do me the favour to listen to the circumstances in his biography, to which I wish more especially to direct attention." . . . "If—as I venture to suggest—there lurked in the nobly endowed mental constitution of Lord Brougham a latent germ which, on several occasions, was developed into an actual frenzy, it explains why his colleagues and his royal master were so startled as to resolve on the course of exclusion they so firmly pursued; it explains the presence, in his portrait, of a 'blur,' as Miss Martineau, in her recent work (*Biographical Sketches*), happily expresses it, 'where Lord Brougham should have been.' Charity ought to rejoice to find a legitimate excuse for the irregularities of genius; and the biographer must be either malicious or ignorant who, not availing himself of it, condemns them as inexcusable crimes, or treats them with unfeeling levity. To the subtle disorder of those delicate mental forces, whose integrity is essential to sustained power and success, will be attributed the extraordinary fact that the successful Chancellor who enjoyed 'a greater supremacy and popularity than any of his predecessors (Cardinal Wolsey alone excepted),' and was dubbed Henry IX by the bar, not only fell from his high estate, but never rose to office again, or to a commanding position as an independent statesman, although living six-and-thirty years longer, and in the possession of so many remarkable mental gifts."

AN anonymous donor has presented £6000 for equal division between the Bradford Infirmary and Fever Hospital.

GOVERNMENT has decided to prosecute the father of the Welsh fasting girl.

JOHN WILLIAM WELLS, a druggist, has been sentenced to eighteen months' imprisonment with hard labour for attempting to procure abortion. He was acquitted, lately, on a similar charge.

AN epidemic of diptheritic sore throat has, during the last sixteen months, caused seven hundred deaths in a population of about 30,000, at Ibraila on the Danube. The rate of mortality is said to have been 50 per cent.

THE Weekly Board of the Middlesex Hospital has acknowledged, in the *Times*, the receipt of a cheque from G. H. P. of New York, as a thank-offering for care bestowed in the Hospital upon his late mother thirty years ago.

*Nature*, referring to the fact that considerable anxiety has for some time past prevailed as to the existence of danger attending the use, storage, and transport of mineral oil, remarks that the facts of the case are sufficient to show that there is great need of further legislative action in this matter—a need which has long been felt by those engaged in the mineral oil trade—and that there is every reason to believe that a well-digested enactment, providing for the safe transport, storage, and use of mineral oil, would be of great benefit, not only to the public at large, but also to those engaged in all branches of the trade connected with this useful commodity.

### HUNTERIAN ORATION.

AT the meeting of the Council of the Royal College of Surgeons, held on Thursday last, Mr. Samuel Solly, F.R.S., was elected Hunterian Orator for the year 1871.

### THE GENERAL MEDICAL COUNCIL.

THE General Medical Council has been specially summoned by the President to meet on Thursday, February 24th, to consider a communication received by him from the Lord President of the Privy Council.

### ATTEMPT TO PROCURE ABORTION.

JAMES WILKINSON, said to be a Surgeon of Summer Lane, Birmingham, is in prison at Shrewsbury on the charge of using an instrument to procure abortion. The complainant is a young woman named Anne Hughes of Market Drayton.

### NEGLECT OF VACCINATION.

DR. SEATON has called the attention of the Guardians of Mile End to the progressive mortality from small-pox in their district, and recommends more stringent enforcement of the Vaccination Act. During the last six months, only 731 vaccination-papers have been used, though the births have been, during the same period, 1715.

### A RELIEVING OFFICER FINED.

A RELIEVING officer has been fined twenty shillings for neglecting to visit a woman suffering from rheumatism, who was without bedding. The defence was that the person who applied for the relief (*not the sick person*) had previously spent charitable gifts on drink.

### HYGIENE IN TURKEY.

A HYGIENIC Council (says the *Journal of the Society of Arts*) has been created in the Turkish Empire, for the purpose of improving the drainage and street scavenging, and applying general measures for securing cleanliness; it will also have under its care the improvement of civilian hospitals.

### UNIVERSITY COLLEGE HOSPITAL.

DR. FREDERICK T. ROBERTS has been appointed Assistant-Physician to University College Hospital. Dr. Roberts is a distinguished graduate of the London University, was for several years Physician to the Liverpool Northern Hospital, and has lately acted as Demonstrator of Anatomy at University College.

### SUSPECTED POISONING.

A MAN of the name of Miller has died at Exeter under circumstances leading to the suspicion that he was poisoned by his wife. A shopmate gave evidence at the inquest that Miller had complained of very severe pain in the stomach, directly after meals, for the last six months. This always occurred when he took his meals at home. For a time he resided with his father and mother, and then he had no pain. A neighbour deposed to hearing the husband cry out "Murder?" and "It's killing me." The deceased and his wife had often quarrelled, and the latter had already been married twice. Mr. Bankart and Mr. Phelps made a *post mortem* examination of the body, and could find no cause for death. There was no ulcer of the stomach. The inquiry has been adjourned to afford of an examination of the contents of the stomach, etc., by a competent analyst.

## THE CHATHAM LOCK HOSPITAL.

THE Chatham Government Lock Hospital is now ready for the admission of patients. It affords accommodation for eighty-eight beds, but in the meantime only forty of these will be used, as the contract with St. Bartholomew's Hospital, Chatham, for that number of patients does not expire until the end of next month.

## VETERINARY EDUCATION.

THE Council of the Royal College of Veterinary Surgeons has resolved to raise the value of its diploma by adding a clinical examination to the examination *visu voce*, which has hitherto formed the sole test of efficiency. It has not yet been decided upon to institute a written examination also, but we hope that this addition will be made before long.

## THE POOR-LAW MEDICAL OFFICERS OF BETHNAL GREEN.

THE *Poor Law Chronicle* has good reason to believe that the proposal made by the Bethnal Green guardians to reduce the Poor-law Medical Staff from seven to three has been finally abandoned. We see that at any rate the appointment of the four annually elected officers has been confirmed for a period of three months, during which time it is to be hoped that the guardians will come to their senses.

## ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.

A MEETING of the Association of Medical Officers of Health will be held at 7.30 P.M., on Saturday, February 19th, at the Scottish Corporation Hall, Crane Court, Fleet Street, when the following communications will be made. "Observations on Suggestions by Mr. Jas. Lewis for National Sickness Returns," by Dr. E. Ballard. "On Professor von Pettenkofer's Views of the Relation of Subsoil Water to Enteric Fever," by Dr. Geo. Buchanan.

## LUNATIC ESTABLISHMENTS IN SWITZERLAND.

ACCORDING to the *Allgemeine Zeitschrift f. Psychiatrie*, new asylums are in course of construction at Lausanne and at Königsfelden. The building at Lausanne is not expected to be finished in less than two years. At Lucerne, the convent of St. Ursula will probably be transformed into an asylum for two hundred and fifty patients. The asylum at St. Pinningsberg has been greatly improved; the Psychiatric Congress was held in it on the 28th and 29th August. At Préfargier, a villa has been prepared for the reception of private patients. Near Berne, a colony for thirty patients has been founded; there are a few cells, which are ventilated by propelled air.

## PERILS OF PRESCRIBERS.

AN inquest has been held at Mile-end, at which a piece of very ill-judged medical evidence was given, and the case needlessly complicated. A child was born to a single woman, and, as it was dead, and as the mother had secured no attendance, an investigation very properly took place. It came out before the coroner that the woman had been for a long time an out-patient at the London Hospital; and the medical man who was concerned having obtained sight of a bundle of hospital prescriptions, and having noticed one containing the sulphate of iron, informed the coroner and jury that the medicine given was one likely to have caused the premature delivery. So seriously was this suggestion entertained, that the inquest was twice adjourned in order to get to the bottom of it. On the last occasion, both Dr. Fenwick, the medical officer at the London Hospital under whose care the patient had been, and Dr. Woodman, his clinical assistant, attended, and by them the coroner's suspicions were at length put at rest. As Dr. Woodman had prescribed last, it was upon him chiefly that the charge rested. What the charge was, we really cannot conceive. Whether suspicion was entertained that Dr. Woodman intended to bring about what had occurred, and had thus been guilty of felony, or whether it was merely intended to examine as to the wisdom of prescribing steel in pregnancy, we cannot tell. If the former, it was absurd; if the latter, impertinent. It was proved that nothing stronger than the efflu-

vescing ammonio-citrate had recently been given to the woman, and that the prescription for the sulphate, which had induced the surgeon to express the opinion that he offered, was given about a year ago. It was further stated that Dr. Woodman had correctly diagnosed the girl's condition, and had warned her of it. On her denial, he had also informed Dr. Fenwick, who, after examination, had confirmed the fact. As she was anæmic, the tonic was very properly continued. Thus ended this ado about nothing. We cannot but think that the chief medical witness in this case gave a hasty and very injudicious opinion, thereby causing to two of those whose interests he was bound to protect great loss of time and much annoyance. He ought to have looked carefully at the dates, etc., of the prescriptions before he spoke as to their effects; and in giving an opinion to non-professional hearers, he should have taken care that it was well founded, and have carefully guarded it against misconception.

## GOVERNMENT INQUIRY AT PENRYN.

DR. THORNE THORNE, one of the Inspectors of the Medical Department of the Privy Council, has just visited Penryn, in Cornwall, making inquiry into the prevalence of fever in that town. It is stated in a local paper that the Inspector had informed the Town Council—the local authority for sanitary matters—that he intended to inspect personally every yard and house in the place, and report upon them; and our contemporary adds, that it is time that the nuisances which exist in the town should be thoroughly investigated, some of the worst being on the premises of persons of position. If this be the case, the Privy Council have not certainly moved too soon in the matter.

## SANITARY STATE OF BRIDPORT.

DR. BUCHANAN, one of the Medical Inspectors of the Privy Council, has recently been making an inquiry for his department into the sanitary state of the town of Bridport. If we mistake not, Bridport is an old offender, and the present is not the first time that it has been favoured with Governmental notice, and reminded that it should set its house in order. We should be glad if some penalty attached to places where these inquiries were demanded—such, for instance, as making the rates of the place repay the expenses incurred in inquiries resulting from local neglect and perversity.

## M. GROUT.

M. GROUT, who some years ago created much interest in the medical profession here and on the continent in consequence of being the subject of a congenital deficiency of the sternum, has entered the medical profession, and is practising medicine as Dr. Groux at Williamsburg, in the State of New York. Dr. Henry Hartshorne of Philadelphia describes, in the *American Journal of Medical Sciences*, some new observations on the case made by Dr. Upham of Boston by means of his *sphygmophone*. Dr. Hartshorne also states that Dr. Groux has in his will provided arrangements by which, in case of his death in any part of America, a complete examination of the body shall be made.

## DOUBTFUL ECONOMY.

THERE has hitherto been under the control of the Minister of the Interior (Home Secretary) in Italy, a divisional department of Public Health. This department, it is said, is to be abolished, and its duties are to be distributed among the other divisional departments of the Interior. Our contemporary *L'Imparziale* justly remarks that it is the more surprising that such a step should be taken by a minister who was once a medical practitioner, and who, in rising to his present high position, cannot have failed to perceive the social importance of public health in a civilised country. However great may be the necessity of measures of economy, care should be taken to prevent the loss which they may produce from surpassing the benefit which they may bring to the public treasury; and the few thousand *lire* which the suppression of the Public Health Department will save the State, will most probably not compensate the evils which the country will suffer through an imperfect administration of sanitary affairs—affairs which require to



be regulated in an uniform manner by skilled men, who alone can keep up with the progress of hygiene and social medicine. An alleged reason for the suppression of the department is the desire to decentralise, and to place greater power in sanitary matters in the hands of the provinces and communes; but this should merely have required a diminution of the staff of the department, and not its suppression. The Italian Ministry, our contemporary rightly observes in concluding his remarks, has committed an error in suppressing the department of Public Health, and has shown that it does not appreciate the fact that a well organised system of hygiene is a condition essential to the moral and intellectual progress of a country, and is the first source of wealth and material prosperity.

#### SMALL-POX AT BRIGHTFORD.

THE medical officer of the Brentford Union states that a tramp, suffering from small-pox, was admitted a fortnight ago, and that, since that date, twenty-six cases of the disease have occurred, one of them with a fatal result.

#### THE CONTAGIOUS DISEASES ACT.

In consequence of the opposition shown by the inhabitants of Canterbury, the Commissioners who visited the town on Wednesday stated that Government would alter the situation of the station to one less exposed to view.

#### ASSOCIATION OF MEDICAL PRACTITIONERS OF THE DEPARTMENT OF THE SEINE.

THIS Association held its annual meeting last week. The report stated that, during 1869, 26,450 *francs* (£1058) had been distributed among seven members, 26 widows or children of members, and 25 persons not belonging to the Association. Legacies amounting to 20,540 *francs* (including one of 18,000 *francs*) were announced; also donations varying from one of 1500 *francs* (from M. Nélaton) to 20 *francs*—the total amount of donations being over 9000 *francs*.

#### ACTION FOR DAMAGES RECEIVED IN A FALL FROM A RAILWAY CARRIAGE.

A YOUNG woman, named Warburton, has recovered £500 damages from the Midland Railway Company for injuries received in a fall out of a railway carriage. She was in a second-class carriage by herself, and, just after leaving the Kentish Town Station, leaned against the door, which flew open, and she was precipitated on to the ground. She was picked up insensible and carried to St. Mary's Hospital. It was at first thought that she had been thrown out by some one. She was insensible for a long time. She remained in the Hospital from June till August. Dr. Handfield Jones, Physician to St. Mary's Hospital, gave evidence for the plaintiff. He considered her to have suffered from a severe concussion. The right side had partially lost sensation, and her memory was defective. Mr. Staveley, House-Surgeon of St. Mary's Hospital, said she had been unable to carry on an intelligible conversation, and had been partially insensible for five weeks. Mr. Holt, of the Westminster Hospital, gave evidence for the company. He thought she would recover in six months.

#### DEATHS FROM HYDROPHOBIA.

A BOY, 10 years of age, has died of hydrophobia, near Carlisle. He was bitten by a dog in several places on January 8th. The wounds were cauterised by a surgeon. Symptoms showed themselves on the 29th, and he died on February 2nd. It is stated that he complained of great pain in his head, chest, and hand, and *his body became rigid*. Two surgeons made a *post mortem* examination, and gave it as their opinion that the cause of death was hydrophobia.—A man, aged 52, has died of hydrophobia in the Dundee Infirmary. He had been bitten on the hand by a brown retriever seven weeks previously. The wound did not heal till the end of three weeks. He remained well for about four weeks, when, feeling unwell, he went to the Infirmary. He had to be confined in a strait jacket the greater part of the time, till his death. He had been a very temperate man. The *Glasgow Herald*

states "that no case of hydrophobia has occurred in Dundee since 1817. In that year three women, bitten by one dog, died from the effects of the bites."

## SCOTLAND.

A DISPENSARY is to be immediately opened at Port Glasgow. Mr. Moffatt, an ex-town-councillor, has subscribed £100, and all the medical gentlemen have offered their services gratuitously for 12 months.

#### ABERDEEN UNIVERSITY LORD-RECTORSHIP.

MR. GRANT DUFF is the only candidate. He will, therefore, will be elected to-day.

#### PERTH INFIRMARY.

THE annual general meeting of the subscribers to the county and city of Perth Infirmary took place on Monday. The report was, on the whole, satisfactory. A new wing for convalescent patients has just been opened.

#### DEATH DURING THE ADMINISTRATION OF CHLOROFORM.

A DEATH has occurred, during the administration of chloroform, on the operation-table at the Alloa Hospital. Sir James Simpson administered the anæsthetic: Sir James, however, informs us that the symptoms shown render it doubtful whether the patient died from the effects of chloroform. We hope to be able to give full details next week.

#### SPECIAL HOSPITALS AT GLASGOW.

AN opposition has been, we observe, got up to the scheme for a new Ophthalmic Hospital at Glasgow. A memorial against the proposal has been signed by forty medical men resident in the locality, which is supposed to be in such urgent need of additional provision for diseases of the eye. They state that at least an equal number who have not signed sympathise with their movement. The old reasons against the multiplication of special hospitals are put forward, and, we think, with considerable force. Ophthalmology is no novelty in Glasgow; and the Institution with which the name of Mackenzie was long connected still flourishes. There can also, we hope, be little doubt that the authorities of the Infirmary will, before long, see the advisability of organising a special department for it within their walls. We have written so much on this subject of late, that we have some fear of wearying our readers with it. We take it that professional opinion is strongly opposed to the formation of small independent institutions, and in favour of the classification of patients and the formation of special departments at our large ones. In connection with the latter, the administration may be expected to be liberal and the elections open; whilst in the former, but too often the chief promoter and his friends are there destined to constitute also the staff. We should be loth to write anything calculated to discourage true zeal in the cause of science; and we earnestly wish for all the ophthalmic talent in Glasgow a fair field. Our sympathies are, however, with those who oppose a second special Hospital. At the same time, we cannot but wonder at the apparent apathy of the Governors of the Infirmary who might, by the organising of departments, confer a great benefit on the poor, facilitate the training of their numerous students, and take the wind out of the sails of movements of a doubtful nature for the establishment of detached specialities.

## IRELAND.

THE College of Physicians' visitation is again postponed, owing to the illness of the Chief Baron.

DR. FREKE has been elected Physician to St. Patrick's Hospital for Lunatics, in room of the late Dr. Croker.

THE President of the College of Surgeons (Mr. McNamara) has invited about a hundred leading citizens and professional men to meet the Lord-Lieutenant at dinner on Saturday next in the College Hall.

## MUNIFICENCE TO HOSPITALS.

It is rumoured that a great part of the vast fortune of the late Mr. Egan of High Street has been bequeathed to the Dublin Hospitals.

## LECTURE ROLLS.

THE Board of Trinity College have informed the medical lecturers and hospital teachers of Dublin that they will not receive any certificate which does not state the exact number of lectures attended by the pupil. Three-fourths is to be the minimum attendance.

## UNFOUNDED CHARGE AGAINST A MEDICAL MAN.

MR. HASLER, the Medical Officer of the Killiney Dispensary District in the Rathbone Union, has been charged with neglecting a patient named Coldclough, who afterwards died. The circumstances were investigated by the board of management, and they, after hearing all the witnesses, unanimously acquitted Mr. Hasler of all blame.

## POOR-LAW APPOINTMENTS BY COMPETITION.

MR. ERSON has moved that the Poor-law physicians in the North Dublin Union shall be given by competitive examination. This desirable change, however, would require an amendment of the Medical Charities Act; and it is said that the Bill of Sir J. Gray and Mr. Graves provides for such a system of election.

## ROYAL COLLEGE OF SURGEONS, IRELAND.

At a large meeting of the Fellows, held on the 8th instant, the President, in the Chair, the following resolutions were unanimously agreed to.

"1. That this College has learned with regret that the Board of Trinity College, Dublin, has lately adopted the very unusual course of dismissing from the post of Clinical Surgeon to Sir P. Dun's Hospital a Fellow and Councillor of this College, a proceeding, which, this College has been informed, was adopted by the Board of Trinity College, without any open investigation into the assigned cause of complaint, although a full inquiry was repeatedly requested by the surgeon in question. The condemnation of any individual without full and open investigation is a proceeding of which this College disapproves, and, in the case of a Fellow of the College, is one against which it feels it to be its duty to protest.

"2. That the College desires to tender to Dr. McDowell the expression of its entire sympathy in the unjust treatment to which he has been subjected, and is of opinion that the high professional rank and position which he has for many years occupied, convey an assurance of professional ability which, so far as the College, in the absence of the challenged inquiry, has been able to learn, remains unaffected by the course which has been adopted towards him.

"3. That we consider it expedient that the foregoing resolutions be published in the medical journals and in the Dublin morning papers."

## PATHOLOGICAL SOCIETY OF DUBLIN.

At last Saturday's meeting, Dr. Law brought forward a case of aneurism affecting the thoracic aorta, whose existence had escaped detection during life. A notable symptom was the presence of general anasarca. Physical examination of the patient, a man aged 40, had given the usual signs of permanent patency of the aortic valves. On making an autopsy, atheromatous degeneration was noticed throughout the ascending and transverse portions of the aorta. The aortic valves were insufficient, and the left ventricle was concentrically hypertrophied. About three lines above the aortic orifice, and in the right and posterior walls of the vessel, a large opening, an inch and a quarter in diameter, led into an aneurismal sac of considerable extent. The right auricle was much pressed on by the tumour; and the descending vena cava was, from long continued pressure, much constricted just before opening into the auricle. This pressure doubtless explained the anasarca observed during life.—Dr. James Little showed a case of narrowing and roughening of the aortic opening occurring in a middle-aged woman. During life, the physical signs of this affection were wanting, with the exception of a localised systolic bruit heard towards the right. Dr. Little conjectured that the coexistent condition of emphysema of the lungs had veiled the murmur in the great vessels, and had so far displaced the heart downwards as to change the locale of the aortic

bruit.—Dr. Stokes exhibited a remarkable specimen of malignant disease of the pylorus and mesentery. The cancer partook partly of the characters of colloid and partly of those of scirrhus.—Dr. H. Kennedy showed the lungs and kidneys of a patient in whom, when almost convalescent from pneumonia, typhoid symptoms had supervened. Extensive disease of the kidneys was discovered on *post mortem* examination.—Mr. Stokes exhibited two foreign bodies which he had removed from the urethra. The first, a hair-pin, had been lodged in the urethra of a female, 28 years of age, for a period of three months. The second, a castor-oil-seed, lay in the urethra of a boy aged 8. A prominent symptom in the latter case was intermittent retention of urine.

## SURGICAL SOCIETY OF IRELAND.

THE fourth meeting for the present session was held on Friday week—the President, Professor Macnamara, in the Chair. Mr. Tyrrell exhibited a leg which he had amputated some days previously. The operation was rendered necessary by the extreme contraction of a cicatrix, the result of a severe compound fracture that had occurred two years ago. The foot was, in consequence of this contraction, very cedematous. Two points of pathological interest were connected with the specimen; firstly, the muscles had undergone extensive fatty degeneration; secondly, ankylosis of the ankle-joint, and softening of the bones in its neighbourhood, had taken place.—Professor Hargrave read a paper on the various methods adopted for controlling hæmorrhage in capital operations. Having referred more particularly to the use of the ligature, accupressure, torsion, and the actual cautery, he advocated the superior advantages of the first named. The material which he especially recommended to be used as ligatures was hemp.—Dr. B. F. McDowell read an interesting communication on the operative treatment of laryngitis, dwelling at length on the different modes of operation, and discussing the question as to the time when operative interference was advisable. In a case—the details of which he adduced as illustrative of his remarks—this remarkable symptom was present; namely, intense pain, referred to the base of the left lung. This pain set in with the first traces of dyspnoea, and persisted until the performance of the operation, when it instantly vanished. Unfortunately, the physical signs—if there were any—accompanying this symptom were masked by the extreme stridor and dyspnoea.

## THE NEW ST. PANCRAS INFIRMARY.

IMMEDIATELY to the west of the Highgate Small-pox Hospital, and separated merely by a narrow road, which, honoured with the name of Maiden Lane, runs rather abruptly to the foot of the hill, may be seen the new Infirmary which is henceforth to afford accommodation for the sick poor of the parishes of St. Pancras, St. George's and St. Giles's, the Strand Union, and the Westminster Union. It is little over a year since Mr. Wyatt, the then Chairman of the St. Pancras Board of Guardians, laid the foundation stone of the building, and already it is verging on completion, and will shortly be in a state fit to receive its full complement of 500 beds. At present, there are in the western wing about ninety St. Pancras patients, removed thither by the special orders of the Poor-law Board. They are under the charge of the temporary medical officer, Mr. Dyte; and the nurses at present on duty have been sent for the time from the Nightingale Institution. The Infirmary consists of two long and continuous ranges of ward buildings, 270 feet in length and three storeys high, running north and south, and connected by a central corridor 300 feet long. This again bisects the central block of buildings containing the administrative department, kitchens, stores, laundry, etc. In the rear of the grounds, and barely overlapped by the southern extremities of the general wards, are the ophthalmic, syphilitic, delirium, and itch wards, and the padded rooms, forming a goodly sized building of three storeys high. The male wards are in the west side, and the female to the east of the Infirmary. In addition to the two blocks for general wards, an additional female one has been added parallel to the principal block and to the north of the corridor. The general wards are in every respect alike. They are long, cheerful rooms, 103 ft. by 22, and 14 to 16 ft. high, containing 32 beds each, and are lighted by large windows on both sides. The walls are tinted blue, ochre, or some other colour, adding a look of cheerfulness to the gene-

ral comfort of the wards seldom exceeded by any London hospital. They are lighted by gas-sunlights at night. Each ward has, at its further end, a day-room, 22 by 18 feet, partitioned off from the ward by a high wooden screen. At the same end of the ward, run off by a lobby and double doors are, on the one side, the bath-room and lavatories, and on the other the water-closets. With these we can find no fault; they are excellent. The beds are between every two windows, and the bedding is good. The cubic space allowed each patient, inclusive of the day-rooms, is more than 1200 feet. On the landing attached to each ward are a scullery, linen, and nurses' room—thus making each floor as complete in itself as could be desired. The system of ventilation is, on the whole, admirable; but we would recommend that the ventilators near the floor should be modified, as at present they are likely to cause a draught extending along the whole floor. In summer, unless blinds be furnished, the wards will be oppressively hot. The block containing the special wards is also very comfortable. Separate wards are furnished for ophthalmic, delirium, and itch cases; they are, however, smaller. The padded rooms are in every respect good and substantial. The *post mortem* room is placed in the rear of the Infirmary. It is a large airy room, but its effectiveness has suffered much for architectural appearance. The light from the ornamental roof is totally insufficient. With the amount of material which will be placed at the disposal of the staff, it is to be hoped the Board will give every facility, as they appear to be willing to do, for thorough pathological work. There is a good dead-house attached.

The central or administrative block is well arranged, and the rooms capacious. In the kitchen is a Warren's stove, alone capable of cooking for 170 people. A large mess-room is furnished for the female attendants. A separate block, containing eleven rooms, has been set apart for the Resident Medical Officers. A radical fault is the position of the receiving-rooms for patients—one on each side of the entrance-hall. Why they should have been placed here and the patients brought in at the chief entrance, we are at a loss to understand. This arrangement will be found inconvenient and objectionable. Some other position might surely have been obtained for the purpose.

The Infirmary is placed in an open situation, but has, in addition, considerable airing-grounds for the patients. The entire cost of the building will be £41,000. The architects are Messrs. John Giles and Biven, and the contractor Mr. W. Henshaw.

## ASSOCIATION INTELLIGENCE.

### BATH AND BRISTOL BRANCH: ORDINARY MEETING.

The third ordinary meeting of the session was held at the York House, Bath, on Thursday evening, January 20th. Owing to the inclemency of the weather, there was a very small attendance; viz., the President, twenty-three members, and two visitors.

*New Members.*—The following gentlemen were duly elected members of the Association and this Branch: T. Bissell Wittington, Esq., Bristol; Charles Gore King, Esq., Clifton; J. G. French, Esq., Wells; J. K. Kenyon, Esq., Wroughton, near Swindon.

Four new members were proposed, and will be balloted for at the next meeting.

*Papers.*—1. Dr. R. W. TIBBITTS read a paper on a Case of Suppurative Fever.

2. Mr. STOCKWELL gave an account of a peculiar case of Gangrenous Affection of the Skin in a girl about 22 years of age, who has been constantly under his care at the Royal United Hospital for the last three years. The gangrene commences in a small red spot; for some days previously, there is much general feverishness with pain about the right hypochondriac region, by which she is able to predicate its appearance. This red spot, in about three days, becomes black, and extends circularly for about fourteen days, when it becomes dry and begins to separate. The whole process takes about six weeks, leaving a circular granulating surface about the size of the palm of the hand; this is from two to six weeks in healing. The disease has hitherto been limited to the legs and thighs. She has had no more than fifty-five spots on the left leg and twenty on the right. When she takes cold she always has an ulcerated throat. She had, five years ago, what she called the "glass pox," i.e., numerous boils; and there is no doubt that she has been exposed to the chance of syphilitic infection. Every mode of treatment has been adopted, without success. After continued mercurial treatment, with iodide of potassium, she was exempt for a year. Free incisions around the margin of the spot, and passing a knife underneath the cellular tissue, have been the only means of arresting the progress of the gangrene.

Both papers gave rise to much discussion.

## REPORTS OF SOCIETIES.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JANUARY 25TH, 1870.

GEORGE BURROWS, F.R.S., President, in the Chair.

ANOSMIA; CASES ILLUSTRATING THE PHYSIOLOGY AND PATHOLOGY OF THE SENSE OF SMELL. BY WILLIAM OGLE, M.D.

THIS paper began with an account of three cases which had fallen under the author's observation, in which total loss of smell was produced by a blow on the head. The author attributed the anosmia to rupture of the olfactory nerves, and pointed out how these nerves were especially liable to injury from blows on the occiput, which was the part struck in each case. Each patient complained not only of loss of smell, but also of loss of taste. True taste, however, was really unimpaired; what was lost was the power of recognising "flavours," which are sensations compounded of smell and taste. These cases afforded an opportunity of drawing a clear line between taste and smell, and showed that taste is limited to the perception of acid, salt, sweet and bitter. These simple tastes compounded with smells form "flavours." Various cases were then considered which seemed in contradiction with this opinion—cases, namely, in which smell was apparently lost, and yet the perception of flavours remained. These cases were explained, and the contradiction was shown to be only apparent. A second group of cases followed, in which anosmia resulted from lesion of the nerve-centres. It was shown that anosmia was a frequent accompaniment of aphasia, and it was argued that the explanation of this is to be found in the proximity of the so-called external root of the olfactory nerve to the part of the brain usually affected in aphasia, a proximity which rendered the two parts very liable to be involved in one common lesion. The relative importance of the external and of the other roots of the olfactory bulb were considered, and it was held that the latter had little, if anything, to do in the perception of olfactory sensations. Lastly, a case of anosmia, recorded many years ago by Dr. Hutchinson, was discussed at length. A negro began, in his twelfth year, to lose his colour, and, in course of time, became perfectly white. The loss of colour was accompanied by loss of the sense of smell, almost, if not quite complete. This seemed to have been hitherto considered a fortuitous coincidence. The author argued that such was in the highest degree improbable, and accounted for the anosmia by the destruction of the pigment of the olfactory region. Numerous arguments were used to show that this pigment plays an important part in olfaction, and that the keenness of this sense in man and mammals depends, in great part, on the intensity and extent of nasal pigmentation. Reasons were also adduced for believing that pigment is of use in the reception of auditory impressions, so that there would be a certain similarity in this respect between the three main organs of special sense, the eye, the ear, and the nose. Finally, an hypothesis was advanced as to the manner in which the pigment operates, and especially as to the manner in which it operates in olfaction.

Dr. ALTHAUS complimented the author of the paper for the information which he had given on a subject regarding which little was known. Patients did not generally consult medical men on account of anosmia; hence the defect was in most cases discovered by accident. Anosmia was well known to be a not unfrequent consequence of injuries of the head; but he could not assent to Dr. Ogle's theory, that it was produced by injury of the olfactory nerves. He thought that it rather arose from rupture of blood-vessels and pressure on the olfactory nerves by the effused blood. He had observed in some cases, but not always, a combination of anosmia with aphasia. Dr. Ogle had not alluded to a case related by M. Claude Bernard of Paris, in which the olfactory nerves were found to be absent in a young woman. She was said to have had taste perfect, and to have been able to perceive the smell of flowers and of stale tobacco. In a case under his (Dr. Althaus's) care, the patient liked highly flavoured Moselle. How was this to be explained by Dr. Ogle's view as to the connection of taste and smell? He had seen anosmia associated with epilepsy; one form of the epileptic aura was a disagreeable smell, sometimes preceding the attack by several days.—Dr. BROADBENT had seen some cases of loss of smell which confirmed Dr. Ogle's remarks. In one case, after a fall from a horse, there was apparent fracture of the ethmoid bone, with loss of smell. In a second case, the patient was thrown on his back while riding; he remained unconscious for some time, and lost the power of smell. Taste was limited also, as in Dr. Ogle's cases. He had under his care a woman who had epileptiform attacks which commenced on the left side. After one or two attacks, she rapidly lost sight; and, four months



ago, she lost smell and taste. He thought that in Claude Bernard's case an inference as to smell had been drawn from the fact that the woman was fond of flowers. He could not agree with Dr. Ogle as to rupture of the olfactory nerves; nor as to the importance of the external root of the olfactory nerve. The middle and external roots were, he thought, of greater importance.—Dr. WEBSTER said that affections of the sense of smell were very common in insanity; he thought that the disorder was real and not merely imaginary. Was there any relation between the whitening of animals in winter and a change in the power of smell?—Dr. LEARED would like to have some information on cases where smell and taste were functionally disturbed without any history of injury. In a case of the kind under his care, he had, for want of a better explanation, assumed the existence of "concealed gout." He had lately under treatment a case of epilepsy, in which the attacks were preceded by an agreeable smell resembling that of peach-blossoms.—Mr. R. B. CARTER knew a gentleman who had lost smell and taste, but who derived some pleasure from putrescent meat. He had, also, an increased power of using alcoholic drinks without becoming intoxicated.—Mr. BROOKE said that Dr. Ogle's paper conveyed the idea that the universal medium of communication between external objects and the organs of sense was vibratory motion; and this was in accordance with what he had himself advanced in his work on the *Elements of Physics*.—Mr. GASCOYNE had seen two additional cases of adhesion of the palate. In one, the patient desired an operation on account of the loss of smell. He had not consented to operation. In his cases, there was a small opening, and he had advised the patients to wait, which they had done with decided advantage; the thickening had subsided, and the opening had become larger. In another case, a lady had syphilis twenty years ago. About twelve years ago, she lost the bones of the nose, including the turbinated bones. She had neither taste nor smell; objects could be rubbed on the hard palate without producing taste.—Mr. SAVORY remarked, as to the effect of poisonous herbs on animals of different colours, that it was said that they all ate them, but were differently affected. Again, there were certain idiosyncrasies irrespective of colour. Dr. Ogle explained the absence of smell in some cases by the shutting off of the current of air; but closure of the anterior nostrils prevented taste also. If the olfactory bulb were a true ganglion, injury of its roots should not affect the sense of smell.—Dr. OGLE replied to the remarks of the various speakers; and the meeting adjourned.

#### PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, JANUARY 11TH, 1870.

RICHARD QUAIN, M.D., President, in the Chair.

MR. GEORGE LAWSON exhibited a lad whom he had trephined in April 1866, on account of a Stellated Fracture of the Frontal Bone, caused by falling on the stone pavement, the height of thirty feet. The boy made a rapid recovery, and left the Middlesex Hospital in six weeks. After about a month's rest, he returned to his work about the stables, and became a waiter. About eighteen months after his discharge from the hospital, he was readmitted, with the following curious set of symptoms. On October 21st, 1867, he had severe headache, chiefly referable to the site of the scar; this, however, passed off towards night. Four days later, the pain in the head returned, accompanied by giddiness, and some projection of the thin cicatrix. By the next day, the swelling had reached the size of half a hen's egg, and was hot and painful, and associated with a high degree of fever. He now came under the care of Mr. Shaw, who suspecting that the symptoms might be due to pressure from pent-up pus, pricked the scar with the point of a lancet, when some clear fluid exuded, and continued to trickle. When, on the morning of October 27th, a thick crop of herpes appeared by the side of the mouth, all the febrile symptoms at once began to subside; and from this time until October 30th, the tumour gradually lessened, but continued to discharge the same clear fluid in a daily decreasing quantity, until on that day the exudation ceased, and the swelling wholly subsided. The boy left the hospital quite well, and has continued at his work, which is now in the stables, up to the present time. He has never since suffered from headache. At the time of the appearance of the herpes, the fluid, which was clearly cerebro-spinal, ran so quickly that an ounce was collected in one hour. It also seemed to run more freely during sleep than in the daytime. It was alkaline, containing only a trace of albumen, and no sugar.

Dr. HILTON FAGGE exhibited two living specimens of Tinea Tonsurans of the Nails, in members of a family of five, all suffering from ringworm. In the mother the disease was in yellowish brown spots, and not so soft as in the child, except around the roots. The disease began as a fungus, with eczematous roots. Microscopically, the spores

were remarkably large.—Dr. BRISTOWE had observed the disease in a child. In this case the head was affected, as also were those of several other members of the family. The disease in the nails began in the roots like a dry blister, but it differed from Dr. Fagge's case in that the tubules in the head-affection were as large as those of the nail. He considered that there was a difference between these and those of favus.—Dr. TILBURY FOX thought the size of the fungi of no importance, as this depended most probably on the degree of moisture in the part.

A report was read from Dr. BEIGEL and Dr. MOXON, on Dr. CLAPTON'S case of Rupture of the Heart. They considered it a *post mortem* accident.

Dr. PEACOCK exhibited a case of Malformation of the Heart from a cyanotic girl, aged 15, who had tubercle in her lungs.

Dr. PEACOCK also showed a True Aneurism of the Apex of the Ventricle in the second stage, from the body of a man, aged 73.

Dr. PEACOCK next brought forward a small Ulcer of the Stomach, perforating the splenic artery, from a girl, aged 15, who had suffered from dyspeptic symptoms, and profuse hæmatemesis. She suddenly died in St. Thomas's Hospital in one of these attacks.

Dr. FERGUSON showed the Vermiform Process taken from the body of a boy, who had been seized, after playing at football, with sudden pain in the right iliac fossa, extending to the hypochondrium, with a hard cordlike feeling. There was no history of previous illness, and no tubercular disease. The vermiform process was found tilted forward, lacerated, and containing a quantity of small calculi, the nature of which had not, however, been ascertained.

Dr. MOXON showed a specimen of Primary Hydatid of the Heart. The case was very rare; but the exhibitor's desire was to draw attention to the fact, that the hydatid, which was situated on the back of the heart in and about the place of meeting of the septum of the auricles with the septum of the ventricles, had, by its pressure, totally occluded the coronary sinus; which, where it crossed the hydatid, was closed up by old adhesions of its compressed surfaces, so firm that the track of the sinus could not be reopened. Traced from its opening in the right auricle, the sinus formed a tube about half an inch long, which ended in a blind extremity. It was difficult to conceive how the circulation in the heart was maintained. There were pericardial adhesions; these did not appear to contain any unusual amount of blood-vessels, but were delicate, easily torn, and consisted only of a little common connective tissue. This case proved the heart to have some power of establishing a collateral circulation under occlusion of its only considerable vein.—Dr. BASTIAN thought that there was no good reason for employing the word primary in connection with the case. It was a mere matter of accident where the hydatids were formed.

Dr. MOXON also showed a specimen of Tubercular Meningitis of the Spinal Dura Mater. The dura mater was thickened to twice its natural thickness, and its inner surface was studded with fine grains throughout the whole extent; in the recent state, its vessels were unnaturally injected with blood. It was remarkable that the spinal dura mater should be thus diseased, while the dura mater of the cranium escaped; for, in the four cases in which Dr. Moxon had seen this condition, the cranial dura mater had been healthy. He could give no reason for this; but it was interesting to note that the dura mater of the spine is purely meningeal, while that of the cranium is also periosteal. The observation he believed to be new. No microscopical examination had been made.—Dr. POWELL had seen particles in the membrane covering the upper part of the spinal cord.—Dr. BASTIAN had reported a case of small papillary growths on the dura mater, fibro-nuclear in structure, but presenting more the appearance of villi on the inner surface of the parietal bone.

Dr. MOXON showed a case of universal Thrombosis of the Renal Veins, occurring during chronic albuminuria, through an attack of pyæmia. The patient underwent an operation for old disease of the femur, and died in thirteen days with symptoms of pyæmia. The usual results of pyæmia were found in the body, but the kidneys, which were very large and beautiful examples of the pale lardaceous kidney, had all their veins full of curd-like *ancle mortem* clot. This was the fourth case in which Dr. Moxon had seen general thrombosis of the renal veins. In all the cases there was a damaged state of the kidneys; twice, the kidneys had been injured in cases of fractured spine (these cases are in *Guy's Hospital Reports* for 1868), and, in the other case, there was an interesting likeness with the present. It was a case where, during old albuminuria, an attack of typhus fever had caused the coagulation. In all the cases it appeared that a general febrile state, acting together with the local renal disease, so lowered the vitality of the kidney that its blood coagulated while yet the rest of the blood continued to circulate.—Dr. TILBURY FOX said that, according to Virchow, it occurred in acute nephritis, or in any condition likely to retard the flow of blood.

He alluded to the thorough description of renal thrombosis given in the *St. George's Hospital Reports* for 1842.

Mr. T. SMITH exhibited thirty-one Calculi removed by lithotomy from a Hindoo, aged 35, at Dacca. At the end of the tenth day, the man was almost completely well.

Dr. WILSON FOX brought forward a case in which there was extreme distension of the Jugular Veins. During life, they appeared of the size of a little finger; and a systolic murmur heard at the junction of the ensiform cartilage, but not elsewhere. The heart's impulse was distinct. After death, the tricuspid valve was found to be thickened at the edges, and measured four and five-sixths inches in circumference. The chordæ tendineæ were shortened. The heart was hypertrophied. There was marked emphysema of the lung.

## CLINICAL SOCIETY OF LONDON.

FRIDAY, JANUARY 28TH, 1870.

JAMES PAGET, Esq., F.R.S., President, in the Chair.

DR. OPPERT related a case of Syphilitic Laryngitis in a girl, aged 24, who came under his care on January 8th, 1870. She had been previously treated for phthisis, but had a maculo-papulous eruption, ulcers of the throat, and affection of the larynx. Next day the symptoms were alarming—pulse 130; respirations 40; temperature 104° Fahr.; the patient was scarcely able to breathe, with barking cough, the epiglottis was much swollen, nearly closing the upper aperture of the larynx; this was ascertained by the introduced finger. Tracheotomy was performed by Dr. Oppert, and no cannula used afterwards. The patient could at once breathe comfortably. She was subjected to the hypodermic injection of sublimate of mercury. When presented to the Society, the symptoms of syphilis had almost completely disappeared. The wound was healed. The diagnosis from consumption was based on the syphilitic symptoms, the absence of physical signs, and the character of the fever and temperature, as ascertained by the thermometer. It was noteworthy that there was no slightly exacerbation of the fever, as in consumption, the heat of the body being generally not over 97° Fahr. The drawbacks of the treatment by injections could not for a moment form an objection to their use in this case.—In Mr. BERKELEY HILL's experience of this method, a grain salivated.—Dr. BUZZARD remarked on the discomfort produced by the subcutaneous injection of the remedy.—Dr. ANSTIE asked if local ulceration was common, as he had seen this produced in one case.—The PRESIDENT remarked on the occasional production of ulceration, and said that the larynx remained in these cases still affected.—Dr. OPPERT, in reply, observed that half-a-grain sometimes produced an effect on the gums, that ulcers not unusually took place, and that the pain produced by the injection was sometimes considerable.

Mr. BERKELEY HILL brought forward the notes of three cases of Thoracentesis, with the object of eliciting opinion respecting the value of this operation when applied to the cure of the varieties of pleuritic effusion—a method, which he ventured to think, had not received sufficient attention. The points which, Mr. Hill thought, most particularly demanded consideration were the following. 1. The removal of fluid from the pleura need hardly ever cause much danger or suffering. 2. Whenever effusion is copious, it is prudent to withdraw it to relieve dyspnoea and ward off a sudden fatal termination. 3. The usual mode of leaving chronic effusions to natural resorption may be advantageously replaced by tapping, whenever the condition of the patient is stationary, and the pyrexia abated; the longer the fluid has existed the more urgent becomes the need for tapping, to enable the lung to expand before it has lost its power of doing so. 4. After tapping serous effusions, the wound should always be closed, at least until repetition of the evacuations had shown that cure would not be so effected; then to tapping injection of iodine or other irritants should be added, but in these cases the admission of air should be scrupulously avoided. 5. Where the fluid is purulent, the admission of air is immaterial, provided a free and continuous exit is maintained for the pus; and this free drainage is a cardinal point in the cure. One case illustrated the benefit from continued drainage by a tube passed across the chest through two openings; the second, the benefit which even cases of long-standing empyema, where the cavity will not contract, may obtain from frequent washing out with tepid water or other injections. The third showed how readily a serous effusion may be absorbed, even during the progress of rapid pulmonary phthisis, and in this case evacuation gave temporary relief of a considerable amount, though it did not cure the effusion.

Dr. DOUGLAS POWELL read a paper entitled Notes on Paracentesis Thoracis, in which he related two cases illustrating the use of an instrument, consisting of a branched trochar, connected with elastic tubing, so as to form a siphon, to which is attached, by means of a T-tube, a mer-

curial pressure-gauge.\* The objects of this addition, he stated to be, to ascertain the fluid pressure within the chest, and to inform the operator as to the degree of negative pressure obtained at different stages of the operation, and its effects upon the respiratory movements. Dr. Powell strongly advocated early operation, and the steady treatment of cases of effusion into the pleura from the first. He thought that repeated tapings, with the employment of an amount of siphon power adapted to the case, also injections of iodine or other fluids, if necessary, should be adopted in cases of chronic empyema. He greatly deprecated the admission of air during the operation, (1) as having a dangerous tendency to set up suppurative pleurisy, (2) as, on mechanical grounds, rendering expansion of the lung impossible during its presence.—Mr. CROFT had drawn off fluid from the chest in a case, under Lister's method. The opening was closed with carbolic oil. On the sixth day, it was displaced, and the discharge became offensive, but the case did well afterwards, injections of carbolic acid having been used.—Dr. BURDON SANDERSON said that, in the treatment of empyema, most surgeons are agreed that the opening should be free, because it is undesirable to allow increased accumulation of fluid, and pressure on the lung; and also because of the blood-poisoning, from the fetid character of the pus. Dr. Sanderson thought it immaterial whether one or two openings were made. A condition of pressure should be produced less than that of the atmosphere in health; and to do this, a sufficient quantity of fluid only should be drawn off. There were two risks from infection in letting air into the pleural cavity, that from pus, and that from the air itself which enters; it would, therefore, be well to use a tank-method for drawing off the fluid. Some cases of empyema resist tubercular disease for a long time, but, after the opening, this occurs from the introduction of matter.—Dr. SILVER had seen the method proposed by Dr. Powell, except that there was no siphon, employed at Manchester, not only in empyema, but in peritoneal effusions. Flakes of lymph sometimes collect, and stop up the mouth of the tube, as he had seen in one case.—Dr. SANDERSON said this can generally be obviated by producing a reverse action in the tube.—Dr. ANSTIE asked why paracentesis thoracis should not be usually performed in cases of pleuritic effusion, immediately after inflammation has subsided. He wished to know if any application had ever been proved to cause reabsorption.—Mr. CALLENDER remarked that Mr. Thompson, of Westminster, had proposed a trochar similar to that exhibited.—Mr. BERKELEY HILL observed, in reply, that when one opening only is made, a large quantity of fluid is left.

## HARVEIAN SOCIETY OF LONDON.

THURSDAY, JANUARY 20TH, 1870.

W. F. CLEVELAND, M.D., President, in the Chair.

THE President delivered his inaugural address.

Dr. C. ROYSTON related a case of Muscular Atrophy. The patient, a medical man aged 50, married, of sanguineous temperament, had been in active practice for twenty-five years. Two-and-a-half years since he first perceived loss of power in the left thumb and index finger, which gradually increased, till the arm was of little use. Next, there was diminished power in the left leg; the muscles in each extremity becoming wasted. Subsequently, the right arm and leg became affected, and he is now unable to move about. The brain is as active as ever, and the memory good. His general health is very good, except occasional attacks of bronchitis, or lung-congestion, from exposure. He has tried arsenic, galvanism, strychnia, and cod-liver oil, without benefit. The only remedy that has done good is the compound syrup of phosphate of iron (the so-called "chemical food"). His appetite is moderate; mastication is good, deglutition with fluids a little impaired. He has had cramp and involuntary twitching in the extremities occasionally.

Dr. WYNN WILLIAMS read a paper on Puerperal Fever. He considered that the disease might be divided into two classes; one depending on simple inflammation, the other on specific poison. The same tissues of the body might be attacked in either case. In the one, the disease was usually confined to one organ, in the other, it was almost general from the commencement. He considered that the poison was always due to the presence of putrid animal matter, and of course septic, in no way differing from the septic poison which is seen in the male, or in the non-parturient female; that it might be produced at any time by introducing the products of animal decomposition under the skin of the parturient or non-parturient; and that the only difference was in the peculiar condition of the parturient female. He did not agree with those writers who believed it might be caused by the expo-

\* Mr. Howdley, of Eldonham Street, Bond Street, has made this instrument in a compact form.

sure of the lying-in woman to the peculiar poison of scarlatina, small-pox, typhus fever, erysipelas, etc. The *post mortem* appearances differed in no essential form from those found in the bodies of those who died from pyæmia after surgical operations. If the obstetrician had been attending a case of puerperal septicæmia, or indeed septicæmia occurring in any one, he should place himself in a small room or closet, place some scales of iodine over a spirit-lamp, and allow himself to be surrounded by its fumes.—The President, Dr. Day, Dr. Thomas Ballard, Mr. Sewell, Mr. and others, took part in the discussion that ensued.

## OBSTETRICAL SOCIETY OF LONDON.

FEBRUARY 2ND, 1870.

GRAILY HEWITT, M.D., President, in the Chair.

DR. WILTSHIRE exhibited an Ovarian Tumour removed by him, and made some remarks on Sir James Simpson's proposal to treat the pedicle by a long acupressure needle.

DR. WILLOUGHBY read a case of Cicatrices from a Burn requiring Division during Labour. The patient was a primipara, 20 years of age. When a child, she had been severely burnt. A firm fibrous band was discovered, preventing the separation of the thighs. Dr. Willoughby induced labour at the eighth month. When the head descended on the perineum, it stretched this band. Eventually, it was necessary to divide the band by four marginal incisions, after which the head passed without difficulty. This patient made a good recovery.—Dr. G. C. P. MURRAY related a similar case which had come under his observation. Perineal incisions were necessary; after which, the labour terminated favourably.

DR. WOODMAN made some observations on the Administration of the Preparations of Iron during Pregnancy. For several years, he had given them without observing any bad results. In this, he had followed the practice of the late Drs. Ramsbotham and of Dr. Barnes. In order to avoid the production of vomiting, or to disorder the stomach, he preferred, in many cases, the ammonio-citrate in an effervescent form. But he had often given the perchloride, the carbonate, sulphate, and other forms without ill result. He had been greatly surprised to hear a medical practitioner in Mile End attribute an abortifacient effect to a simple effervescent mixture containing ten grains of the ammonio-citrate of iron. Indeed, he told the jury so, who had been summoned to an inquest on an illegitimate child, which was born at the eighth month without assistance. The medicine had been taken for three months with good effect. No mention was made of abortifacient properties in preparations of iron in any of the works on materia medica and therapeutics to which he had access. Dr. Taylor, indeed, mentions that some of the preparations of iron had been *taken* for the purpose, but so had almost every conceivable substance.—The PRESIDENT said that probably all practitioners were in the habit of prescribing iron in the anæmia of pregnancy, and that he had never witnessed bad results of any kind.

DR. ROUTH read a paper on a case of Absence of Vagina. He first saw the case with Miss Garrett. There was a dilated urethra; no vestible of a vagina existed, and the uterus could be felt *per rectum*, distended with fluid, about two inches above the anus. The bag felt *per anum* very thin, as if it would soon burst. Dr. Routh wished first to open *per rectum*, and, at a later period, proceed to the formation of a new vagina. After a consultation with Drs. Greenhalgh and Rogers, and Mr. Spencer Wells, it was decided to make a new vagina at once, and to open the uterus through it. This was easily effected, and the patient, at first, did pretty well. The fluid was helped in its exit by the injection of a weak solution of iodine, and the new vagina was kept clean by a weak solution of carbolic acid. On the seventh day, a sudden shock seemed to occur, and the patient died in a few hours, with all the symptoms of internal hæmorrhage. A *post mortem* examination showed a rupture of the right Fallopian tube. The tube did not communicate with the uterus; nor did the left, which was also a little dilated. There was no inflammation. Dr. Routh passed in review several analogous published cases.—Dr. PLAYFAIR described a case of imperforate vagina which had come under his notice. The patient was a healthy looking and well developed young woman, aged 23, who had never menstruated. She had, however, a regular monthly nîsus. On careful examination *per rectum*, no distended uterus could be made out, and the vagina was entirely absent. He came to the conclusion that there was congenital absence of the uterus, but that, judging from the menstrual nîsus, the ovaries were present; and, therefore, he did not advise any operation. A successful attempt to form a vagina was afterwards made, and no uterus was found. This was more than a year

ago; and it had been necessary to keep the vagina distended with a porcelain plug.—MR. SPENCER WELLS thought Dr. Routh's practice the best that could have been adopted. Supposing the distended state nîsed during life, and the sac had been punctured through the rectum, of the Fallopian tube, discovered after death, had been accurately recognised, the distended uterine cavity would not have been emptied, and the cavity of the Fallopian tube would have been left open into that of the peritoneum, as soon as the cannula was withdrawn. Puncture of a distended Fallopian tube, or a distended uterus, through the rectum, could only afford temporary relief, and it exposed the patient to the danger of fecal gas entering the peritoneum as the fluid escaped. But opening the vagina gave the same temporary relief with less risk, and afforded permanent relief to the patient. Further observation is required to tell us whether, in cases of retained menstrual fluid, it is better simply to remove the obstruction, and leave the fluid to escape gradually, or to press it all away, and wash out the cavity by iodine injections. Mr. Wells had seen several cases where no ill effects whatever had followed the opening, and he had not yet learned why, in some cases, the operation simply afforded relief, and in others, led to imminent peril or death.—DR. WYNN WILLIAMS thought that two operations were required: one to empty the dilated Fallopian tube, the other the uterus. Had this plan been pursued, he did not think that the accident, which proved fatal, could have occurred.—DR. PHILLIPS called attention to the contracted state of the uterus in Dr. Routh's case; and to the apparent development which its tissue had undergone. He was inclined to think that the cause of the dangerous symptoms frequently following operation, was the escape of some of the retained menses along the Fallopian tubes into the peritoneal cavity, caused by the uterine contractions excited by the operation.

DR. BRAXTON HICKS read a paper on Puerperal Diseases. The paper comprised reports of eighty-six cases, which occurred to him in consultation in private practice; and they presented an aspect, different from hospital cases, which the author considered of value. They occurred after simple labour, all those in which operations had been performed having been excluded. The treatment had also been excluded, in order not to draw off attention from the points desired to be noticed. Instead of classifying the cases according to *type*, he took *cause* as the basis of arrangement. He thought that, in many cases, the diseases might be advantageously viewed in this way. He divided the cases into two groups: first, those in which the cause appeared certain; secondly, those where the cause appeared uncertain. In the first group, which took in 66 cases, he placed scarlet fever as being the most numerous—viz., 36. These were divided into those in which the rash was present—19; and those in which there was no rash, but where the patient had been exposed to the risk of contagion—15; and two others, in which persons in the same house had sore throat, but whether of distinct scarlatinal origin or not was not clear. Dr. Hicks discussed the nature of the rash in the less marked cases, and how far it was similar to the rash of surgical pyæmia; and whether the latter were really distinct—a point difficult to say, unless we could be certain that the patient had or had not been under the influence of scarlet fever before admission. Regarding the patients without rash, but who had been exposed to the chance of contagion, he reminded the Society of the varieties of scarlet fever in the non-puerperal state, as also of those cases which had no rash and had sore throat; and showed how, even in those cases, in which the puerperal patient was unquestionably attacked, the usual symptoms were modified; that is to say, the throat and glands were but slightly affected, and the rash nearly always appeared simultaneously over the body. The other symptoms were like those of so-called puerperal fever; so that, if the rash were added to the typical disease, no difference could be observed. These facts, he argued, should prepare us to believe that a disease entering the puerperal woman may become so modified as to produce symptoms more or less differing from the ordinary one. He dwelt upon the advantages which would be derived from more generally studying the modifications of disease under varying conditions, particularly the exanthemata, admitting, at the same time, the necessity of distinctly defining disease. At any rate, he considered the occurrence of puerperal fever, with exposure to the poisons, a wonderful circumstance if a mere coincidence. Viewed in another way, out of 32 cases of typical puerperal fever without a rash, half had been exposed distinctly to the contagion of scarlet fever; of the other half, it could only be affirmed that no such cause could be detected. Six cases of erysipelas connected with parturition were given, showing the slight influence of this disease in private practice. In two instances, the attendants became affected with erysipelas of the face after the mother had become attacked by puerperal fever. Six cases of diphtheria, and two, apparently from typhoid or typhus, were also given. Next came nine cases where serious symptoms arose from decomposition of the uterine contents. After alluding to his paper read before the Leeds



meeting last year, the author pointed out the analogy of a poison derived from this source, and one derived from without. Only one case of puerperal fever had occurred, which could be clearly traced to the medical man having attended a similar case. This was pointed out as very satisfactory, because formerly the conveyance of this disease was largely owing to the attendants. After considering the influence of maniacal symptoms on the puerperal state, the cases were gone into which seemed to have no external origin, of which, twenty were reported. There were some in which symptoms appeared early in labour, of which, the symptoms appeared of a different kind to those which came on about the third to the fifth day. Some of the others were simply local, and probably traumatic, while others belonged to the typical puerperal fever. The various causes which might have produced dyscrasia in these, were alluded to; and, in conclusion, the author thought that the cases showed that the parts bruised and abraded by the forces of labour, tended to recovery; that if any animal poison, such as of zymotic disease, were imbibed by the patient, the system might be so rapidly affected, that death might ensue before the ordinary symptoms showed themselves; or that they might show themselves in a more or less modified form, or in a manner so distinct that its origin escaped detection; that, under these influences, the parts which should have recovered tended to serous effusion, which might go on to suppuration; or inflammation might arise at once or separately in the uterus or its neighbourhood, viz., metritis, cellulitis, peritonitis, etc., and from these the system might again be affected by pyæmia and all its secondary affections, embolism, phlegmasia dolens, etc.; so that the patient was not only subjected to the influence of the primary poison, and to the local troubles thence resulting, but also to secondary blood-disturbance, the effect of the local mischief. So, also, offensive lochia would poison the system, and cause local irritations; but these, again, might affect the blood by pyæmia, etc. In like manner, any depressing influence, mental, aerial, functional, etc., would tend to retard recovery of the bruised parts, so that they might go on to serous effusion, suppuration, etc., and end, perhaps, in pyæmia and its results. Looking to the fact that, out of 86 severe puerperal diseases, more than three-fourths had been connected with exposure to animal poisons of one kind or another, the author endeavoured to impress upon all the great importance of removing these causes from the parturient woman, and particularly alluded to separation where scarlet fever existed in her house.

The discussion on Dr. Hicks's paper was postponed till the next meeting.

## CORRESPONDENCE.

### HEREDITARY SYPHILIS.

SIR,—The able review of my article in Holmes's *System of Surgery*, contained in your JOURNAL of the 20th ult., suggests some questions of so much public interest, that you will allow me a word in reply.

In a very fair and candid spirit, your reviewer asks, how do I "account for the transmission of syphilis to the ovum, and thence to the mother, years after the secondary stage has passed by in the father?" To this, I might answer that I have no very distinct ideas as to when the secondary stage in syphilis may be said to terminate, and the tertiary begin. I have seen, for instance, a node on the sternum, which would generally, I suppose, be considered a tertiary symptom, present itself before the eruption on the skin. But, taking for granted for the sake of argument, that there is some fixed and definite time at which secondary symptoms, as manifested on the skin, cease to be inoculable, it does not, in my opinion, at all follow that hereditary transmission of disease should cease at the same period. The internal structures of the body may yield a diseased secretion capable of imparting syphilis long after the skin has ceased to do so.

Again, your able reviewer reconsiders the cases of hereditary syphilis appearing late in life which I have given, and notices particularly "the case of a syphilitic subject who has escaped acquired symptoms, though exposed to contagion, who married, and whose wife, some time afterwards, had an eruption supposed to be syphilitic." Your reviewer suggests that the wife in this case might have had acquired syphilis, and have communicated it to her husband. But, had this been the case, the symptoms in the man would not at first have been a mild eruption on the skin, but some form of primary disease.

In relating cases of this nature, for very obvious reasons, detailed particulars cannot be published. But I may say that the evidence of the wife not having had acquired syphilis in this case is as satisfactory as such evidence can be. I have now seen quite a number of cases in which symptoms, which I have believed to have depended upon hereditary syphilis, and which I have successfully treated as such, have appeared

both before and after puberty, and have continued until the patients were thirty or forty years of age. That these patients did not suffer from hereditary symptoms as children, I will not say, but, in several of them, no record could be obtained of such affections.

I have to thank your reviewer for noticing in my article some omissions, which I trust will in future be supplied.

Savile Row, February 2nd, 1870. I am, etc., HENRY LEE.

### CROUP AND DIPHTHERIA.

SIR,—I do not quite agree with Dr. George Johnson, that membranous croup and diphtheria are one and the same disease. According to my experience, however, the croup, which was so common in practice thirty years ago, has become rarer in the present day. It appears to have been influenced by diphtheria. In the early years of my practice, children used to be attacked suddenly with croupy cough, which was to be cured by antimonials and mercury, and leeches; and very frequently a child would be suffocated in six hours, without the slightest appearance of inflamed tonsils. After death, the larynx and trachea (one or both) would be found lined with the well known white exudation, very different in appearance from the wash-leather-looking thing termed diphtheria. There can be no doubt also, that the active treatment, adopted in membranous croup thirty years ago, saved thousands of lives.

But no one in his senses would think of so treating diphtheria. Instead of that, we apply caustics, and give steel and stimulants. I do not think I have seen a single case of the membranous croup of thirty years ago, during the last five years.

I am, etc., C. R. BREE, M.D.  
Colchester, January 25th, 1870.

SIR,—Permit me to reassert my claim of having written the essential distinctions between croup and diphtheria, in Reynolds's *System of Medicine*; also, to state that in those articles due recognition is given to the labours of the French pathologists, to the works of Bretonneau, and to other French writers on these subjects. That the views of the French school are not merely adopted "*pur et simple*," is not only because many cases of undoubted diphtheria occur, without extension of false membrane, but because their *stridulous laryngitis* can only be made co-extensive with our *croup*, by excluding all the serious cases that we meet. To draw the line between certain cases of croup and of diphtheria is confessedly difficult. Dr. George Johnson would make the pathological difference (for I do not suppose he would deny that there are any secretions or inflammatory products in croup) to depend upon the character of the exudation on the mucous surface; I have based the distinction (admitting the pathognomonic value of the exudation) upon the integrity of the mucous membrane itself.

There is a close correspondence, or even identity, in the objects aimed at by Dr. Johnson and myself, if these are to bear witness to the frequency with which cases of diphtheria come under our notice with croupal symptoms as the first indications of disease;\* and, to guard against the possibility of treating cases of diphtheria as cases of croup (the distinctive differences of these diseases are most marked in their later stages, and are sharply defined) in the articles to which I have referred, the differences in their early stages have been most dwelt upon, as then the indications of treatment are of most importance. In diphtheria, the false membrane, when first formed, cannot be detached by emetics, while mercurials rather tend to increase than to limit its extension; in this disease the injurious influence of even a single dose of calomel is soon seen, while the effects of a second dose in croup is often remarkably beneficial. In the doubtful cases, which are always the most severe, if we bear in mind that tracheotomy is likely to be the only appeal against the "fell arrest," and take care that we do nothing in our treatment to prejudice the prospect of recovery after that operation, we shall not greatly err.

I am, etc., WILLIAM SQUIRE.  
6, Orchard Street, Portman Square, January 31st, 1870.

P.S.—It is worth remark that infantile laryngitis has of late years been separated from croup because of this very pathological point which I consider insufficient; viz., the formation of false membranes. It is closely connected with croup etiologically, in which respect both are associated with epidemic influences, and not with diseases of the

\* The *croup d'émousse* of the French: croup with them signifying an extension of diphtheria, generally from the fauces, to the larynx and trachea. While attending the *clinique* of Trousseau at the Hôpital des Enfants Malades, my attention was aroused to the great divergence of our nomenclature by the first lecture on croup, which, then to my surprise, had reference to a case of vaginal diphtheria in the wards of the hospital.

respiratory organs. By an arbitrary separation such as this, has it become possible to speak of infants under six months of age being exempt from smallpox? From the earlier annual reports of the Registrar-General for Scotland, it appears that the deaths from this cause were as numerous in the first three months of infantile life as at any other periods, excepting the second or third years. W. S.

### PROPOSED DERMATOLOGICAL ASSOCIATION.

SIR,—Having been requested to act as honorary secretary (*pro tem.*) to the proposed Dermatological Association of Great Britain, I would feel obliged by your allowing me to draw the attention of the profession, and especially of those gentlemen who take an interest in cutaneous medicine, to the fact, that the above-mentioned Association is now in course of formation, chiefly for the purpose of continuing the publication of a journal devoted to that branch of medicine. The annual subscription will be fixed at *tos. 6d.* Several well known physicians and surgeons have already signified their intention of becoming members of the Association. I shall be happy to enter the name of any gentleman wishing to join. As soon as a sufficient number of names have been received, the office-bearers, etc., will be appointed.

I am, etc., H. S. PERDON, M.D.

5, College Square East, Belfast, January 28th, 1870.

### THE SEPARATION OF MEDICINE AND SURGERY

SIR,—I was somewhat puzzled by a remark made in your JOURNAL respecting the separation of medicine and surgery in the amalgamation scheme. You say "its results would be deplorable." If this be the case, how is it that our Association always has separated its sections as is now desired by the Obstetrical Society?

If a society is composed of sections, and these sections, though held together by the central council, are to attend each to its own subject, what sense is there in uniting two of the number, and only two? Either form as many sections as subjects, or make a single medico-chirurgical society of them all. What is the use of uniting that which is already one? But if medicine and surgery are to be injured by meeting on different nights, what results must ensue if their clinical application is considered also on separate nights? But medicine and surgery should go *hand in hand*, and not as *Siamese Twins*.

I am, etc.,

J. BRAXTON HICKS.

St. Thomas Street, January 31st, 1870.

\* \* We still think that there would be serious loss in any attempt to further separate medicine and surgery. After certain special subjects have been detached (and very cautiously) from both, a large majority of subjects concern both physicians and surgeons. There are some which, we admit, do not do so, but, speaking generally, any classification which should favour the formation of arbitrary distinctions, which should exempt the surgeon from the study of medicine and deprive the physician of the excellent lessons which surgical practice affords, would, we think, be detrimental to progress. We should like them to continue "hand in hand" as heretofore, or even to unite in yet more close friendship.

## UNIVERSITY INTELLIGENCE.

### DUBLIN UNIVERSITY.

TRINITY COLLEGE.—The following circular has been sent to all the clinical hospitals and medical schools in Dublin. "School of Physic, Trinity College, Dublin, February 5th, 1870. Dear Sir,—I am directed by the Provost and Senior Fellows of Trinity College to enforce the rule requiring of all candidates for the degree of Bachelor of Medicine in Trinity College, a *bona fide* attendance upon three-fourths of each of the courses of lectures attended by them in the medical schools and hospitals. In future, all certificates of attendance on lectures, or hospital lectures, must state the attendance of the student; and no certificate of lectures or hospitals will be accepted for the degree of Bachelor in Medicine which does not guarantee the following minimum attendances. 1. Winter Course, 42 attendances; 2. Summer Course, 30 attendances; 3. Hospital Lectures, 48 attendances.—I remain, dear sir, your obedient servant, SAM'L. HAUGHTON, Medical Registrar, T.C.D."

CORK LYING-IN HOSPITAL.—The Treasurer has received £90 from Professor Jack, of Queen's College, being the proceeds of a concert given by the Cork Musical Society.

## MEDICAL NEWS.

### THE MEDICAL COUNCIL.

THE Medical Council has been specially summoned to receive a communication from the Government, having reference chiefly to the formation of Joint Examination Boards, or amalgamations of licensing authorities.

### ROYAL COLLEGE OF SURGEONS.

At the meeting of Council, held on Thursday, Mr. Gay's motion, seconded by Mr. Smith, for publication of the minutes within five days after each meeting of Council, was carried in principle by an amendment proposed by Dr. Humphry and seconded by Mr. Charles Hawkins. The report respecting the holding of meetings of Fellows and members was unanimously adopted. Mr. Simon's motion was adjourned to next meeting.

We have pleasure in again stating that all goes smoothly between the two Colleges as regards the conjoint board of examination—all matters being so amicably arranged that a meeting of the Committees of the two Colleges with that of the Society of Apothecaries will take place on Saturday next; and another between the Committees of the Colleges and the Universities very shortly.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH: DOUBLE QUALIFICATION.—The following gentlemen passed their first professional examinations during the January sittings of the examiners.

Barry, Francis, co. Wexford

Wray, C. J. Hill, co. Antrim

The following gentlemen passed their final examinations, and were admitted L. R. C. P. Edinburgh and L. R. C. S. Edinburgh.

Browne, John Martin, Dublin

Lindsay, Francis, Wexley, Cork

Conway, James Syman, Limerick

M'Donald, Alexander, Kinross

Deely, William Burke, Galway

Mason, Eyre Henry, Charles, co. Clare

Donovan, Denis Dempsey, co. Cork

O'Brien, Joseph, Dungarvan

Dunlop, William, co. Derry

Patersen, John Dalgleish, Glasgow

Dwyer, Michael Christopher, Tuam

Robinson, Andrew R., Claude, Canada

Finnlay, George, Trinidad

Skinner, David, Kingskettle

Hutchinson, John, Beattock

Stone, George, Lancashire

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At a meeting of the Council on February 10th, the following gentleman, having previously been elected Fellow of the College, were admitted as such:

Kelly, Frederick, Wandsworth Road; diploma of membership dated May 26th, 1868.

Nossair, Arthur, Park Street, Grosvenor Square; August 24th, 1866.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—The following gentlemen passed their final examinations, and were admitted Licentiates of the College, during the recent sittings of the examiners.

Alloway, Thomas J., Queen's County

Macfee, James, Buteshire

Bonthon, C. C., Buchanans, Fife

Moorhead, Wm. Robert, co. Monaghan

Gillies, John, Skye

Struthers, James, Douglas, Fifehire

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, February 3rd, 1870.

Hogg, Christopher Haynes Jenner, High Escall, Salop

Lee, Edward Samuel, 4, Savile Row, W.

Petch, Richard, Shotley Bridge, Durham

Robinson, Richard Swanne, Gray's Inn Road

Stanger, William, Nottingham

Weston, Thomas Brodribb, Devonshire Place, Wandsworth Road

The following gentleman also on the same day passed his first professional examination.

Hickman, Richard, St. Mary's Hospital

### MEDICAL VACANCIES.

The following vacancies are declared:—

BALFARNHAM UNION, co. Galway—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Kiltormer Dispensary District: 14th. Medical Officer and Public Vaccinator for the Ahascragh Dispensary District: 2nd.

BATH UNION—Medical Officer and Public Vaccinator for the District of the Bath Dispensary: 1st.

BELPER UNION, Derbyshire—Medical Officer for the Markeaton District. BRADFORD INFIRMARY AND DISPENSARY—Physician.

BRISTOL ROYAL INFIRMARY—Assistant House-Surgeon: applications, 25th. EAST WARD UNION, Westmorland—Medical Officer for the Brough District.

ENNISCORTHY UNION, co. Wexford—Medical Officer for the Killann Dispensary District: 2nd.

EVELINA HOSPITAL FOR SICK CHILDREN, Southwork Bridge Road—Physician: applications, 16th.

FACULTY OF PHYSICIANS AND SURGEONS, Glasgow—President.





## AN ORATION

DELIVERED BEFORE

## THE HUNTERIAN SOCIETY,

February 9th, 1870.

By THOMAS BRYANT, F.R.C.S.,  
Assistant-Surgeon to Guy's Hospital.

WHEN this Society was instituted, fifty years ago, "for the promotion of medical and chirurgical science"; its name, "Hunterian", selected; and the motto chosen, "Ratio Societatis vinculum"—its founders had clearly before them, as leading practical truths, that the practice of our profession should be based on science; that it should be pursued in the spirit which animated the immortal John Hunter; and that its claims upon public estimation should be mainly those of reason. They saw the value of cooperation in the pursuit of these high objects, by feeling its wants; and they consequently gave it effect. They started with a high principle to guide them, and invoked the spirit of the great physiologist and surgeon, John Hunter, to help them to compass their ends; and they bound their small professional society together, as they deemed the larger society of mankind should always be bound together, by the immutable and godlike, because god-begotten, power—the bond of reason.

The objects were noble, and deserved success; and the means employed for carrying them out seem likewise to have been judicious. Let us now, therefore, on this the first general meeting of the Society after the lapse of the first fifty years of our Society's existence, stop, ere we start again on our onward course, to inquire what success has attended our efforts during the long years that have passed—in what points weakness has been displayed, and in what strength; to take stock, as it were, of our professional capital, to see what we have gained and what we have lost, in order that we may form a just conception of the work which we have in hand, and gain some hints as to the paths into which our future labours should be directed.

And surely, in doing this, we can but be carrying out the practical objects for which this annual oration must have been founded; for we have it on the authority of our first president and orator, Sir W. Blizard, that this Society was established, "not in the spirit of illiberal opposition; not for the proud display of knowledge; not for the acquisition of prevailing eloquence by the suppression of modest feeling; not for the cultivation of the sophistical art of veiling error in the garb of truth; not for any purpose but the promotion of medical and chirurgical science by oral communications of recently ascertained facts, ingenuously and simply stated, and by perspicuous written comments on truths which have not been duly cultivated." And it is but just to believe that this oration was established to inquire into the value of the facts which have been ingenuously and simply stated, and to enforce still more powerfully the value of such truths as have not been duly cultivated.

On the present occasion I propose, therefore, to inquire what advance surgical science and art have made during the last fifty years; to trace, where I can, the causes of that advance, and sum up its substance—drawing my illustrations mainly from the well-kept records of this Society; making the history of "the past a factor to buy up experience for the present, and enabling the purged eye to look into the seeds of time."

To do this, I have spent some very instructive and amusing evening hours; for I have read, in the *Transactions* of this Society, abstracts of, and discussions on, papers which were written by men who have been magnates in our profession, and whose names are still venerated, and authority acknowledged. I found, at one time, these great men gravely discussing subjects of the highest magnitude, feeling their way towards truths that are now recognised by all, and forms of practice that are now established; whilst, at other times, these same men were as gravely occupied in detailing cases with their treatment, and discussing questions that excited not only a smile of amusement, but a feeling of astonishment that such things could have been within the memory of living man. To check these feelings, I consequently threw my mind back for half a century, and recalled the fact that, fifty years ago, physiology was little understood; and pathology, as a science, was unknown—it was only a name. Organic chemistry had not yet been applied to man, healthy or diseased. The microscope was a toy. The

stethoscope was not in general use. The laryngoscope and ophthalmoscope were undiscovered. Orthopaedic surgery was unknown. The lithotrite had not been invented. Plastic surgery was practised to a very limited extent. Bleeding was general after all serious injuries, and for most diseases, to prevent inflammation; and calomel to salivation was given recklessly, to check it. Tobacco-injections, purgatives, calomel, and bleeding, were not only commonly employed in all stages of hernia, but operative relief was put off till death was imminent. The treatment of aneurism was not settled. Excisions and partial amputations were hardly known. Quinine and morphia were not introduced; and chloroform, with all the improvements in practice that are clearly traceable to its introduction, had not been given to the world. The recollection of these facts—for such they must be called—threw a fresh light upon the acts of those about whom our *Transactions* are so rich. I may add, it produced a revulsion of feeling; the surprise that was at first caused by the ignorance that was apparently displayed being rapidly overcome by a feeling of admiration at the acumen which these scientific observers of disease displayed in clinical observation, with the help of but feeble scientific aids, and at the boldness with which they carried out their practical views.

I will now proceed to give you a few extracts from your records to support the observations which I have made, taking at first such as illustrate the backward condition of the surgical art when this Society was founded, and subsequently others in which, I think, we can trace the dawn of a better science and an improved practice, which has in our time passed into the day of pathological inquiry which we now enjoy, and let us trust a more reasonable, because more scientific, practice.

At one of the earliest meetings of the Society, on May 5th, 1819, Mr. Armiger, the first secretary, read a paper on Paracentesis Abdominis, in which he recommended the use of a small trocar, and the puncture to be made in the median line. On July 14th, Mr. Dunglison read a paper on the employment of the Moxa in the cure of many diseases. On December 29th, Sir W. Blizard stated the result of his experience in the treatment of Aneurism to be in favour of one ligature. Had these gentlemen lived, Mr. Armiger would have seen his suggestion respecting tapping the abdomen generally followed; Mr. Dunglison, the use of the moxa exceptionally employed; and Sir W. Blizard would have found his opinion on the value of the single ligature in aneurism universally accepted.

*Strangulated Hernia.*—On June 28th, 1820, Mr. P. Delagarde read a case of strangulated Inguinal Hernia operated on at St. Bartholomew's Hospital, in which bleeding to forty ounces was performed a few hours after operation, and repeated to twenty-five ounces five hours later. Calomel and antimony were given at the same time; yet the patient recovered. In the discussion that followed the reading of this case, Mr. Callaway looked upon the tobacco-injection in strangulated inguinal hernia as of no use; in femoral, it was our sheet-anchor. In support of this view, he read, on December 15th, 1824, four years later, a case of strangulated inguinal hernia in a patient aged 52, in which bleeding was performed to forty ounces; purgatives were given; the tobacco-enema used; cold locally applied; the enema of tobacco repeated in the warm bath; and taxis used—all without success. I need hardly add, that the patient died unrelieved. It is interesting, however, to read that, in the discussion that followed, the value of the bleeding was questioned; and it was thought that the use of purgatives under such circumstances was rather questionable. The question of operating was apparently never entertained. It was clearly put off as long as possible—in fact, till all other means had failed; for I find that, so late as 1836, Dr. B. Acland, senior, inquired the experience of the Society in the use of cupping-glasses to reduce hernia, even when there is stercoraceous vomiting.

*Treatment of Gonorrhoea.*—On April 10th, 1820, the treatment of gonorrhoea was brought forward. On Sir W. Blizard gave it as his opinion, that bleeding in the acute form of the disease was very useful; and that mercury might often be given with advantage, although not to the extent to which that medicine was administered in chancres.

*Retention.*—On October 20th, 1835, fifteen years later, when Mr. Travers brought forward a case of gonorrhoea and retention of urine on the second day, Mr. Key stated that he had never seen retention so early in the disease; and that, under such circumstances, he preferred the practice of abstaining from the use of the catheter, and giving mercury and henbane till the gums became tender. Imagine a modern surgeon bleeding for gonorrhoea; and, in a case of retention of urine from urethritis, giving mercury to salivation.

*Bleeding.*—Discussions on bleeding were very frequent and interesting. On October 31st, 1821, Dr. Conquest read a paper entitled Practical Remarks on Blood-letting—the chief design of which was to show the evil consequences which arise from excessive and indiscriminate blood-letting. Nine years later (December 15th, 1830), Dr. Ashwell related a case showing the inefficacy of bleeding in some

head-affections. On November 15th, 1826, Mr. Langstaff had observed very small bleedings to have been beneficial to the old people in a large workhouse. On January 21st, 1835, Dr. Babington, junior, related a case of a lady who had been bled ninety-three times in three years, and died from disease of the spleen—anasarcous. At one period, this lady had been bled every week to ten or twelve ounces. Mr. Aston Key also related a case of a medical man who lost three hundred ounces of blood in six weeks; and, strange to say, he (the medical man) attributed the preservation of his life to it. So late as 1841, Dr. Lever (then Mr. Lever) related a case of dislocation of the head of the humerus downwards, from muscular efforts, in a man aged sixty. He saw the man soon after the accident; gave nine grains of tartar emetic in two hours to no purpose; he then bled him to thirty-six ounces. The dislocation was then reduced with the heel in the axilla. From these extracts concerning bleeding, how slow it seems even good men are in throwing up the prejudices of their early education, and how long a time it takes to upset any prevailing practice.

*Lacerated Perineum.*—Let us now turn to another subject—that of the lacerated perineum. On November 23rd, 1823, Dr. Conquest said there were three or four cases on record in which sutures have been successful, but that sometimes they were irritating. He related a case in which the fetus had passed through the lacerated opening in *perinæum*, the sphincter ani and vagina being perfect. Dr. Burne, on the same occasion, related a case in which the fetus passed into the rectum and was delivered at the anus. He considered sutures to a lacerated perineum unnecessary. Nine years later, on March 14th, 1832, Mr. Key had only seen one case of ruptured perineum—in that he put in a suture. Since those days plastic surgery has made much progress, and operations for lacerated perineum are not only comparatively frequent, but very successful. I must give you some few more quaint extracts from our records, for they cannot fail to be interesting, referring as they do to men whom many of us who are present knew well, and the names of whom all respect. The following is probably the most curious. The extract is as follows.

*Operation of Tocolos for Tetanus.*—On June 16th, 1830, Mr. Aston Key read a paper on Tocolos, an operation for tetanus, in which a seton was passed down the urethra through the perineum and moved to produce bleeding. A case of recovery after it was read. The operation is described by Mariner in his account of the Tonga Islands. Fancy the grave Aston Key relating such an operation, and the members of a learned society taking it into their consideration!

*Ovarian Dropsy.*—With respect to ovarian dropsy, I find that Dr. Davies, on November 3rd, 1830, related a case of ovarian dropsy which was cured in six or eight months after taking, with occasional intermissions, a drachm of cream of tartar with some ginger. On November 3rd, 1838, Dr. Ramsbotham had never seen a case of ovarian tumour cured or arrested. He stated that Dr. Hamilton of Edinburgh recommended the tumour to be beaten by an instrument constructed for the purpose, which was sold in Edinburgh. This instrument was made of steel, and had five prongs, with a brass ball at the end of each. With this the patient was directed to strike the part for three or four hours at a time; and by this means the doctor supposed the tumour had been arrested.

It is difficult for us to picture the scene here indicated. A learned physician—the immediate predecessor of Sir James Simpson in Edinburgh—solemnly hammering the abdomen of a woman with such an instrument as I have described—which, by the bye, is very like the discharging rod of an electrical machine—under the idea that good could accrue from such a practice! Possibly here and there a cyst might have been ruptured.

*Egg Pessary.*—One more quaint extract for the physician-accocheur will conclude this series. It has reference to a pessary which, on June 30th, 1830, was recommended by an eminent physician: it was an egg. The only inconvenience found in its use was its occasional breaking.

These extracts, sir, are interesting, if not instructive. They have been given as some of the curiosities of the literature of the Hunterian Society. Richer ones, however, remain to be related; for, amongst our stores, I can assure you, golden curiosities are to be found by all who look for them. In our possession we have subjects to amuse, instruct, and suggest. I have given you some selections from the first, which I trust have been acceptable, and will now proceed to bring out of the vast storehouse before me some of the good things which have been given to us by those who have gone, and which ought not to lie hidden, and bring to light more of the hidden treasures which years of labour have brought together. Cases of interest will claim our first attention; and I propose to quote them as they have been reported. I have, however, placed together several contributions of the late Mr. Aston Key, for they are all of interest.

*Premature Puberty in a Child.*—On June 11th, 1828, Mr. Callaway exhibited an instance of premature puberty in a boy under four years of age. The child was three years and eight months old only. He was born a small child, but at nine months he underwent a sudden development of the signs of puberty. He was, when shown, three feet ten inches high, and weighed four stone nine pounds; his voice was hoarse and manly; he had not shed any of his teeth; his countenance was manly; his whiskers were pretty strong, and he had some beard; he was well formed and strong in muscle; his genital organs were fully developed; the pubes was covered with hair; he had frequent erections, and had shown venereal propensities; he was not, however, so sharp as children of his age usually are.

*Double Nipple.*—On April 6th, 1831, Mr. Roberts exhibited the model of a female breast with two nipples. They were a quarter of an inch apart, and the woman was able to suckle by either. Two nipples are not so uncommon; but I know of no instance in which both communicated by ducts with the same gland.

*Excision of Scapula.*—On November 12th, 1828, Dr. Ramsbotham related a case in which Mr. Luke had excised the whole of the scapula for fungoid disease in a girl aged 14. The operation had been performed on October 15th, and the girl was well.

*Spleen Torn from Position by Vomiting.*—On January 7th, 1829, Dr. Babington, senior, related a case of a young lady whose spleen was torn from its position by vomiting. The viscus was found after death lying in the pelvis. The illness did not occupy more than two or three days.

*Neuralgia from Foreign Body.*—On December 12th, 1832, Dr. Babington, senior, related a very instructive case: it was that of a lady who had severe pains in the head. He first saw her seven years previously, and had treated her ever since, but she had experienced only occasional relief. She had been blistered, shaved, bled, setoned, and for twelve months deprived of all animal food, without avail. On November 21st, something sharp was detected in the roof of the mouth, and a piece of wire nearly two inches long was removed. At first it could not be accounted for; but she at length recollected that in 1815 (seventeen years before), the operation for fistula lacrymalis had been performed, and she wore the style for ten years. At that time it went out of sight, and was quite forgotten. It was at this period that the pains in the head appeared; the pains were generally in the back of the head. The wire came down in the palate on the side corresponding with the canal into which it had been introduced; and since its removal the pains had much abated.

*Aneurism Treated by Pressure.*—The next case is one of aneurism, in which the treatment by pressure was employed. It was brought forward on April 20th, 1821, by Mr. Leese and Mr. Key. A man aged 42, in November 1828, had a pulsating tumour in the ham of the size of a walnut. On December 30th, he went into Guy's Hospital, when a similar tumour was detected in the abdomen. No operation could, therefore, be performed. Pressure, by means of a ring and screw, was, however, made on the femoral artery, but it was discontinued on account of the pain. He was then enjoined rest. By November 1830—two years after its detection—the popliteal tumour had acquired a large size, and burst. The man fainted; hæmorrhage was arrested by compress and bandage; and the man lived till January 31st, 1831.

*Metallic Sutures in Operation for Clift Palate.*—The next case is one in which metallic sutures were used. It is recorded as follows. On March 14th, 1832, Mr. Key related a case of operation for the union of the divided soft palate, in which success followed. It was in an officer aged 22. The peculiarities in the operation consisted in the use of metallic ligatures, which Mr. Key thought had great advantages over the silk. One advantage was their not requiring tying; but the principal was, their having less tendency to cause ulceration. When the parts in this operation could not be brought together readily, Mr. Key advised that an incision should be made through the soft palate on each side.

*Remarkable Case of Constipation.*—On October 3rd, 1832, Mr. Key read the history of a remarkable case of constipation which had occurred in the practice of Mr. Haviland of Fareham. At one period, seven months passed without relief. A female patient, aged 73, at the age of 23 or 24, always required purgatives. At length, medicine lost its effects; and intervals from two to seven days, and from seven to thirty, occurred without any unpleasant symptoms, except flatulence, etc. For the last five years, she had relief only once in two months. A medical man about this time attended her for constipation of four months and eight days' duration. His treatment succeeded; and she said she must have passed a bushel. After this, seven months passed without action or the use of means. Some weeks before death, she struck the abdomen over the colon, and inflammation resulted, followed by gangrene of one spot of the size of a crown, from which feces had escaped into the abdominal cavity.

**Post Mortem Examination.**—The body was like half a hoghead—as hard as a drum; the skin was tense and polished; the muscles were absorbed; the skin and peritoneum were transparent and as thin as a wafer; the large intestine was much distended; the sigmoid flexure lay across the abdomen; it measured nine inches in diameter; the lower part was ten and a half inches; the head of the colon was nine inches across; the small intestines were empty; their muscular coats thickened.

**Injured Hernial Protrusions.**—On January 23rd, 1833, Mr. Key read a paper on Injured Hernial Protrusions. He adverted to the mischievous consequences that sometimes ensue from endeavours to return a hernia after a blow upon it. A man in a struggle was kicked on the scrotum. Pain came on in the lower part of the belly; and this was followed by the usual symptoms of peritonitis, and he died in forty-eight hours. He denied having had a rupture; but the *post mortem* examination proved that he had been ruptured, for the lower part of the ileum was found lacerated, and the whole internal surface of the intestines inflamed.

Another man was brought into Guy's Hospital having a hernia, in which he had been struck two days before. He had vomiting, etc., which justified the performance of an operation; but, when the sac was laid open, it was found to contain pus, and not intestine. Two days afterwards, there came down an immense quantity of fecal matter; the intestine had clearly sloughed. The discharge continued for three days, and the patient recovered. Death, said Mr. Key, in these cases, does not arise from strangulation, but from extravasation.

**Hernia, with Gangrenous Bowel.**—Again, on December 14th, 1836, Mr. Key read a case of femoral hernia in a lady aged 45, in which the bowel was gangrenous. Mr. Key divided the stricture, and left the mortified bowel uncut in the wound. In six weeks the patient recovered, the feces taking their natural course. Mr. Key had seen this plan succeed in four other cases. He had departed from prescribed rules in this case, because persons usually died after a gangrenous bowel had been opened, which by itself produced extreme prostration. Also time was given for new adhesions to shut out the gangrenous bowel from the peritoneum, for adhesions brought the bowel and sac together long before gangrene took place, and the knife was not employed—perchance to destroy those adhesions and cause fatal extravasation.

What splendid surgery is indicated in these cases; how far in advance of the time in which they were related!

**Wound of Abdomen.**—On March 26th, 1834, Dr. Babington, junior, narrated a case of a woman who stabbed herself so high up in the abdomen that the contents of the stomach passed out of the wound. She was in a state of collapse afterwards, though sensible enough to be alarmed at her own act. Total abstinence from food and medicine were directed for thirty-six hours; and at the end of the second day she took castor-oil. The woman recovered.

**Fractured Thigh in an Old Man.**—On the same day, Mr. Curling related a case which Sir W. Blizard had described, of fractured thigh in a person 108 years of age, in which union took place.

**Removal of Loose Cartilages.**—On June 15th, 1834, Mr. Key reported that he had removed loose cartilages from the knee-joint four times, keeping the knee quiet for eight or ten days. No danger resulted.

**Dislocation of Knee.**—On January 21st, 1835, Mr. Key related the following case of injury to the knee. A man had his knee injured by the leg being turned outwards till the foot touched the trochanter. All the parts, except the skin, were torn through. By pressure and manipulation, the parts were replaced; and, nine months afterwards, the man was well, with good motion of the knee. A second case like it was recorded.

**Tracheotomy in Scarlet Fever.**—On January 8th, 1834, Dr. Whiting related a case of tracheotomy by Mr. Mackmurdo, in a patient of his, with scarlet fever, aged two years, in which recovery took place. He knew of no other case in which the operation had been performed for glandular swelling, etc.

**Absence of Testes from Scrotum.**—On December 24th, 1823, Dr. Hamilton was well acquainted with a gentleman who, though the scrotum contained no testes, was the father of a numerous progeny. I would commend this case to Mr. Curling's attention.

**Ruptured Urethra.**—On November 1st, 1826, Mr. B. Travers related the case of a boy, aged 14, who had rupture of the urethra from accident. He inquired whether any case of similar injury could be added. He was of opinion that it would prove an instance of distressing impotence, in consequence of no erection taking place owing to the situation of the injury, it being just anterior to the bulb.

**Fracture of Spine.**—On June 6th, 1835, Mr. Adams read a case of fracture of the odontoid process of the second vertebra. It was in a man, aged 30, who walked into the London Hospital on May 17th, and reported that, as he was descending a ladder, he fell a few feet, and pitched upon the back of his head and neck. There was no external

mark of injury. After the fall, he became deaf; and, when admitted, he was still so. He was stupid, and spoke with reluctance. The pulse was slow; the pupils acted freely. He was cupped, with relief. On the 18th, or day following, he was loquacious. On the 19th, he was delirious and required restraint. Towards night, he became unconscious. On the 20th, stertor came on, and death occurred at 10 p.m. After death, the brain was found congested, and excess of serum existed. The odontoid process was in position, but it was completely separated from the remainder of the vertebra.

**Extension in Fracture of the Spine.**—On January 12th, 1842, Mr. Luke stated that extension of the spine was frequently followed with marked relief of local pain. He brought forward the following case as an example. A carpenter received an injury about the sixth and seventh cervical vertebrae, in consequence of which, the arms were paralysed. On moving his head from side to side, Mr. Luke fancied he detected fracture at the seat of injury. On the next day, the man stated that what he had done had cured him; whilst his head was being rotated, he felt something snap and return to its place, and the use of his arms was restored to him.

**Trephining for Head-Injuries.**—On December 18th, 1844, the subject of trephining was brought on, when it was reported that Sir A. Cooper, at the latter period of his life, believed that in cases of head injuries, where the edge of the fractured bone was thrown beneath the line of the other bone, he would recommend its being raised, although the injury was not attended with any symptoms; indeed, he had often been sorry that he had not operated, though he never had occasion to regret having done so; and the reason assigned was that, though the patient might recover, yet the after-consequences were often of a very serious nature.

[To be continued.]

## TWO CASES OF COMPLICATED LITHOTOMY.\*

By EDWIN MORRIS, M.D., F.R.C.S., Spalding.

In the whole range of operative surgery, there is no operation more telling, or which shows forth the triumph of surgical science more, than that of lithotomy. Under ordinary circumstances, the operation itself is simple enough in the hands of a surgeon who is thoroughly conversant with the relative anatomy of the parts implicated. There is, however, something more necessary—that the operator should be calm and collected; and, should any difficulty arise, he should never for a moment lose his self-possession, or be hurried, but face the difficulty with great composure and confidence. And I would here remark that, when once the operation is commenced, not a word should be said or remark made to the operator—as to do so mystifies, confuses, and is trying to the surgeon—unless he himself make an appeal to those around him. I have witnessed several lamentable failures, owing entirely to the suggestions and remarks made by the bystanders. Those gentlemen who are present and are accustomed to perform this and kindred operations, will readily understand this. For a provincial surgeon, more than my share of stone-cases has fallen under my care; and, up to the present time, I have never lost a patient. The ages of my patients have varied from three to seventy-three years; and my practice has extended over a period of twenty-six years. I have, however, in two cases met with considerable difficulty during the operation; and in one I failed altogether to extract the stone. It is these two cases that I wish briefly to bring before the notice of the members of this Association, and thus make practical experience available as a guide and encouragement to others who may be, in the course of their surgical career, placed in a similar position.

The first case is that of John Sirkett, aged 34, who, a few years previously, had received a severe kick on the perineum from a sheep which he was shearing. For some time afterwards he had pain deep in the perineum, and difficulty in passing urine. For several years his life had been one of misery. During this time he had tried a variety of remedies, all of which had a charlatanic origin. There is one person who professes to have discovered a water capable of dissolving stones in the bladder and of relieving gravel; it is sent out in wine-bottles, and is very clear. I do not know its constituent parts, but this I do know, that it considerably relieves the suffering of the patient; but, as you may suppose, fails in every instance to dissolve the stone. It has gained great notoriety in our neighbourhood, and is much used. When Sirkett first consulted me, I had no difficulty in finding a stone, and advised an operation. When the man was bound upon the table, I observed a bulging of the perineum which was very unusual. I passed the staff,

\* Read before the Midland Branch.



which immediately came into contact with the stone. By the usual lateral incision, I made an opening into the bladder, and urine escaped freely. Upon passing my finger into its cavity, I could not feel the stone. After many attempts, both with the forceps and scoop, I was about to give up any further search, when, in withdrawing my finger for the last time, I felt the stones (for there were more than one) embedded in a cyst in the front lobe of the prostate gland. The bulging in the perineum was at once accounted for. I immediately opened the cyst and turned out five stones weighing three-fourths of an ounce; and I now have the satisfaction of showing them to you. I had not the least idea, before operating, but that the stone was within the bladder; others felt it as well as myself. Had I been aware of its exact position, there would have been no necessity to open the bladder at all, as an incision through the median line of the perineum would have enabled me to at once remove the stones without so much risk or difficulty as that which attends the operation by the lateral method. I invariably retain the staff until after the extraction of the stone; and in this instance it certainly did me great service. I read a paper "On the advantage of retaining the staff in the bladder until after the extraction of the stone in lithotomy," before the meeting of this Branch at Lincoln in 1862, which was published in the *BRITISH MEDICAL JOURNAL* for 1864, vol. ii., page 490. To this paper I respectfully beg to draw your attention. This case was clearly one of prostatic calculi; and the operation which I have just indicated would have been amply sufficient.

The next case is that of Mr. John Major, aged 66, a respectable farmer. He had suffered from irritation about the bladder for the past twelve years; and, two years previously to my seeing him, he had been under Mr. Poland's care, at Guy's Hospital, who had endeavoured to crush the stone, but failed to lay hold of it. He first consulted me in June 1867; and, after a tedious and lengthened examination, I succeeded in detecting a stone. Several surgeons examined him, and only a few found the stone. Mr. Major resided fourteen miles from me. I went over to his house and operated upon him in the usual way, in the presence of his ordinary medical attendant and several other surgeons from the neighbourhood. Chloroform was administered in this case as well as in Sirkett's. I had a deep perineum to contend with; and, after I had made an opening into the bladder, I had considerable difficulty in reaching and exploring its cavity with my forefinger. I found but a small portion of the stone projecting into the bladder; the rest was deeply imbedded in the substance of the bladder, and I failed to get hold of or disturb it from its impacted position. After a consultation with my surgical friends present, I determined to relinquish my endeavours to extract it. I ordered the patient to bed, and gave an opiate. He passed a good night, and the next day was comfortable and free from pain, and the urine escaped freely from the wound. He continued to improve daily; at the end of the week, the urine passed freely through the penis, and the wound in the perineum healed rapidly up. One remarkable feature in the case was, that the man's symptoms were much relieved by the operation, and he considered that it "had done him good." The man suffered no inconvenience whatever, and did not succumb to his malady until May 1868, nearly twelve months after the operation. I regret very much that I was not present at the *post mortem* examination, which was made by Mr. Lane, his surgeon in attendance, under very hurried and unfavourable circumstances.

In answer to a letter which I addressed to that gentleman respecting the *post mortem* examination, he states: "The reason you have not been informed of the results of the *post mortem* examination of the late Mr. Major is, that I have not been able to send a proper statement. Mr. Major died on the 20th of May. Leave was given the next morning to search for the stone, if I could do it that day; therefore I appointed 4 P.M.; but, being engaged with a midwifery case, I did not get to the house till past seven in the evening; and, so far as I am taking the calculus away, I had not a chance, for the son and brother-in-law were with me the whole of the time. The son said he should keep the stone, and the bladder they desired me to return into the body, for I had removed it altogether, intending to send it to you. When I opened the body, I found the bladder deep in the pelvis, containing a little urine, and firmly adherent to the pelvic portion of the colon, so that I had a difficulty in dissecting it away. The stone occupied the middle third of the posterior part of the bladder, in a complete bag, only a small portion presenting. The mucous membrane was thickened, as also the muscular portion, the bladder being much contracted, showing evidence of great irritation." I am pleased to say that the son, upon my applying to him, forwarded the stone, so that I might show it to you this day. It weighs four ounces two drachms. Upon examining it, you will at once see the small portion which presented within the cavity of the bladder, and which made it difficult to touch with a sound. Such is the brief history of two cases of lithotomy which were beset

with much difficulty, and were very embarrassing and annoying to me at the time. It was as gratifying to me, as it will be to you to hear, that both cases made a rapid recovery from the effects of the operation. Sirkett completely recovered, and is quite well at the present time. Mr. Major sustained not the slightest injury from the operation, and the necessary length of time which was occupied in attempting to get at the stone. I do not know a circumstance more to be deplored, or one more humiliating to the operator, than that of being obliged, after having cut into the bladder, to relinquish the case without removing the stone. Rumour, with her many tongues, is apt to run rampant on such occasions, and to attribute the failure to any but the right cause. No allowance is charitably made by this multilingual reviler for any abnormal condition that might be met with. It is enough that the patient had a stone, and that an operation was done for its removal without objection. Thus rumour spreads this fact far and wide, much to the detriment of the noble art and science of surgery; and with shame do I confess it, that it gains, rather than diminishes, through the medium of ill-natured and competing professional outsiders.

## ON THE TREATMENT OF CERTAIN FORMS OF UTERINE CANCER.\*

By C. H. F. ROUTH, M.D.,

Senior Physician to the Samaritan Free Hospital for Diseases of Women and Children; Consulting Physician for Diseases of Women to the West London Hospital for Diseases of the Chest; etc.

It is fresh in my recollection, when a student, how we received and discussed cases of uterine cancer. A few leading questions were asked; the finger was passed into the vagina, and as hastily withdrawn. "We can do nothing for you," were generally the few words addressed to the patient; "you have cancer." And she was at once consigned to hopeless misery, and assured of death. I have lived to see considerable modification of this opinion. Hope is not always now excluded; and I am glad to find that others have also written on the subject in more hopeful terms. I now state it as my belief, not only that epithelioma of the uterus is often quite curable, but that other varieties of uterine cancer may be arrested, and their ulcerations in many cases cured.

In affirmation of this opinion, I may refer to some of the facts made out in the present day, and so enunciate certain articles of my belief. The time allotted to this paper positively forbids anything like discussion of the several points, although I should be glad elsewhere to take them up.

1. I do not believe cancer to be *always* and *primarily* a blood-disease. It is often so, no doubt; but more often it may be due to secondary poisoning of the system from a local cause, or the co-operation of another cause, to whose presence, as well as to that of the first, the development of cancer is due.

2. When we say that cancer is a blood-disease, we do not necessarily conclude that local measures are useless. To do this is to lay too much stress on blood-poison. Let me illustrate this by two diseases—scrofula, and syphilis, secondary or tertiary. The blood-origin of these diseases in no way impedes local measures; nay, often these local measures are essential to the cure of the blood-disease.

3. Hereditary taint is made much too important. Would any man hesitate to treat gout or rheumatism, and be doubtful as to probable success, because it was hereditary? And so with cancer. It may exist in the blood primarily; and yet the local sore, if not treated, will only increase the malady. It may exist as an hereditary taint; but this should not necessarily lead us to doubt its possible extirpation from the constitution. A man, perhaps with strong hereditary taint, has lived years before the cancer-poison has developed itself. Clearly, a new phase has come upon him then, which did not exist before. Had it not occurred, the cancer had not shown itself. As clearly, therefore, if we can find out what this new phase is, and so correct it, we necessarily get rid of the cancer. This is a point which, I think, is generally overlooked. And yet examples are not wanting to prove that the removal of this peculiar phase, which gives impetus to cancer, is occasionally a natural process: for instance, where cancerous breasts have sloughed away, or distinctly cancerous tumours have, under inflammatory seizures elsewhere, lost their cancerous character. But, unfortunately, we are too apt to dwell rather on the malignant character which benignant tumours sometimes acquire, because here the evidence is conclusive; and too unwilling to recognise an opposite change, because accustomed for so many years to regard cancer as incurable.

\* Read in the Midwifery Section at the Annual Meeting of the British Medical Association in Leeds, July 1869.

4. The recent opinions propounded by Messrs. Moore and Campbell De Morgan require no extension from me. Recurrence is not necessarily an argument for non-interference; as in examples of cystic sarcoma, recurrent fibroid and fatty tumours, although evidence of blood-disease. Both rather point to the necessity of early operation, before the blood is secondarily and again more entirely poisoned by the tumour itself. The recurrent fibroid, as it occurs sometimes, in an especial manner exemplifies the same law. The *tumeur pelvienne* of Huguier, de la fosse iliaque of Nélaton, are in point. Chassaignac's case is a remarkable one, where the *écraseur* was first used, followed by the red-hot iron; and yet the tumour recurred in fifteen days. It was only when Vienna paste was used, and the tumour was thus acted on more deeply, that permanent cure followed.

5. Another point requires noting here; it is the complete apparent restoration to health which sometimes occurs, even though it may be only temporary; and this in many cases where a cancerous growth has been removed or destroyed. It is often so remarkable as to deceive both medical man and patient; but the months, sometimes years, of comfort thereby given, I think, fully justify interference, even should the disease unfortunately recur at a later period. Perhaps this is more decidedly the case with cancer of the uterus, than when it affects most other parts of the body. If we except the mouth and nose, and their immediate neighbourhood, the condition of a woman affected with cancer of the womb is sad indeed. The position makes the stench doubly repulsive. The wet discharges constantly occurring in and about the part are intensely distressing. If married, her position as a wife is lost. If single, her ideas of modesty are cruelly wounded. In both cases, the malady is one of unparalleled misery.

In the case of uterine cancer, however, two circumstances make this local seizure more amenable to treatment. The progress of uterine cancer, as a rule, is not very rapid; and, if the examinations of females (now become habitual in England) call for regret, they certainly enable us to see cancer-cases much earlier than formerly; and so the cases are found more remediable.

As to the use of remedies: as hopeful circumstances in connexion with some of these, I assume as a fact that some remedies act on special tissues and parts; e.g., iodine on glandular enlargements, coliculus on gouty concretions. Moreover, some caustics "destroy some living portions, while they spare others"; as carbolic acid or arsenic, as shown by the French Commission on Cancer Diseases. And, according to Dr. Beale, the virus of a contagious disease differs remarkably in its vital properties and powers from healthy tissue. In processes of absorption, new growths, such as callus between broken bones, dissolve first; and, when once a fibroid has begun to disintegrate and die, it will do so rapidly, nor otherwise affect contiguous tissue, except toxically.

There is no doubt, also, that some remedies, like arsenic, mercury, gold, phosphoric acid, sulphur, often bring about a change of character in diseased tissue, which is conducive to restoration to health.

And, lastly, cancer is, at least indubitably in the more advanced stages, and generally even in the early stages, a disease of debility, characterised by want of blood-corpuscles—a condition precisely where iron seems indicated as a remedial agent.

In the employment of caustics, however, in an internal cavity highly capable of absorption, it is quite obvious that to apply a caustic which is intensely poisonous is not prudent. For this reason, the arsenical pastes of Canquoin, of Dr. Marsden, and others, lauded from the times of the early jesuitical importations from South America, are inadmissible. Owing to the smell of cancer, also, it is especially desirable that the remedy employed should be antiseptic; hence iodine, carbolic acid, bromine, seem especially indicated. It is also desirable that it should be volatile, so as to attack more readily the distant diseased parts. The same remedies are here indicated as fulfilling the same indications. Hereafter, phosphorus and fluorine may be added to the category.

When, however, a mass is very large, the destruction of layer after layer becomes a long process, and is too tedious to be continued. Here the red-hot iron, or the *écraseur*, should precede the employment of these other remedies, by the use of which the extreme radiations of the local disease may be reached.

And here, necessarily, I must touch upon the question of injection of a diseased mass. Three acids have been used for this purpose, *citric, acetic, and carbolic*. All appear, microscopically, to have a solvent effect upon the cancerous cells, as shown by Dr. Barclay and others. Dr. Barclay believes that the power of each increases in the order in which I have named them. But injection to any great depth is inadmissible, if not impossible, in the uterus. The tissue of the organ is much too solid; it cannot be easily traversed by the pipe of the syringe; nor can the injection be easily forced into the close tissue. Small portions near the surface

may, however, be so affected. My experience does not allow me to speak yet with sufficient precision as to citric and carbolic acids, when injected into the tissue of the uterus; but all my trials with the injection of acetic acid into the uterus have either proved futile or done harm. Indeed, so far as my experience goes, I should say that it had the tendency to convert chronic into acute cancer. These remarks, however, I wish to apply only to the uterus. If I use injections at all, I am satisfied to use bromine, but only as a caustic. This plan, first devised by my colleague Dr. Wynn Williams, has some advantages. My experience, however, is more restricted here than his; while the pain produced is sometimes so terrific that, except to a very limited degree, I prefer not to use it.

In a paper published in the *Transactions of the Obstetrical Society*, I related two cases treated by bromine, in each of which uterine cancer, involving in both cases the cavity (its lower half) of the uterus was, to all appearances, cured. The disease in the one case had progressed to such an extent that, when the patient came into the hospital, she was so loathsome from the smell, that the patients could not bear to approach her; indeed, she had been sent to the hospital to die. There was an immense epithelial growth filling up the upper part of the vagina. In the other case, the disease was more localised. Both left the hospital, as I have said, apparently cured; and both were able to resume their duties. One returned after a year. The disease had broken out again, and involved the vagina. But for the whole of that year she appeared to have been in great comfort; and it was merely the recurrence of some bleeding which brought her to me. The other I saw eight months afterwards, and she was perfectly well; and I have not heard that in her the disease has since recurred.

The object of the present communication is to show how far the plan of treatment has been successful, or the reverse. I may premise by saying that, if a more extended experience has in a measure disappointed me, still I am confident that it is a plan of treatment which holds out many advantages. The comfort ensured to a patient, even short of cure, is far too great to admit of my abandoning it; and I think that it will prove, if not successful in all cases, still successful in several, but at the same time requiring constant repetition and very close watching.

Further experience in the treatment of such cases justifies me, I think, in drawing the following deductions.

1. In all cases of epithelioma, where the uterus is still moveable, the cancer is curable.
2. In cases where partial adhesions have taken place, but where the vagina and rectum are still intact, there is still hope of cure.
3. In cases of fibro-carcinoma—a term which I will restrict to cases of fibroid disease assuming cancerous characters—or where the fibroid characters predominate, hope of ultimate cure is not to be so surely entertained.
4. The same remark is applicable in cases where the rectum or vagina is involved, and especially glands in the neighbourhood.
5. Such cases may be greatly benefited, and life made comparatively comfortable for months, occasionally years, short of cure.

*Mode of Application.*—If the growth be large, I usually destroy it either by the red-hot iron, or remove it first by the *écraseur*. The apparatus in the first case is that of Jobert de Lamballe; in the latter, the *écraseur* of Dr. Hicks, with single or compound wire chain.

Of the caustics used, I prefer bromine. Let me, however, premise by stating that I aspire to no originality in the employment of bromine as a caustic in cancer. It was Landolfi's agent in the treatment of his disease, although he used it as a chloride. In fact, a full report of his method was made in 1855 to the Academy of Medicine in Paris. Speaking of the agent used, the reporters remark: "There are two chlorides; one of a yellow dark golden colour, very fluid and very transparent even in large quantities, and fuming in the air. The other is very dark, rolling, very heavy, and fuming in the air. The latter is more like bromine, in which it is certainly much richer. The difference in the characters of these two chlorides is due to the presence of water in the first, whilst the second is anhydrous. Landolfi used this last." My first knowledge, however, of its practical value in cancer, was derived from my colleague Dr. Wynn Williams, who informed me that he had used it in solution with glycerine in a case of cancer of the face and neck. In this case, it appeared to cure the parts to which it was applied, which skinned over, though the disease extended to neighbouring parts, and the man ultimately died. I used it, however, without the glycerine. This last substance, I found, greatly weakened its power; so I used it dissolved in spirit, and only as a caustic to the uterus. I did so in the same manner which I have followed ever since—moulding a cup of gutta percha to the diseased part; lining it then with cotton-wadding, and applying this, saturated with a solution of

bromine, directly to the part; keeping it in its place by pads of cotton dipped in a saturated solution of carbonate of soda, which absorbed, and converted into bromide of sodium, any excess of bromine set free. Where the cavity of the uterus was involved, I placed within it a piece of wood covered with cotton dipped in the bromine solution, kept *in situ* by cotton as before, saturated with carbonate of soda. This was kept in twenty-four hours, and then removed. Vaginal injections of bromine (one minim to an ounce), or of carbolic acid (1 part to 40), were used till the slough came away. The solution used as a caustic was of the strength of 1 part to 5.

I have elsewhere cautioned strongly as to the preparation of the bromine solution; but, having well-nigh lost my own sight since I gave this caution, I feel bound to repeat it.

The solution, if kept any time and exposed to the light, soon loses its colour and smell, and becomes decomposed, hydrobromic acid being formed. It should, therefore, be prepared within a few minutes before its use. The spirit should be used first, and the bromine then added, but kept at some distance from the operator, and applied gradually. An explosion will sometimes, and then almost always suddenly, occur. Wee be to eyes in proximity, or even clothes! Worse than this latter, when once the fumes have been thus volatilised, remaining in the room is well-nigh impossible for several minutes. In early days, I once had my patient under chloroform when this accident occurred. It was fully twenty minutes before—all windows being opened—we could remain in the room.

It is very important to guard the surrounding parts with plugs of wadding dipped in carbonate of soda. I have heard of one case where, from omission of this precaution, a hole was made in the bladder; but, short of this, the bromine has a tendency to extend, and it may produce serious injury to surrounding parts.

My present experience leads me to conclude that bromine has one advantage over carbolic acid, hydrofluoric acid, and iodine. The mucous membrane more often reappears after the eschar. Hydrofluoric acid scarcely acts so powerfully, even in the usual concentrated state in which it is sold. It always suffices to remove all mucous membrane; but it is even less easily limited than bromine, and the slough produced is very offensive.

One word as to internal remedies. The indications appear to me to be fourfold: 1. To purify the blood; 2. To improve its power of healthy development; 3. To allay pain; 4. To prevent local infection by absorption of foetid matters.

1. *To purify the blood.* In early days, I used chiefly arsenic; later, bromine. The first is, I think, often useful, if it can be borne. But cancer cases, as a rule, especially when the disease is advanced, are generally accompanied with a good deal of sickness, which I do not find to allow the use of arsenic. Given in an effervescent state, with the acid portion as arsenious acid, it is sometimes better borne. In other cases, five drops of the liquor potassæ arsenitis in a drachm of water may be taken with meals. The bromine I have given in large doses, as bromide of potassium or ammonium—half-drachm to a drachm three times a day. Mercurials and iodides I have not used: the former, because they tend, in the long run, to deteriorate the plasma of the blood; and the latter, because, in experience, I find (contrary to the general impression) that they produce congestion of the uterus.

2. *To improve.* Quinine or analogous alkaloids, and iron especially, with good wholesome food, effect this. In a few cases, the use of iron has been attended with the most marked results. Case VII. is an example of this kind. I have given chiefly the sesquichloride or perchloride: the first, in half-drachm to drachm doses; the latter, fifteen to thirty minims. As in erysipelas, it seems, in some of these cases, to allay all irritation and accompanying inflammation, and so to produce, or at least assist in, the recovery. This plan I was led to employ from the reported experience of Mr. John Marshall of London.

3. *To allay pain.* This symptom I look upon as always ominous in cases of cancer. Its increase has always seemed to mark the progress of the disease; its diminution, its arrest. As internal remedies, I have given opium in full doses; nuphar, in doses from 60 to 120 drops; and have used the subcutaneous injection of morphine or atropine—the first, in doses of one-fourth to one-third of a grain; the latter, one-ninetieth to one-sixtieth of a grain. The employment, however, of blisters seems to have sometimes a most marked effect. Case II was an example of the benefit of this plan. The pain appears to have been originally induced by acetic acid injections; but a single blister removed the pain effectually from the womb for several months.

4. *To prevent local infection by absorption of foetid matters.* As accoucheurs, we know readily that foetid lochia or decomposing tumours in the vagina very soon poison the system. Equally well do we know how soon all these symptoms will disappear under the use of local dis-

infectants. The change from apparent decrepitude, and from a face previously disfigured by cachectic colour, is well known to accoucheurs also as a frequent result in these cases from these simple remedies. Of these, carbolic acid, iodine, tannin, have been those which I have chiefly used; occasionally iron, in the form of perchloride or persulphate, where there was much bleeding. These disinfectants appear to have another effect; and this is *par excellence* the case with bromine. When used as weak injections (1 part in 480 for bromine, 1 part in 60 or 80 of water for carbolic acid), they appear to assist the healing process. Certain it is that, in many of these cases, the mucous membrane readily reappears, and the ulcerations are healed.

Another remedy I have used also to prevent absorption *a tergo*, and that is ergot. Where it can be borne, and there is not much pain, it seems to have the effect of contracting the organ, and thus leading to its absorption. The vitality of the diseased portion is diminished by compression of its vessels, and so it more readily dies. In like manner, strychnine is also useful, as contracting the uterine organ.

Lastly, one important element should be carefully looked to in the treatment of cancerous cases. Mental shocks and local excitement, and sources of cold and depressing disease, are to be religiously avoided. A disease perfectly quiescent in Case II was called into action by local measures of irritation in the first place, and in the second by cold. Case I was also rendered acute by venereal excesses, followed by typhoid fever.

[To be continued.]

## CLINICAL MEMORANDA.

### CASES OF PLACENTA PRÆVIA AND OF PUERPERAL CONVULSIONS.

By PERCY LESLIE, M.D., Birmingham.

[Abstract.]

CASE I.—Dr. Leslie was called on November 25th, at 9 P.M., to see Mrs. W. He found she had fainted, and had lost a quantity of blood. The hand was introduced, and the placenta separated all round as far as possible; part, however, was torn through, and the membranes ruptured. Only a foot could be brought down. A tape was tied round it. No further hemorrhage occurred. The patient was left till 5 A.M., no uterine contractions occurring. Then strong pains expelled the body of the child, and the shoulders, etc., were afterwards extricated. No bad symptoms followed. Dr. Leslie calls attention to the long time the woman was left in comparative safety.

CASE II. *Puerperal Convulsions.*—Dr. Leslie was called to Mrs. P. on November 9th, at 5 P.M., who was eight months advanced in her first pregnancy. An hour later, he was called again, as convulsions had set in. They recurred every twenty minutes, and increased in violence. At 10 P.M., “a slop-basin” full of blood was taken from the right arm, with the effect of relieving congestion of the face and increasing the fullness of the pulse. On the morning of the 10th, the convulsions were still continuing. At 1 P.M., forceps were used, and a still-born child was extracted. The convulsions gradually diminished in force and frequency, but the patient remained unconscious. Bromide of potassium and hyoscyamus were ordered. On the 11th, a low delirium set in. There were no convulsions. On the 14th, consciousness began to return, and afterwards the patient gradually recovered.

The case is notable on account of the advent of convulsions before “pains” came on, and on account of the treatment by bleeding.

### POPLITEAL ANEURISM TREATED BY FLEXION.

By FREDERICK WM. PARSONS, L.R.C.P. Lond., etc., Wimbeldon.

HENRY K., aged 29, applied to me on Dec. 10th of last year, complaining of a swelling in the right thigh, which, he told me, he had first perceived five or six weeks before; since then, it had been daily increasing in size. He is a tall, healthy-looking man, a carpenter by trade, and a distinguished volunteer, of very temperate and steady habits. His father died at a good old age; and his mother is alive and hearty now. He himself had never suffered from any illness, but occasionally had epistaxis. I found a strongly pulsating and elastic tumour, about the size of a hen's egg, occupying the popliteal space, and rather bulging over the sides. There was a loud and distinct bruit. Upon compressing the femoral artery, the tumour became flaccid and all but disappeared; but, when the pressure was removed, the blood returned with great force. The leg was much swollen, being three inches and a half larger in circumference at the calf than the left. His general health was good; his pulse 76, full and bounding. Following Mr. Ernest Hart's plan, I



flexed the leg upon the buttock within four inches, and retained it in position with a handkerchief, so that the circulation was only retarded. I gave him also, three times a day, a draught containing 15 minims of mixture of sesquichloride of iron and 10 minims of tincture of digitalis, and kept him in bed, allowing light and nutritious diet with a little beer daily. When I saw him twelve hours afterwards, he had been in a good deal of pain, but there was no coldness of the foot, and it was only slightly blue; pulse 64, full. On December 12th, he had passed a bad night; pulse 60, not so full. There was no change in the tumour; I therefore brought the heel two inches nearer the buttock. Next day, as he had been in a great deal of pain at times, I relaxed the handkerchief; the tumour was harder, and its pulsation weaker; his pulse was 54, soft and compressible. On December 30th, pulsation suddenly ceased in the tumour, which had been gradually becoming harder; a feeble beating could be felt on each side of the patella and immediately over the tumour, which was now shrunken to the size of a large chestnut, and very hard. There was scarcely any coldness or swelling of the foot. On January 6th, the leg, which had been kept flexed until this day, was straightened; the tumour was gradually decreasing in size, and the collateral circulation was becoming well established. On Jan. 15th, the patient was able to walk about with a stick, with no other inconvenience than that he could not yet quite straighten his leg. The tumour was quite small and hard. The medicine was discontinued on December 18th, 1869. On February 3rd, there remained scarcely a trace of the aneurism; and the man was to return to his work on the following Monday.

## REPORTS

OF

### MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

#### UNIVERSITY COLLEGE HOSPITAL.

##### EXCISION OF ANKLE-JOINT FOR SCROFULOUS DISEASE.

(Under the care of Mr. ERICHSEN.)

A. W., aged 28, female, single, a servant, was admitted on February 23rd, 1869, under the care of Mr. Erichsen. Her mother died of phthisis, and she had lost a sister, from phthisis, a few years ago. The patient, a scrofulous looking woman, had always enjoyed good health till about two years ago, when she began to lose her appetite and became somewhat thinner; she, at this time, had a slight cough. About two years ago, the patient hurt the outer part of her ankle against the fender. She felt great pain in the part for several days, but she was soon well again; some months after this, the ankle pained her in walking. She did not notice till April 1868 two little lumps in front of, and somewhat to the outer side of, the ankle; these continued till August. By this time, another swelling had made its appearance on the outer ankle; this was lanced in September, and a quantity of matter was evacuated; the two little swellings then disappeared. In October, her ankle was very much swollen, especially on the inner side; the joint was twice the size of the right one. She then went to a hospital and was admitted; the abscess on the inner malleolus was opened; a splint was tried, but it gave her such pain that it had to be left off. Poultries were applied to the ankle; then it was strapped. About this time, the limb used to start a great deal at night, and waken her up.

It was not till seven months before admission that she was obliged to give up walking on the foot and take to crutches. It was two months before this that she first noticed some general fulness about the ankle. Every time one of those swellings formed, the pain was worse. She was in hospital three months, and derived great benefit; the sinuses, however, never closed. The leg had wasted a good deal since her illness began.

On admission, the alteration that had taken place in the left leg and foot was very remarkable. The skin over and around the ankle was of a dull, dark, leaden colour. There was slight heat about the part. There was much swelling all around the ankle, so that on looking down upon it there was a large bulge on each side, and one in front. The posterior part of the leg opposite the joint was, on the contrary, drawn in; the tendo Achillis was somewhat stiffer than the opposite one. These swellings were soft, doughy, but elastic in parts, and gave a sense of fluctuation. On the side ones, there were openings of sinuses which burrowed under the skin for a short distance; no dead bone was discovered by the probe. Along the upper part of the anterior bulge, the anterior edge of the malleolar arch could be felt, and, about the

upper third of each of the lateral swellings, the points of the malleoli. Below these swellings, the skin was normal and the bones felt healthy. Above, the leg was greatly wasted. The heel was drawn up, or, rather, the toes had dropped down, and remained so; there was consequently talipes equinus from dropping of the foot, and from contraction of the tendo Achillis pulling the heel up. The astragalus was more forward than it should be; in fact, it was almost subluxated. Moving the foot gently gave no pain whatever; but, moving it rather roughly occasioned some; altogether, therefore, there was very little pain or tenderness. There was no grating.

The diagnosis formed was, scrofulous disease of the ankle-joint, set up by a blow on the ankle, in a girl who, at the time of reception of the injury, was in a bad state of health, and whose mother and sister died of phthisis. From the position of the swelling, the astragalus appeared to be the bone most affected. The absence of crepitation here was most likely due to the exposed bones being covered by granulations.

March 1st.—She had slight cough; no expectoration of any moment. The foot was quiet. The appetite was good; tongue clean. At 9 p.m., the temperature was 98.

On March 3rd, the patient having been put under chloroform, Mr. Erichsen excised the ankle-joint in the following way. A curved incision was made along the posterior edge of the fibula to the very tip of the cuboid bone; the flaps were then dissected off the posterior one very little so, but the anterior was dissected off the bones, which were stripped of their periosteum. The peroneal tendons were all exposed. When the wound had thus been carefully enlarged, Mr. Erichsen removed the outer malleolus (so as to more easily search the astragalus). This having been done by forcible inversion of the foot, and by manipulation, the astragalus was partly torn out by forceps and partly removed by the fingers. When this had been done, Mr. Erichsen scraped away the under surface of the tibia, removed the internal malleolus, and then took away the edges of the articulating surface of the tibia, so as to flatten it. The upper surface of the calcaneum was somewhat soft, and it was consequently scraped away. The wound was then washed with carbolic acid lotion, and dressed; the limb was then put upon a straight back splint and footpiece. The astragalus was swollen, softer than natural, spongy to the feel; and, on section, was of a dark red colour in parts, containing grumous looking oil; in other parts, the bone was atrophied. The joint between it and the scaphoid bone was healthy; that between it and the os calcis was somewhat diseased. The cartilage on the tibia was ulcerated in minute spots. The outer malleolus was healthy, except on its cartilaginous side. The ankle-joint was full of soft glutinous granulations. All the bones were stripped of their periosteum.

At 9 p.m., there had been rather free oozing from the wound since the operation. The patient was very weak; pulse small and weak. She had been very sick from the chloroform. For several days she suffered from feverish symptoms, and collections of pus took place, which were allowed to escape, much to the relief of the patient.

On April 2nd, she was noted to be going on very well, and she left the hospital shortly afterwards, for the Convalescent Hospital at Eastbourne.

#### GUY'S HOSPITAL.

##### OPERATION DAY, FEBRUARY 8TH.

*Tumour of the Scrotum.*—Mr. PEARCE, at 10 a.m., removed a large right side of the scrotum of a man aged 32. It was first noticed two years ago, but had increased more rapidly during the last six weeks. It measured twelve inches in circumference. The major part was soft and lobulated; one or two isolated masses at the upper part were firm and hard. The isolated portions were more condensed than the remainder. It consisted of fatty tissue. The testicle was situated at the upper part. The tunica vaginalis was exposed, but not opened.

*Tumour of the Popliteal Space.*—Mr. PEARCE, at 10 a.m., removed the thigh of a man, aged 21, who had a tumour in the left popliteal space. It was first noticed two years ago, but had increased rapidly during the last seven months. It occupied the whole of the popliteal space, but was more developed to the outer side. It was somewhat movable when the limb was flexed, but seemed to be attached more particularly to the head of the fibula. It was resolved, after consultation, to attempt the removal of the tumour; and, if this were impracticable, then to amputate above. After careful dissection, the tumour was found to involve the popliteal nerves and other structures, so as to preclude its removal. The thigh was then amputated in the lower third, all the vessels being secured by torsion. On microscopic examination, the tumour appeared to consist of small spindle-shaped cells with a large quantity of fibrous tissue.

FEBRUARY 11TH.

*Amputation of the Leg for Gangrene of the Foot.*—Mr. Cooper Foster performed the operation on a woman aged 64. The gangrene commenced about seven weeks previously. It was of the moist type, and the line of demarcation was defined on the dorsum of the foot. Torsion was used to all the vessels. The anterior and posterior tibial and peroneal, and a few smaller ones in the flaps. The patient was delicious the next day, but is now doing well, and the stump is healthy.

FEBRUARY 15TH.

*Excision of the Metatarso-phalangeal Joint of the Great Toe.*—Mr. Hilton operated for disease set up by injury twelve months ago. Half the metatarsal bone was removed, and the articular surface of the phalanx. The ends were then held together by wire.

## THE GENERAL HOSPITAL, BIRMINGHAM.

[BY OUR OWN REPORTER.]

THE General Hospital is on the whole a very fine building, the new wards and the out-patient department being especially well constructed. The wards vary a good deal in size and shape, but we were struck by the great width of many; some of them contain as many as twenty-four or twenty-five beds, but these large wards have been formed by throwing two smaller ones together in some of the older parts of the building. Some of the wards are warmed by large shafts, with open fireplaces on two sides, placed in the centre of each room. All the floors are of polished oak, and even the patients' cupboards are of the same wood, and exceedingly well made. The children are not put into separate wards; several of the medical officers assured us that children give a feature of cheerfulness which is pleasant to the adult patients. We confess to a preference for the cots and special arrangements of a children's ward.

The out-patient waiting-halls and consulting-rooms, etc., are in the basement of the new wing, and will bear comparison with those of our best London institutions; they are large, airy, and well furnished.

Besides the resident physician and house-surgeon, there are two assistants to these officers and four resident dressing pupils. The latter pay for maintenance; their terms of office are practically unlimited; and they may begin residence as soon after registration as they like, if there be vacancies. As may be imagined, this arrangement produces some inequality in the clinical education of the students, for one man may enter as a resident pupil in his first winter session, and live in the hospital for two or even three years, to the exclusion of other students, and, we should suppose, to his own detriment as regards dissection and extra-hospital work; while another may pass a considerable time without the opportunity of taking formal clinical duty. We say formal duty, because the amount of work to be done at the hospital is so great, and the number of students so moderate, that we imagine any student with his wits about him will be able to find plenty of opportunities for bedside work, even under the comparatively unfavourable conditions mentioned. The students are encouraged to attend at the out-patient departments by allowing them to examine and give their opinions on new cases; and we believe that a large class generally attends at the ward-visits.

The Hospital contains 240 beds, about two-thirds of which are surgical. The surgical cases include a large number of accidents, among which burns take so conspicuous a place that separate wards are set apart entirely for them.

*Carbolic acid* has not been much used on Lister's plan; but we were told that a few cases of severe wounds had been treated in this way with excellent results; and several of the surgeons seemed decidedly in favour of adopting the antiseptic method of treatment more extensively if favourable opportunities should occur.

We had an opportunity of seeing in use the *picked oakum*, which has lately been advocated at St. George's Hospital by Mr. Pollock. Mr. Bartlett has used it for several years, and considers it a very valuable material for dressing large suppurating wounds; e.g., amputation-flaps. It has a pleasant tarry smell, and possesses considerable elasticity, so that a pad made of oakum does not become flattened and sodden so soon as one of cotton-wool, lint, or tow.

*Erysipelas and Pyæmia* arising in the wards are said to be almost unknown both in the General and in the Queen's Hospital. It is interesting to note that at the back of the General Hospital there is a sulphuric acid manufactory; and it is said that sulphurous acid can frequently be detected by the nose in the air of the Hospital. The Queen's Hospital stands on very high ground, and in a large open space.

Both of these Institutions send a considerable number of patients to

convalescent hospitals in the neighbourhood of Birmingham. The convalescent homes are independent of the Birmingham hospitals, and require a fixed sum per week for board, etc., of the patients received. A somewhat similar plan is, we believe, in force at the Children's Hospital.

On the medical side, we found separate wards for fever-cases, which, together with the burn-wards, form a part of the Hospital practically separate from the rest of the building.

Typhoid fever is common in Birmingham; but typhus is so rare that only one case (and that was a doubtful one) has been admitted into the General Hospital for a considerable time.

*Rheumatism and Chorea* are said to be unusually abundant in the General Hospital; but Dr. Welch, the House-Physician, considers acute gout to be a rare disease in Birmingham. Cases of *lead-poisoning* from glass and enamel manufactories are not uncommon.

*Intermittent Hæmaturia.*—One of Dr. Fletcher's patients, a man aged 27, was admitted in cold weather for hæmaturia. The blood rapidly disappeared after his admission. He stated that he had suffered from similar attacks on several occasions in cold weather during the last three or four years. He worked in a very hot room, and stated that he perspired freely. His aspect was suggestive of hereditary syphilis, and he was deaf; but there were no other positive indications of this taint.

*Gastric Ulcer.*—This case, under the care of Dr. Balthazar Foster, was interesting from its severity, and the repeated occurrence of hæmatemesis. Dr. Foster was kind enough to furnish us with short notes. The patient was a girl aged 21; she was admitted after a severe attack of hæmatemesis, and gave a history of symptoms of gastric ulcer. All food by mouth was stopped, and nutritive enemata, containing a little brandy and tincture of opium, were administered. On the fifth day, a very small quantity of milk and lime-water was allowed, but was followed by hæmatemesis to twenty ounces. Five days later, she again drank a little milk, and again suffered severe hæmatemesis. Ten days' more rest were given, and again the milk and lime-water was followed by vomiting of bloody fluid, more copious than ever. The bowel had become irritable and the patient very weak and restless, and it was found necessary now to use a long tube, and to keep the girl partially under the influence of morphia. After eleven days of this treatment, she so far improved as to take a little thickened milk, without any bloody vomiting afterwards, though the milk was rejected. She rapidly improved after this; and, when we saw her, she was able to take food without pain or vomiting. Bismuth and kino powder was given as soon as she could retain food.

*Aneurism of the Ascending Aorta.*—A man aged 44 was admitted under the care of Dr. Foster. Dr. Foster remarked that the case was interesting as illustrating the possibility of diagnosing the seat of aneurism by the phlymograph alone, without an examination of the chest. For the following facts we have to thank Dr. Foster. On examining the chest, there was dulness behind and to the right of the sternum to within an inch of the nipple line. Thrill was felt in the two upper right intercostal spaces. A double murmur was heard over the aneurism, and also at the base of the heart, from aortic valve-disease. On taking pulse-traces from the right and the left radial arteries, it was found that the right pulse was modified in form and retarded, the collapse of the artery being more sudden than on the left side, and the diastolic almost obliterated. There was much less difference, however, between the two pulses than there would have been if the aneurism had been one of the innominate artery. The latter aneurism would have reduced the blood-movement in the radial to a series of waves, with the diastole and systole of the radial artery occupying nearly equal periods of time.

Dr. Foster makes use largely of the *etherised cod-liver oil* for patients who find it difficult or impossible to take the oil alone. The ether may be either added to the oil or taken separately in the form of another mixture; in the latter case, Dr. Foster advises that the mixture containing ether should be given about half-an-hour before each dose of oil. Dr. Foster believes that many patients to whom the simple oil is nauseous and useless, rapidly grow fat under the influence of the etherised oil.

The following surgical cases presented points of interest.

*Abscess in the Head of the Tibia.*—Mr. Addenbrooke, the House-Surgeon, called our attention to an unusual case, under Mr. Baker's care, of caries extending through the head of the fibula and into the tibia as far as the layer of compact tissue at its inner side. The woman, aged 27, was admitted for an abscess over the head of the fibula. On opening it, no sequestrum was discovered; but it was found that the finger could be inserted into a cavity which reached almost to the inner side of the head of the tibia. The knee-joint was not affected. The abscess was of four months' duration, and its formation had not been attended by much pain.

*Recurrent Sloughing Ulcer.*—We saw a curious case, under the care

of Mr. Baker, of sloughing ulcer of the foot, which had required amputation, and had returned in the stump. The patient was a woman 22 years of age: five years before admission, she noticed an ulcer on the second joint of the great toe, which extended until it involved the greater part of the first and second digits, extending to the bones. The affected toes were removed, but ulceration of the same character set in again before the cicatrix had fully healed. Some time afterwards, it was found necessary to perform Syme's amputation. The parts healed and remained well for about two months, when the disease again appeared both in the cicatrix and in the skin. When we saw her, she had two large moderately deep ulcers on the stump—one circular, the other oval. Their surfaces were covered with an adherent spongy slough, and there was not much discharge. Every kind of local destructive treatment, including the actual cautery, had been tried, and the whole list of antisyphilitic remedies administered, but with only transient and partial benefit.

*Eruption caused by a Blister.*—Under the care of Mr. Baker, we saw a man who had been the subject of a general eruption of erythema and swelling of the skin, followed by copious branny desquamation of cuticle. The rash became eczematous in places where, probably, he had scratched it. The man's account was not very clear; but we gathered from what he said that the eruption had spread upwards from the blistered part (the knee) until it covered even the ears and scalp.

*Chronic Edema of One Leg since Infancy.*—The patient, a boy about 17 years of age, was under Mr. Pemberton's care. He stated that he had some abscesses in the right groin when about five months old, and that since then his right lower extremity had been gradually getting more and more swollen. When we saw him, the whole thigh and leg was very much swollen, and somewhat oedematous, and the skin and subcutaneous tissues seemed hypertrophied; at the groin were the scars of the former abscesses; the femoral glands were moderately enlarged, and seemed somewhat adherent to the deep structures, but there was no obvious cause of pressure on the femoral vein that could be detected. The limb had lessened in size somewhat since he had lain in bed.

*Suppurative Disease of Knee-joint.*—Mr. Bartleet showed us a young man, 20 years old, suffering from acute suppurative synovitis. Mr. Bartleet had treated the case by free incisions, and the application of a new form of splint devised independently by himself and by an Edinburgh surgeon. The apparatus consists of an interrupted splint with a foot-piece, applied to the front of the limb instead of the back, a short back-splint being generally placed below the knee to prevent undue pressure of bandages. Mr. Bartleet considers that this splint has two advantages over all forms of back-splint; it secures accurate contact between the sawn end of the bones by raising the foot and removing all pressure from the back of the knee; and it greatly facilitates cleanliness in dressing the wound. Mr. Pemberton also employs this apparatus, and thinks highly of its advantages.

*Double Inguinal Hernia: Wood's Operation.*—Mr. Goodall called attention to a boy aged 4½ years, on whom he had performed Wood's operation for radical cure on both sides. The hernie were large, so that the penis was almost buried, and the boy could not have worn a truss. The operations have been successful so far as the immediate cure of the hernie is concerned; but, from the extremely weak condition of the child's abdominal walls, Mr. Goodall did not think it at all safe to dispense with a double truss. The second operation had been done about three weeks at the time of our visit.

*Syphilis.*—There are no lock-wards, but cases of syphilis are admitted as occasion requires. Venereal diseases are not so abundant among the out-patients as might be expected—perhaps from the fact that many of the patients are admitted only by subscribers' letters.

*Lithotomy.*—Until lately, no surgeon at this Hospital did the median operation; but Mr. Pemberton has preferred this method for his last dozen cases, and has, so far, met with uniform success. The other surgeons perform the lateral operation. A cannula is often used for adults, but not for children.

*Ovariotomy* was performed on four patients last year; two of them, under the care of Mr. Goodall, recovered; in one we believe the operation was not completed.

*Strangulated Hernia.*—A considerable number of cases are operated on in the course of the year. Mr. Bartleet informed us that he preferred to operate without opening the sac when the strangulation is for only a few hours' duration, and the case uncomplicated.

MR. F. R. FISHER.—The following Resolution has been passed at a Special Court of the Governors of the Salisbury Infirmary:—"That the thanks of this Court be given to Mr. F. R. Fisher, for his past services as House-Surgeon to the Infirmary; and the Court regret that he should, on account of his health, have considered it advisable to resign that appointment."

## CLINICAL LECTURE ON VARIOUS SUBJECTS.

By MR. PAGET, F.R.S.

MR. PAGET lectured this morning (Wednesday) on cases illustrating *Contusion of the Hip, Severe Sprains, and Recurrent Hemorrhage.*

The first case was that of a man who fell, about a month ago, on his great trochanter, receiving no other injury than a severe bruise. Mr. Paget insisted on the importance of treating such cases by prolonged rest in bed as the best means known for averting the acute atrophy of the head and neck of the femur, which too often follows an injury apparently so trivial. After mentioning the ordinary signs of fracture of the neck of the femur, Mr. Paget stated that some of these, viz. pain on pressure about the hip, and inability to raise the heel from the horizontal position, are also generally present in cases of severe bruise of the hip. In the case of contusion, however, it was stated that this inability to raise the limb generally disappeared in a few days. On the important point of deformity, Mr. Paget said that it was of great consequence, both for the patient's sake and the surgeon's reputation, to distinguish between the shortening of fracture, which comes on either immediately or at most, as in some cases of impaction, a few days after the accident, and that which occurs weeks or months after a contusion of the hip; the latter depending on atrophy of the head and neck of the femur, and the assumption of a too horizontal direction by the latter part. Mr. Paget remarked, that in young patients simple atrophy of bone was the only change observed, but that, in old persons, wasting of articular cartilage and the formation of nodules of bone about the margins of the joint generally occurred in addition.

*Rupture of the External Lateral Ligament of the Knee-Joint.*—In connection with this case Mr. Paget made some remarks on sprains in general, on their importance, and the necessity of treating them seriously, and often with all the attention which would be bestowed on a fracture, both to prevent the deformity arising from rupture of ligaments, and to ward off severe inflammation. Mr. Paget remarked that in every sprain there are two injuries to be considered—the stretching of the ligaments on one side of the joint, and the necessary crushing of the cartilage and bone to a corresponding extent on the other; and that, in his opinion, the latter injury, although commonly left out of consideration, is often really of major importance. In illustration of this opinion, Mr. Paget drew a comparison between the results of dislocation of the shoulder and ankle, in which there is extensive rupture of the ligamentous structures, and sprains, in which there is, in addition, the crushing of bone and cartilage; and stated that suppurative inflammation of these joints is much more frequent after sprains than after dislocations, the difference, in his opinion, being due to the bruising or crushing before referred to.

*Recurrent Hemorrhage.*—Mr. Paget applied this term to the bleeding which sometimes comes on within the first day or two of an operation, as distinguished from true secondary hemorrhage, coming on after about the fifth day. The patient upon whose case Mr. Paget lectured was a man for whom he performed Pirogoff's amputation last June, on account of disease of the ankle-joint, accompanied by extreme pain. The pain returned in the stump soon after the operation, and this induced Mr. Paget to remove the remains of the os calcis in the following October; still the man suffered in a most unusual degree from persistent pain in the part, which was unrelieved by all sorts of local and general anodynes; and on the 9th inst. Mr. Paget, therefore, amputated the leg at the lower third. An unusually large number of vessels required ligation, but bleeding had quite ceased when the patient was removed to the ward. Mr. Paget illustrated the general treatment to be pursued in cases of recurrent hemorrhage by the plan adopted in this instance. Anticipating the probability of bleeding, Mr. Paget had the limb slung, and the stump covered with a piece of lint and exposed to the air. About an hour after the operation, blood began to drip from the stump, because, the lecturer said, the muscular coats of the small arteries, which had contracted at the time of the operation, had become "tired" before time had elapsed for the formation of a clot or the adhesion of the flaps. Mr. Paget said that the first indications of treatment were to expose the stump thoroughly to the air and raise the limb, and these were carried out; still bleeding continued, and the next method, artificial cold by applying ice, was tried; this failed to arrest the hemorrhage for more than a very short time; and the third resource, compression of the main artery by a tourniquet, was employed, in order, as Mr. Paget observed, that pressure being removed from the weakened vessels, they might again contract. The tourniquet was removed at the end of an hour on account of the pain caused by it; but,



as renewed bleeding, at in the instrument was again applied, and the fourth plan of treatment, mentioned by the lecturer, was employed, viz., opening the flaps and tying the bleeding vessels. The flaps were then sponged with a disinfectant lotion; and thus, Mr. Paget said, another important indication was fulfilled—that of preventing putrefaction of any blood-clot that may remain or form subsequently in the stump, and thus warding off the occurrence of blood-poisoning. In mentioning pressure on the main artery, Mr. Paget reminded his hearers of the necessity, before proceeding to such an extreme measure as ligation of the main vessel, of ascertaining whether pressure on it does really stop the bleeding.

Mr. Paget remarked that recurrent hemorrhage is essentially the hemorrhage of reaction, coming on, as it does, not only when the small vessels are "tired", but at the time when the patient is recovering from the shock of the operation and his heart regaining power; coming on, therefore, quickly in robust patients, and tardily in those who are feeble and recover slowly from shock. In connexion with the last point, Mr. Paget deprecated the plan of overstimulating patients after operations with the intention of quickly bringing on the stage of reaction, such a practice being very likely to be followed by recurrent bleeding. In noticing the conditions under which copious bleeding is to be expected at amputations, Mr. Paget mentioned the presence of morbid, especially cancerous, growths, the existence of acute inflammation in the part, and, lastly, the previous history of severe pain in the diseased limb or stump; and considered that the liability to abundant hemorrhage might be considered to vary directly, in such cases, with the severity of the pain.

## REVIEWS AND NOTICES.

THE JOURNAL OF THE GYNÆCOLOGICAL SOCIETY OF BOSTON.  
Boston: James Campbell. New York: L. W. Schmidt. London:  
C. J. Cazenove. 1870.

THE GYNÆCOLOGICAL Society of Boston, of which this is at the same time the official journal and the record of its transactions, was founded on January 22nd, 1869. The first number appeared in July of the same year, and five of them have been sent to us for review. Each number consists of about sixty-four pages octavo, in large type, on fine paper, and with occasional illustrations; and bears on its cover a *fac-simile* of the seal of the Society, with its motto, "Propter uterum est mulier." There are three editors, the senior of whom is Dr. Winslow Lewis, said to be a veteran of seventy years; and the others, Dr. Horatio R. Storer (known as joint editor with Dr. Priestley of Sir James Simpson's obstetric works), and Dr. G. H. Bixby. Both the Journal and the Society propose to leave obstetrics or operative midwifery, and also the diseases of children, to other societies and organs, and to concern themselves chiefly with the physiology, pathology, and therapeutics of the female generative organs.

If we say that the whole is intensely American, we are simply stating a fact which our readers will discover almost as soon as they open its pages. The English reader will perhaps be somewhat amused to find the first number commence with highly laudatory biographical notices of the editors, and a little further on, to discover the Society engaged in a correspondence with Mrs. Dall, who takes a prominent part in the Woman's Rights movement. It seems that this lady had made the somewhat startling announcement, that the mere presence of a man in the same room with any member of her own sex necessarily excited undesirable sexual emotions! She afterwards endeavoured to excuse herself by averring that she made this extraordinary announcement merely to provoke discussion, and because she had heard it affirmed by some medical men! But, in spite of a good deal of what we cannot but consider as ephemeral and extraneous matter, there is much in these pages of considerable interest.

As we propose to make some excerpts from the work, it will suffice to briefly enumerate some of the most interesting papers.

The first number contains the proceedings of the first regular meeting of the Society.† Dr. Storer contributes a case of Obstinate Erote-

mania—the patient, wearing a mask, being shown to the Society; and a paper on the Frequency and Causation of Uterine Disease in America; besides one on the Diagnosis of Rectal Diseases. The same number contains a paper by Dr. Gerould of Ohio, on the Bromide of Iodine in Uterine Disease; and by Dr. Pinkerton, on an Uterine Scarificator.

In the second number are papers by the editors on several interesting topics; and one by Professor A. Breisky of Berne, in Switzerland, on the Normal Position of the Female Pelvic Organs; and an Account of Passage of (probably fetal) Hairs from the Bladder.

The third number, besides other matters of interest, contains an instance of Precocious Puberty, a case of Hernia of the Bladder in Gestation, and of Treatment of Ovarian Tumour by Retention of Cannula; and a paper on the Pathology of Phlegmasia Dolens, by Dr. Pinkerton.

The fourth and fifth numbers, in addition to the transactions of the Society, contain accounts of Extirpation of the Puerperal Uterus (Dr. Bixby), of a Placenta retained for Three Weeks, of Supplementary Nipples; a paper on Dr. Protheroe Smith's Back-supporters (by himself); and an outline of American Gynaecology, by Dr. Storer.

It is pleasant to observe the friendly way in which British obstetricians and their works are mentioned. Dr. Graily Hewitt's pessaries appear to be held in high estimation by the society.

## NOTES ON BOOKS.

A *Clinical Note-Book for Hospital and Private Practice* has been sent to us by Dr. FAIRBANK of Lynton. It is published, at Dr. Fairbank's request, by Messrs. Smith of Long Acre. Its great recommendation is its portability. It is small enough to be carried in the side-pocket without the slightest inconvenience. The pages are ruled in columns, and will much facilitate stored records of pulse, temperature, etc. Although it is obviously not large enough to permit of detailed notes, yet its regular use at the bedside would certainly much assist note-taking afterwards, and in many instances would afford sufficient records for the purposes of the practitioner. A perforated outline plate, for making sketches of the chest and abdomen, is enclosed with it.

*Chemistry for Schools: an Introduction to the Practical Study of Chemistry.* By C. HAUGHTON GILL. Pp. 315. London: James Walton. 1869.—Whether this is the sort of book to be placed in the hands of a junior schoolboy to whom it is desired to impart some rudimentary knowledge of chemistry, is a question on which there may be differences of opinion. For such a pupil, something more simple may be preferable. But, as a guide in chemistry for boys of the higher classes, the book is extremely good. Those, especially, who are preparing for the Matriculation Examination of the University of London, will find here just what they want: indeed, the author has noted in the table of contents those chapters which it is necessary to read in preparing for that examination. The author is a teacher of chemistry in University College School; and the book is written in accordance with the modern nomenclature and notation. The utility of the work is increased by series of questions appended to the chapters.

*On Polypus of the Rectum.* By A. G. MILLER, M.D., F.R.C.S.E., Edinburgh, 1870.—The author's attention to the matter seems to have been roused by a case of fibrous polypus in the rectum, which occurred in his practice. Polypi of the rectum are divided by Dr. Miller into three groups, mucous or glandular, fibrous, and malignant. A list of thirty-nine recorded cases of polypus in the rectum is given, from which it appears that the glandular form is commonest in children, the other varieties in adults, and that the fibrous is the least common kind. The author considers it is always necessary to ligature the pedicle of a polypus in the rectum, before removing the growth.

*The Cause of the Great Social Evil, with Special Reference to Recent Laws, adjectively called Contagious Diseases' Acts.* By FRANCIS W. NEWMAN.—If Professor Newman were not so very respectable an authority, when he keeps within the limits of his knowledge, we should, we fear, have been tempted to put him down as a blusterer on sensational topics. This pamphlet is, however, worth reading as an instance of earnestness, for which we must feel great respect, minute insight into the phenomena and results of human passions, which ex-

† We have been disappointed to find that the first number of the publication which this month appears to us to lag a little behind the recorded notions of the day, inasmuch as the ovaries are scarcely less important to the female than the uterus; and there are several authentic instances of beings in whom no uterus could be discovered, who appeared to possess all the other attributes of their sex, and to whom it would be hard to deny the title of woman.

† From the thirteen resolutions passed on that occasion, we extract the following. "That many of the great improvements that have been made are American. (Successful ovariectomy, by McDowell; treatment of vesico-vaginal fistula, by Marion Sims; and of uterine flexions, by Emmet); adduced as examples. American gynaecologists have already secured for this country a pre-eminent position in

the world of science; it is for the members of this and kindred societies to make the position the *sic* more permanent." "No. And were there no other reason, the fact that every man owes to woman for her love in his infancy, in his childhood, and in his manhood, a debt that no devotion can ever repay; and when, as physicians, we reflect that her special diseases are manifold more in number, worse in severity, and more dangerous to physical and mental integrity, than any affliction we ourselves are called to suffer, we should offer no less an sacrifice to the *other* sex than *our* *own* work." (The italics are ours.)

cites our admiration, and complete ignorance of some elementary facts, a knowledge of which is indispensable for the proper treatment of the subject. What can we say to an author who gravely asserts that "foul disease, with incalculable result," may be created in a woman by promiscuous intercourse with healthy men? and that "chemists class alcohol with opium?"

**Nocturnal Enuresis and Incontinence of Urine.**—By FREDERICK G. SNELLING, M.D.—A list of thirty-three causes of incontinence is given, and no less than thirteen prescriptions are detailed for the treatment of the various local and constitutional states, present in persons who cannot hold their urine. Dr. Snelling's pamphlet is not, in our opinion, a good *résumé* of the subject, nor do we find in it any new facts or opinions of importance.

## SELECTIONS FROM JOURNALS.

**ILIO-INGUINAL ANEURISM TREATED BY FLEXION.**—Dr. Gurdon Buck relates, in the *American Journal of Medical Sciences* for January, the case of E. W., a policeman aged 30, who had an aneurism of the femoral artery just below Poupart's ligament. This was cured by compression of the external iliac artery; but, sixteen months after his discharge from hospital, he returned with an aneurismal tumour which had reappeared on the same spot eight weeks previously. This was treated successfully by bending the thigh on the trunk, and retaining it in this position by a bandage. Nine months afterwards, the condition of the patient remained satisfactory.

**SUBCUTANEOUS INJECTION OF QUININE IN INTERMITTENT FEVER.**—Dr. J. E. Tuson, during an epidemic of intermittent fever at Umballa, has treated successfully about thirty cases by injecting thirty or forty drops of a solution of 30 grains of quinine in 25 minims of dilute sulphuric acid and half an ounce of water. One or two cases only required a second dose. The *Indian Medical Gazette*, in publishing Dr. Tuson's paper, says that the subcutaneous injection of quinine has been successfully practised in the malarial fevers of Bengal for several years. The dose ordinarily required appears to be about four or five grains.

**COMPOUND DEPRESSED FRACTURE OF THE SKULL: WOUND OF BRAIN-SUBSTANCE BY A SPLINTER OF WOOD: RECOVERY AFTER THE USE OF THE PERFORATOR.**—A piece of wood glanced from a revolving circular saw, and inflicted a compound depressed fracture of the left frontal bone in the temporal region. When the wound was enlarged, eighteen hours after the accident, the wood was found lodged in the posterior angle of the fracture; it was two inches long, as large as a penholder, and is supposed to have penetrated the brain for an inch and a half. (We notice, however, that its *direction* is not given.) It was removed; and the depressed fragment of bone was elevated, after using a perforator. Coma lasted for three days, and was succeeded by violent delirium and fever, from "inflammation of the brain and its membranes". He was treated by cold lotions to the head, and two-grain doses of calomel every four hours. Consciousness returned on the eleventh day after the accident, and he recovered gradually. This happened in July 1866, and is recorded in the *American Medical and Surgical Reporter* for January 8, 1870, at which time the man had "all his faculties as perfect as before the accident".

**THE ORIGIN OF TUBERCULOSIS.**—Professor Niemeyer contends that blood remaining in the bronchi after hæmoptysis leads to cheesy pneumonia, and later to disintegration of the tissue. Professor Traube is opposed to this, saying that the case of Niemeyer, where single thrombi were found in the bronchi *post mortem*, did not prove much; nor did those cases of tubercular disease where the temperature rose only a few days after the hæmoptysis. He had many cases of acute tuberculosis where death happened during the initial bleeding; but in those cases thrombi, much less disintegration, were found. Therefore, Niemeyer's case may be considered exceptional. First, it was not proved that, at the time when the thermometer indicated "no fever", there was none. But, if there were none, the first beginning of inflammation may have been very circumscribed; and, with the spread of inflammation, fever supervened. In the same way, it may have been impossible to detect the disease by auscultation in the beginning, it being perhaps confined to a limited part, or of small extent.—Schmidt's *Jahrbücher*, Nov. 30th, 1869.

**CALCULUS IMBEDDED IN THE PROSTATE: REMOVAL: HÆMORRHAGE FROM A DISEASED KIDNEY: DEATH.**—A day-labourer, aged

55, was admitted on October 22nd into the Vienna Hospital under Professor Dumreicher. He had difficulty in passing urine. The urethra was free; a stone was found in the bladder, and was crushed; and he was discharged comparatively well three weeks afterwards. Two months later, he returned with a renewal of the difficulty in micturition. The catheter, when introduced, would not pass beyond the prostate; at this part a calculus was lodged, and could not be pushed back into the bladder. The bladder was much contracted. The patient was very anæmic, and had emphysema and catarrh of the right lung. His urine was very turbid, and deposited a thick ammoniacal sediment, which contained pus, a little albumen, vesical epithelium, earthy phosphates, and urates. The urethra was laid open in the middle line; a stone was found imbedded in a depression in the prostate, and was removed by forceps. The patient was under the influence of an anæsthetic during the operation, which was attended by no difficulty, and by very little hæmorrhage. Some hours after the operation, the patient complained of severe pain in the left hypochondrium. An hour later, he was covered with cold sweat; his pulse was thready, 130. The pain, in spite of subcutaneous injections, was intense. Collapse appeared, and he soon died. At the *post mortem* examination, a large quantity of extravasated blood was found in the abdominal cavity. The left kidney was distended into a large sac filled with loose clots of blood; this sac had burst at its upper part into the cavity of the peritoneum. The bladder was much thickened. —After Dr. Hofmohl had related this case at a meeting of the Vienna Medical Society, Professor Rokitsansky said that the sac was constituted of the fibrous and adipose encasement of the kidney. The tunica albuginea had been gradually raised from the kidney by the hæmorrhage, and had become distended into a large sac. The kidney itself was in an advanced stage of Bright's disease, beset with purulent and inflammatory deposits; it was enlarged, and the texture was so spongy and friable that the hæmorrhage was easily explained by the rupture of a vessel. The right kidney was in a similar state; but there had been no hæmorrhage. The ureters and bladder were thickened; and the mucous membrane of the latter was covered in large portions with a diphtheritic layer.—*Wiener Medizin. Wochenschr.*, February 2nd, 1870.

**IMMEDIATE TREATMENT OF CONTUSION OF THE PERINEUM WITH LACERATION OF THE URETHRA.**—Dr. Stephen Rogers, in some able remarks on a case of laceration of the urethra from contusion of the perineum, deprecates prolonged attempts at catheterism in recent cases of such injuries. A catheter or sound should be cautiously introduced, if possible, into the bladder. We are then to wait for the earliest signs of urinary extravasation, when a free incision is to be made in the perineum and into the urethra on a staff or catheter. If, after this, urine do not flow freely from the wound, owing either to paralysis of the bladder or to obstruction in the urethra behind the laceration, the author advocates an extension of the incision backwards into an uninjured part of the canal, and catheterism by this opening, in preference to attempts at passing the instrument from the meatus. This procedure is preferred to tapping by the rectum or above the pubes, as being milder, more direct, and especially as favouring the restoration of continuity to the ruptured urethra; it being well known that such restoration of continuity and removal of constriction are much more likely to occur when the lacerated passage is kept at rest and free from irritation by urine, than when the stream of urine attempts to pass by the natural but lacerated passage, and thereby keeps up irritation. The author deprecates the practice of retaining a catheter in the bladder, as liable to cause urethral inflammation, and retard the healing of the wound.—*New York Medical Journal*, Jan. 1870.

## INVENTIONS, &c.,

### MEDICINE, SURGERY, DIETETICS, AND THE ALLIED SCIENCES.

#### MAYER AND MELTZER'S Sphygmograph.

AFTER further experience of this instrument, we are compelled to state that it does not offer the advantages which we at first supposed. The supposed modification of pressure is produced by altering the position of the spring with reference to the frame, or in other words, its setting. As, however, there is no arrangement for determining the distance between the frame and the artery, and, as in fact, that distance is subject to constant variation, the pressure actually exercised is also subject to variation quite independently of any change in the setting of the spring.

## NOTICE.

THE ANNUAL SUBSCRIPTIONS TO THE BRITISH MEDICAL ASSOCIATION FOR THE YEAR 1870 ARE NOW DUE: and it is a matter of great convenience to the Association, and conduces to the efficiency of its working, that they should be paid promptly.—Members of Branches, and all others who usually receive circulars at the beginning of the year from the local Secretaries, will greatly oblige, and will prevent trouble, by PAYING THE SUBSCRIPTIONS TO THE LOCAL SECRETARIES, AND NOT TO THE GENERAL SECRETARY.—All other members should pay their Subscriptions without delay to the General Secretary, T. WATKIN WILLIAMS, Esq., 13, Newhall Street, Birmingham.

Members of the Association residing in the counties of Middlesex, Essex, and Hertfordshire (except those belonging to country Branches), should pay their Subscriptions to Dr. A. P. STEWART, 75, Grosvenor Street, W.; or Dr. ALEXANDER HENRY, 16, Great Coram Street, W.C.

## BRITISH MEDICAL JOURNAL.

SATURDAY, FEBRUARY 19TH, 1870.

## THE MEETING OF THE MEDICAL COUNCIL.

THE announcement which we were enabled to make in our last number, that the Medical Council had been convened at this busy season of the year, when it must be only at the greatest inconvenience that its members can be brought together, will naturally have led our readers to conclude that the subjects calling for the attention of the Council must be both important and urgent; and such, we have reason to believe, is the fact. We understand that the Government is so impressed with the importance of the one point on which the greatest stress was laid by the Lord President in the letter addressed to Dr. Burrows in May last—viz., the evils arising from the varying conditions laid down by the numerous competing licensing bodies, and the consequently varying and imperfect qualifications claiming to be placed on the *Register*—that they desire to obtain from the Council some definite suggestions as to the best means of obviating these evils. Now, it is well known that the present Medical Act gives to the Council no such compulsory or sufficient power of controlling the various licensing bodies as would be adequate to remedy evils that are inherent to the present system of medical education. We are, therefore, led to conclude that the Government is at length lending an attentive ear to the continued and loud cry of the whole profession for such an amended Medical Act as will grant full powers for effecting the requisite reforms. We trust that it may be assumed that this sudden convening of the Council is with a view to allow of an amending Medical Bill being introduced and carried by the Government during the present session of Parliament.

No doubt considerable differences of opinion exist as to what should be sought for in any new Medical Act. Our Association has expressed its views as to the clauses which should form part of a Draft Amending Medical Bill. We have no desire to underestimate the importance of the proposed clauses in such Draft Bill, and especially of those which refer to the future constitution of the Council and the mode of its election; but, for the present, we would urge on the attention of all who are desirous of the real welfare both of the profession and the public, apart from and beyond all minor questions of privileges and distinctions, or rights of this or that body, whether corporate or not, the supreme importance of effecting such consolidation of examining boards as shall enable the Council to lay down one uniform code of regulations for medical study and examinations, if not for the whole United Kingdom, at least for each division of the Kingdom, with such modifications as may appear absolutely necessary to meet the peculiar requirements of each division. That there are no insuperable difficulties in the way of effecting such combinations of the licensing authorities in each division of the Kingdom, even without the aid of compulsory enactments, we are fully persuaded. The success which is said to have already attended the efforts

initiated by the Royal College of Physicians of London, with a view to attain this object for the English division of the kingdom, is sufficient to show what may be done when there is a real, hearty, and generous spirit brought to the work. And it is much to be regretted that, if we are rightly informed, there does not appear to be any probability of the Scotch and Irish authorities effecting similar voluntary arrangements to the extent which we would advocate. That our present system is a national disgrace, is now very generally admitted, both by the general body of the profession and by the public at large, who have given any attention to the subject. No other civilised country, with the exception of America, presents any system of medical legislation at all analogous to ours; and, however many and valuable may be the lessons that our American cousins can teach us, we do not believe that even they would say, in this matter, "Learn of us."

Notwithstanding all that has been said in the many long controversies respecting medical reform, and despite the justice of many of the severe criticisms that have been passed on the management of our leading medical corporations, we are convinced that there exists, throughout the profession, a very general disposition to look on them with affectionate regard, as time-honoured, essentially British institutions. Their extinction, whether in the way of gradual decline by inaction, or by a more violent and sudden destruction, would be viewed with unfeigned regret. But we have been taught that neither reverence for age nor affectionate regard will suffice to avert the sentence of "disestablishment" against any institution that cannot be brought into harmony with the acknowledged requirements of the age. There are certain licensing bodies which might with great advantage be dropped out of any future Schedule A—not, indeed, without claiming an honourable epitaph, but without drawing tears from many eyes, or eliciting any very loud wailing. But let not those corporations for which we sincerely desire a prolonged and honourable career of usefulness, and who have undoubtedly still "troops of friends", fail to read aright the signs of the times. We believe that they have now a golden opportunity that may never return. Let them heartily adopt the recommendations of the Education Committee of the Medical Council; and whilst retaining, along with the Universities, full liberty to deal as they please with their honorary distinctions and degrees, endeavour to effect such combinations as may form joint examining boards, before which "every person" who desires a licence to practise should appear, and by whom he should be examined on *all subjects*. There need not then be any fear that on either side of the Channel, or on either bank of the Tweed, there shall be traced on their dusty portals "Ichabod", or carved on their dilapidated columns,

"O fortunatos nimium sua si bona norint!"

We shall look with anxious interest on the deliberations of the approaching Council. Many and weighty are the issues that will depend on the results of these deliberations. The very existence of the Council itself may depend thereon. We shall be curious to see how far the members will recognise the "stimulus of necessity", in the conduct of their business, and in the style of their discussions. Will the volubility of certain members only prove more impetuous from the restricted channel within which, we believe, it must needs flow? Will the vehement oratory of others only prove more irrepressible from the necessity of turning the hour-glass more frequently? Will the new President not adopt the practice of his French prototype of the Chamber of Deputies, and provide himself with a bell? And will he not inaugurate the proceedings by laying down, and enforcing with despotic authority, some more stringent laws of debate? Such questions naturally present themselves to our minds. But we have every confidence, knowing how many able minds there are on the Council, and how earnestly its members desire the welfare of the profession of which they are such distinguished ornaments, that they will acquire themselves well, and earn the grateful thanks of the profession and the public.



## ST. LUKE'S HOSPITAL.

THE Annual Report of St. Luke's Hospital for Lunatics is again before us. Again £4,000 of the capital fund of the institution has been sold out to meet the expenses, which last year were £753:16:6 in advance of the year preceding, while the daily average number of patients resident was less by fifteen. The number of curable cases admitted was less by sixteen; the number of patients who completed their treatment was less by two; and the percentage of recoveries was less by 1.41.

The Committee state that more than one-half of the £4,000 was required to meet the cost of improvements in and about the hospital. We find, on reference to the last Report, that over £1,200 were expended in 1868; so that the increased outlay on this account only exceeds that of the year previous by about £800, or almost the same sum as that paid in the settlement for the new airing-ground. It would appear that the annual cost of repairs and essential improvements is from £1,000 to £1,200; so that it is hardly fair that this item should have been selected as extraordinary, and that the Committee should particularise it as the cause of the expenditure being in excess of the income. Repairs in an institution like St. Luke's Hospital are as essential as food, and the cost is as unavoidable. We have no more doubt of the necessity which induced the erection of the new steam-boilers, than we have of the comfort afforded by the increased supply of hot water; and we are convinced that upon such a point no one could say one word of censure.

The sum collected in annual subscriptions was less than in the year previous; also the amount of the benefactions was considerably below that of 1868; whilst the contributions made last year towards the maintenance of patients by their friends were considerably in excess of the year before; and the Committee state that "the number received of those whose friends contribute to their support has doubled since the beginning of last year;" and that they (the Committee) "confidently expect that a further increase in the number of patients will result from the financial scheme proposed by the Secretary," and "adopted" by them. Thus, by the combined efforts of the Committee and Secretary, the institution is losing its charitable character, which ere long may become a matter of history only. Were it but possible for a Committee to feel as an individual, well might its members blush at the thought of wringing from the heart-broken relatives of an unhappy lunatic almost the whole of a little hard-earned income, and one perhaps already crippled through the extra burden and expense entailed by the lunatic whilst at home. Who could not sympathise with the relatives of an insane lady or gentleman in needy circumstances, anxious to stave off the necessity of the workhouse ward or the county asylum, which undoubtedly would in many cases but add to the distress and misery of the patient? And yet this is the class by whom the sting of poverty is the more poignantly felt, in consequence of the demand made by St. Luke's Hospital for contributions towards the maintenance of the lunatic. The number of paying cases has been doubled during the past year.

We would take it that the Committee of St. Luke's Hospital would be willing to set their house in order, were they capable of realising the cause of the discontent; but, as any one may live in his house and not perceive that his carpets become threadbare, so it would appear that the Committee of St. Luke's Hospital are unconscious that the system of management of that establishment has become obsolete; and thus we can the more readily imagine the feeling which prompts all opposition to change. But change must come. The Committee state that they were desirous of a full investigation, and that they applied to the Lord Chancellor to institute an independent inquiry; but that his lordship declined, on the ground that the case was not within his jurisdiction. We would venture to suggest that such an inquiry would be more within the jurisdiction of the Lunacy Commissioners, who doubtless would very readily, from their long experience, point out the defects in the administration, if they have not done so already. We are quite ready to accept

the statement that the Committee desire a full, thorough investigation; but we expect some evidence of the sincerity of that desire to be shown, by their asking the properly constituted authorities to institute the inquiry.

A CONVERSAZIONE was given by the Professors in the library of University College on Thursday evening last week.

At a meeting of the Trustees of the Hunterian Collection held on Saturday last, the Marquis of Salisbury was unanimously elected a Trustee, in the room of the late Earl of Derby.

A BILL for the regulation of the sanitary laws of the port of New York has been introduced into the United States House of Representatives.

THE Kingston-upon-Hull Board of Guardians, upon applications from their three medical officers, have increased Mr. Macmillan's salary from £70 to £100, and Dr. Kitching's from £60 to £80. Mr. Day's application, to have his salary increased from £100 to £150, was ordered to be entered on the minutes.

THE Board of Management of the Sheffield General Infirmary have determined to build a detached suite of rooms for the treatment of serious or infectious cases. The recent donation of £1,000 by the Duke of Norfolk, and the legacy of £2000 under the will of Mr. Samuel Bailey, will enable the Board to carry their project out without touching the ordinary income of the Infirmary.

## MR. DISRAELI'S HEALTH.

WE are glad to inform our readers that Mr. Disraeli, who has been labouring under an attack of the prevailing influenza, is convalescent. It is expected that, in a short time, Mr. Disraeli will be able to resume his place in the House of Commons.

## ALLEGED TRANSMISSION OF SYPHILIS BY VACCINATION.

TWO cases of transmission of syphilis by vaccination, says the *Lyon Médical*, have occurred in the Military Hospital at Lyons. The operation of vaccination was performed some months ago on two newly enrolled soldiers; the pustules, after some time, became transformed into syphilitic chancres, which were followed by secondary symptoms, especially ecthymatous pustules on the limbs. Our contemporary suggests that, for the army especially, vaccination from the heifer, as was proposed by M. Viennois in 1864, should be employed.

## THE CLINICAL SOCIETY.

SEVERAL excellent papers were read at the last meeting of this Society—one communicated by Dr. Burdon Sanderson for the author, Dr. Lauder Brunton, on a case of Angina Pectoris treated with relief by nitrite of amyl; and a second paper on the same subject by Dr. Anstie. The former bore chiefly on the question of the physiological action of nitrite of amyl, and embodied the results of some elaborate experiments made by Dr. Brunton in Professor Ludwig's laboratory at Leipzig. The latter was a report of a case in which great and marked relief was afforded by the drug. The President communicated also a short case of Ichthyosis of the Tongue, which resulted in cancer; and Dr. Gee, a case of Scarlet Fever intercurrent in Nephritis, for Mr. Arthur Andrews. It has always appeared to us that this Society might greatly increase its usefulness, and enhance the interest of its meetings, if the Council adopted as far as possible the plan of securing and setting apart a series of papers on one subject for the same evening, as occurred with marked advantage at the last meeting—as, for instance, the value of paracentesis thoracis in acute pleuritic effusion, alluded to the other evening by Dr. Anstie; or the treatment of gonorrhoea, about which most surgeons differ. We are confident that the project would be favourably received and supported by the members of the Society. This plan would plainly prove to be more satisfactory in every way than the erratic manner in which papers on the same subject at present

crop up during the session; and we venture to say that it might, with a little management, be easily carried into effect. Indeed, we see no reason why the Council should not take upon itself to suggest two or three subjects as part of the work of the session, and request members who have the proper material to contribute papers on the subjects. A larger number of experienced members would attend the meetings; and the discussions would not in any case be worse than the dropping fire of questions which at present often winds up a really good paper on a good subject.

#### PROPERT LIBRARY FUND.

THE Committee of the Proport Library Fund have collected nearly £350, and this sum they will expend in fitting up the handsome old school-room which has been placed at their service by the Council of Epsom College. The matter is in progress, and it is expected that the Library will shortly be ready for the use of the boys. In the plans which have been adopted by the Committee of Management, provision has been made for the arrangement of a museum of natural history, the materials for which have been, in a great measure, already presented to the school. This will materially supplement the natural science teaching, which has recently been imported with praiseworthy energy at Epsom College. The subscription list will shortly be closed; and, such being the case, gentlemen willing to contribute to it, should communicate without delay with the Treasurer, Mr. W. W. Wagstaffe, 123, Kennington Road, S.E.

#### ROYAL VICTORIA DISPENSARY, NORTHAMPTON.

THE annual meeting of the governors of this institution was held on February 11th. The number of cases attended by the medical officers was as follows: At the Dispensary, 9,957; at patients' homes, 25,632; at the residences of the medical officers, 13,786; midwifery cases attended by surgeons, 311; by midwives, 102. The medical officers urged the attention of the governors to the dangers likely to arise from the neglect of vaccination in the town, which they attributed to the prejudices which exist against it in the minds of the poorer classes, and also to the failure of the Board of Guardians to carry out the Vaccination Act. The receipts for the year 1869 amounted to £243:15:8 from the Honorary Fund, and £1,728:16:1 from the monthly payments of free members for fines and cards. After the payment of expenses, there remained £1,334:0:6 for distribution among the medical officers; of which Dr. Barr received £541:4:6; Mr. Moxon, £483:13:8; and Mr. Evans, £399:2:4.

#### BRITISH ASSOCIATION COMMITTEE ON THE TREATMENT AND UTILISATION OF SEWAGE.

WE are able to state that the number of towns giving their support to the proposed investigation of this subject by the British Association Committee is rapidly increasing, and already upwards of seventy-five in Manchester heading the list with a contribution of one hundred pounds—Halifax, Plymouth, Bath, Cardiff, Exeter, Greenock, Ipswich, and Hanley, also contributing liberally; Oxford and Cambridge, with some twenty other towns, contribute smaller sums. The Metropolitan Board of Works has communicated to the Committee that it is unable to contribute to the fund in course of being raised to meet the expenses of the inquiry. It seems strange that this should be the case with our metropolitan local authorities, when we find provincial towns coming forward to take part in supporting a piece of work so useful as that contemplated; and, even when encountering difficulties in doing this, inventing devices for overcoming them. There appears, however, to be a very general sense of the need of some thorough investigation of the sewage question in its widest meaning, and that this should be conducted in a manner very different from the mere collection of oral evidence, to eventuate some day in a ponderous and unheeded blue-book. The only result of any value or utility to towns exposed to the risk of Chancery injunctions, and to the still more serious sanitary damage arising from defective arrangements for disposing of house-

refuse, must be of such a nature as to furnish a safe basis for prompt and decided action according to the circumstances of any particular case. We do not believe the "sewage question" is to be decided *ex cathedra* from any one of the several points of view it is regarded from; and, for that reason, inquiry is needed, but such inquiry must be practical; it would involve a considerable amount of disagreeable work, and it would demand entire exemption from "hobby riding." The British Association Committee certainly enjoys the advantage of having all shades and forms of opinion on this subject represented; and, if its members can work together with mutual consideration, there is every reason to expect that the labours of the Committee will justify that support which has been asked of towns, and the readiness with which it appears the appeal of the Committee is being responded to throughout the country.

#### ROYAL COLLEGE OF SURGEONS.

THE Council of this Institution are in treaty with Dr. Nicolucci of Isola di Sooa, for the purchase of his fine collection of Italian and Greek skulls. This collection, comprising 165 specimens of ancient and modern crania, selected with great care by the celebrated Italian ethnologist, and upon which his well-known researches into the history of the races of southern Europe have been mainly founded, will prove a valuable acquisition to the already extensive series in the Hunterian Museum.

#### "BUMBLEBEE" AND TYPHOID FEVER AT LINCOLN WORKHOUSE.

BETWEEN the middle of October and January, fifty-four cases of typhoid fever occurred in the Lincoln Workhouse. Attention was called to the existence of the disease at the former date by the Lunacy Commissioners; and the Visiting Committee, a few days later, recommended that the defective drainage should be remedied, and appointed six gentlemen to take action at once in the matter. Although the Secretary of the Poor-law Board, the Medical Officer, and the Chairman of the Visiting Committee, repeatedly urged on the Guardians the necessity of immediate steps being taken, nothing was done until Dr. Smith was sent down by the Privy Council to report. Mr. Cappe, the senior Vice-Chairman of the Board of Guardians, when informed in December that fever was on the increase, said "Humbug is on the increase." After Dr. Smith's visit, Mr. Mantle, Chairman of the Visiting Committee, tells us that "at once all is activity." We hope that Mr. Cappe will bear in mind the fate of the original Bumble.

#### THE LONDON FEVER HOSPITAL.

AT the annual meeting of the London Fever Hospital, held on the 11th instant, Dr. Murchison resigned the office of Physician, which he has held with much distinction for nearly ten years; and, in consideration of his services, he has been elected a Vice-President and Consulting-Physician. The reasons which have caused Dr. Murchison to resign his office are that his duties at the Middlesex Hospital, where he is Physician and Lecturer on Medicine, together with those of private practice, prevent him from giving that time to the Fever Hospital which it requires. We might also refer to the strong prejudices of the public against a physician connected with a fever hospital.

#### DR. GAIRDNER ON THE CONSTRUCTION OF HOUSES AS INFLUENCING MORTALITY.

DR. GAIRDNER delivered an able address—it might almost be called a lay-sermon—at the Glasgow Philosophical Society, a few days since, "On Defects of House-Construction in Glasgow as a Cause or Mortality." Although Glasgow was the special subject of the address, yet Dr. Gairdner drew conclusions on the results of overcrowding, and laid down principles on the construction of houses, which are equally applicable to all crowded habitations. The subject was treated exhaustively and clearly, and yet made popular in the sense of appealing strongly to a non-professional audience. Dr. Gairdner treated the evils of overcrowding under four heads. The first and most striking result, and the one of most direct medical interest, is the enormous increase

in the number of deaths from epidemic diseases, and in the mortality of children from all causes. The next result to which attention was called is the want of decency (which soon leads to promiscuous sexual intercourse) resulting from the "single apartment occupancy", largely carried out in Glasgow and other great Scotch towns. Thirdly, temptation to drink is fostered by the want of anything like home-comforts, when men, women, and children, are huddled together in one room. Lastly, as a general result of the other three more direct consequences, there follows a state of confirmed moral and religious apathy and physical degradation, the cure of which it is hopeless for either religious ministers or medical men to attempt so long as its cause continues. In this connection, Dr. Gairdner compared the evils of overcrowding in large towns and in country villages, and expressed his belief that the want of home-comforts, privacy, healthful recreation, and abundant ventilation, which are inseparably connected with overcrowding in large towns, adds very much to the evils of merely packing too many people into a given cottage in the country. Dr. Gairdner's strong point was expressed by saying "that it was the house that made and the house that marred the individual and social man to a great extent"; and that "taking the family as the unit of society", it is essential for the well-being of society that its houses should allow the development of family relations. In such houses, Dr. Gairdner considered that the following eight points should be specially attended to: 1. Sufficient cubic space in sleeping-rooms (the legal minimum at Glasgow is 300 cubic feet for every person above eight years old), to secure which it will be necessary to make the *owners*, instead of the *occupiers*, responsible for overcrowding; 2. Arrangements for proper separation of the sexes, which means, of course, a rather general condemnation of "single room occupancies"; 3. Proper means of access, instead of the narrow, dark, ill-ventilated, common staircase of the large "flatted" houses; 4. Proper lighting and ventilation of inhabited rooms—a requirement which would prevent the habitation of most underground rooms; 5. Adequate privy accommodation, taking care that the "privy" is also private—a condition often not carried out in Glasgow, it seems; 6. Good water-supply; 7. Baths and wash-houses, not at a distance, but on the premises; 8. Airing and recreation grounds. This last condition, in reference to a town in some parts of which, Dr. Gairdner tells us there are from 600 to 1000 inhabitants per acre, sounds very much like asking for a general demolition of "multiple occupancies within vast tenements as existing in Glasgow." We have no doubt that such a demolition will be accomplished some time, and the sooner the better, always supposing sufficient accommodation be provided somewhere else.

#### DEATH FROM PINK-ROOT.

A CURIOUS case is reported from Tiverton. The *post mortem* examination of the body of a child who had died after being burnt, is said to have revealed the fact that death resulted from poison. The child suffered from "worms", and the mother administered large doses of "pink-root." The pink-root, or Carolina pink (worm-grass) belongs to the same natural order as *nux vomica*. It was at one time much used as an anthelmintic; it is still used largely in the United States. When given in poisonous doses, it acts as an irritant narcotic. We should have liked further particulars as to the symptoms during life, and the extent of the burn, and the conditions found after death.

#### COMPENSATION CASES.

VARIOUS actions still crop up at the different courts in connection with the accident at New Cross. Amongst them we note the case of a carman who was "injured in his head"; but it was urged on behalf of the company that the man "sang" on his way to town, and did not bring an action till he heard that others had done so. He obtained £35. In another case, it was admitted that £25 had been put down in a doctor's bill without any reasonable cause, and that the patient had not received any considerable injury. The jury awarded *one farthing* damages. A proprietor of a publichouse in Shoreditch has received

£800 for a "severe shock." Miss Egerton, aged 28, a shopwoman, while riding in a first-class carriage was thrown on her knees and after wards backwards and forwards against the sides of the compartment. The medical evidence went to show that her spine and nervous system had received a severe shock. The medical expenses amounted to £75. A charge of £15 for champagne, ordered by her medical attendant, was objected to. The company urged that the symptoms were in great measure due to hysteria. She received £300. Her employer, who was also injured, received £60. Fenton and wife received £15, evidence being shown that the male plaintiff, almost immediately after the accident, had given practical proof of being in vigorous health.

#### DR. WILLIAMS'S ACTION FOR LIBEL.

WE have received from the Duchess of Somerset a letter, complaining that the notice of the expected trial for libel which appeared in this JOURNAL for February 5th, gave an incorrect impression as to some of the facts. Her Grace writes: "There was no necessity 'to trace reports to their source', because, two minutes after the death of her son, the Duchess informed Dr. Williams of her views in the matter, and afterwards, on his application, gave him a copy of her letter to her friends (the so-called libel)". In reference to an apology, it is stated that for the ill-considered expressions used verbally towards Dr. Williams in the first instance, the Duchess has already expressed her regret, and withdrawn them as far as lay in her power. It must be observed that Her Grace does not state that any apology has been offered for the letter. That our expression as to "tracing reports to their source" was, under the circumstances, unnecessary, we willingly acknowledge. It was stated in court that 'the defendant had almost admitted the authorship'; and this expression led us to mistrust private information, which, from Her Grace's letter, we now know to have been correct.

#### AMERICAN OPINION ON ARTIFICIAL ABORTION.

AN American judge (the *Toronto Weekly Globe* says) lately sentenced a physician to seven years' confinement, with hard labour, for manslaughter in attempting to procure abortion, the woman dying from the effects of the operation. The judge took advantage of the occasion to give very strong expression to his opinion on the practice—a practice which, in his boyhood, was very rare, but which "has now grown into a wide-spread menacing evil", and is producing very serious effects on the social and moral qualities of Americans—especially American women, substituting "unblushing effrontery, unchastity, and utter heartlessness", for the "delicacy, refinement, and chastity, of American maidens." Judge Johnson's speech has been copied with approval by many American journals; a fact which raises the hope that his opinion will bear good fruit.

#### HUNTERIAN SOCIETY.

THE following officers have been elected for the ensuing year. *President*: Jonathan Hutchinson, Esq. *Vice-Presidents*: W. Allingham, Esq.; J. Braxton Hicks, M.D., F.R.S.; T. Bryant, Esq.; J. Hughlings Jackson, M.D. *Treasurers and Trustees*: T. M. Daldy, M.D.; T. Brown, Esq. *For the Orator of 1871*: T. B. Crosby, M.D. *Librarian*: R. Fowler, M.D. *Secretaries*: J. J. Phillips, M.D.; J. E. Adams, Esq. *Council*: C. Bader, Esq.; J. M. Bright, M.D.; F. G. Brown, Esq.; M. Brownfield, Esq.; P. L. Burchell, M.B.; E. Clapton, M.D.; W. Clapton, Esq.; T. B. Humphreys, Esq.; G. Lichtenberg, M.D.; W. Rivington, Esq.; R. U. Wallace, M.B.; W. H. Wright, Esq. The annual meeting was held last Wednesday, and after it Mr. Bryant delivered the oration. It consisted in large part in extracts from the records of the early meetings of the Society, many of which supplied very instructive facts as to the progress of medical opinion. The address was listened to by a large audience with the greatest attention, and we have much pleasure in being enabled to bring it before our readers. The Society's annual dinner was held at the London Tavern on Friday, and was an unusually successful one. At the special request of the President and Council, Professor Owen occupied the chair,



the duties of which he discharged with great warmth and geniality. Amongst the guests was Mr. Peter Marshall, the President of the Medical Society. The meetings of the Society are now held in the rooms of the London Institution, Finsbury Circus, where its large library is also accommodated. We have been requested to state that at its next meeting (Wednesday the 23rd) Dr. De Berdt Hovell will read a paper on the Therapeutics of Neuralgia and Rheumatism, when an interesting discussion is expected.

#### THE POOR-LAW BOARD INQUIRY AT ST. PANCRAS.

THE ST. PANCRAS Board of Guardians having refused to prosecute Dr. Ellis for the alleged charges of immoral conduct, and the nurse implicated having disappeared, the Poor-law Board decline to institute any further inquiry.

#### PAUPERISM.

THE last return of the Poor-law Commissioners shows that the total number of persons relieved on the 1st of July last was 977,700, being 1 in 20, or 4.9 per cent. on the actual population according to the last census. The increase, as compared with the corresponding day of 1868, is 6132, or 0.6 per cent.

#### THE SMALL-POX IN BRENTFORD WORKHOUSE.

A LETTER has been received by the guardians from the Poor-law Board, which was read at the weekly meeting on Wednesday, relative to the outbreak of small-pox in the Brentford Workhouse. Dr. Smith had been sent down by the Board, and a copy of his report was enclosed for the consideration of the guardians. The Poor-law Board allude to the want of proper accommodation in the workhouse for infectious cases which had been repeatedly brought under the notice of the guardians, and state that they can no longer consent to any delay on the part of the guardians to make the special provision required. After an animated discussion, the subject was referred to a special Board to be called ten days hence. Mr. Mackinlay, the resident medical officer, reported the occurrence of two fresh cases of small-pox during the week. One fatal case had occurred on Saturday.

#### FEVER AT EASTBOURNE.

DR. THORNE THORNE has been sent down by the Medical Officer of the Privy Council to inquire into the alleged prevalence of fever at Eastbourne. The visit does not appear to have met with the approbation of the inhabitants: at any rate, it has not found much favour with some members of the Local Board, who have expressed their opinion in rather strong terms, by no means complimentary to the gentleman through whose instrumentality the investigation was instituted. We understand that, though scarlatina has been rather common in the place, fever, in the ordinary acceptation of the term, has not been very prevalent. Be this as it may, we would give a word of advice to the Eastbourne people; and that is, not to let their party feelings be exercised in the non-performance of requisite sanitary works and to the prejudice of the public welfare of the town. If there be anything wrong, the advice from the Sanitary Department of the State cannot but be beneficial; and if there be not anything wrong, the town cannot suffer.

#### EDINBURGH UNIVERSITY CLUB.

THE sixth annual general meeting of this Club was held at St. James's Hall on Wednesday, February 16th, 1870. Dr. Murchison, F.R.S., presided. Dr. Sieveking was elected one of the Vice-Presidents, in room of Professor Balfour, F.R.S. The following gentlemen were elected as new members of the Council: Dr. Cape; Rev. Dr. Cosmo Gordon, D.D.; Mr. E. C. Batten, M.A.; and Mr. Richard Davy, F.R.C.S. Various sums of money were voted to the fund for founding Fellowships and Scholarships in the University of Edinburgh, and also to the Syme Surgical Fellowship. Dr. Duckworth, Honorary Secretary, then read the Report of the Council, showing the Club to be in a generally prosperous state. Dr. Halley, the Honorary Treasurer, made a satisfactory financial statement. Dr. Murchison, F.R.S.,

occupied the chair at the dinner which succeeded the meeting. The guests for the evening were Dr. Carpenter, F.R.S.; Mr. Balfour Stewart, F.R.S.; and Dr. Cunningham, Sanitary Commissioner for Bengal. Forty-two members sat down to dinner, and the evening terminated in a very pleasant and successful manner.

## SCOTLAND.

DR. ARTHUR MITCHELL, Deputy Commissioner in Lunacy, delivered his introductory Morisonian lecture on insanity in the hall of the Royal College of Physicians.

#### CONVERSAZIONE OF THE SOCIETY OF ARTS.

A HIGHLY successful *conversazione*, under the auspices of the Royal Scottish Society of Arts, took place on Monday evening, in the Museum of Science and Art, Edinburgh.

#### INSTITUTION FOR THE RELIEF OF INCURABLES.

At the annual meeting, held on Monday, the revenue for the year was stated to be £705, a falling off from last year, and the expenses £117, leaving £588 for the payment of annuities. The number of pensioners on the roll was 200, each receiving an annuity of £4. An appeal was made for increased support.

#### FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

At an adjourned meeting of the Faculty of Physicians and Surgeons of Glasgow, held on the 14th instant, Dr. John Gibson Fleming was elected President in the room of Dr. Andrew Anderson, deceased. This is not the first occasion on which Dr. Fleming has been elected to fill this honourable office, he having been the immediate predecessor of Dr. Anderson.

#### THE LORD RECTORSHIP OF THE ABERDEEN UNIVERSITY.

MR. GRANT DUFF was elected Lord Rector on Saturday last. An unknown personage was, as usual, brought forward in opposition, and a few students jocularly recorded their votes in his favour. It is to be hoped that the results of the past election will lead to some reform in the mode of election. It seems a legitimate subject, in the first place, for the consideration of the General Council of the University. We are glad to see that Dr. Kilgour intends to bring the matter regarding the matriculation of students before the University Court.

## IRELAND.

#### DR. B. G. M'DOWEL AND THE STUDENTS OF THE SCHOOL OF PHYSIC IN IRELAND.

At a numerously attended meeting held last Tuesday, the following resolution was passed unanimously. "That an address and suitable testimonial be presented by the students, past and present, of the School of Physic, to Dr. B. G. M'Dowel on the occasion of the termination of his clinical connection with Sir Patrick Dun's Hospital." A committee was subsequently appointed to carry out the intention conveyed in the above resolution.

#### ROYAL IRISH ACADEMY.

LAST Monday evening, the President, the Rev. John H. Jellett, Fellow of Trinity College, Dublin, F.R.S., communicated the first of a series of "Researches in the application of Optics to Chemistry." Having made some general preliminary remarks respecting the changes in rotation observed under the polariscope as the result of the action of acids on bases, he proceeded to the consideration of the changes effected by the action of nitric acid on quinia. From his investigations, he was able to establish the existence of an acid nitrate, or binitrate, of that base—a salt which has not as yet been isolated. In the course of the discussion which followed, Mr. Tichborne suggested that the effect of changes of temperature in causing variations in the rotatory power of

the same substance should in like inquiries be noted; and the Secretary, Professor Sullivan, said that in the case of quinine it was, perhaps, an elevation of temperature which led to the formation of the acid nitrate spoken of by Professor Jellett, as quinine was known to exist as a hydroquinine when heated, and so to become capable of combining with a second atom of an acid. The author, in reply, mentioned the great difficulty experienced in these researches of obtaining an equable rise of temperature. He promised to make a further communication on the combinations of nitric acid with a mixture of quinia and ammonia.

#### CORK MEDICAL PROTECTIVE ASSOCIATION: DR. M'DOWEL'S CASE.

At a meeting of the committee held February the 8th, 1870, the President, Dr. Harvey, in the chair, it was unanimously resolved: "That, having attentively considered a statement recently issued by Dr. M'Dowel, by which it would appear that the Board of Trinity College, Dublin, on the representation of an opinion by the governors of Sir Patrick Dunn's Hospital, dismissed him from his post as surgeon to the hospital without investigation or inquiry, notwithstanding his having repeatedly and respectfully demanded it, we cannot but look upon this extraordinary proceeding on the part of both these Boards as a denial of simple justice, and, further, as an indignity offered to the profession, of which Dr. M'Dowel has always been an honourable and, until now, an unimpeached member; and we feel called upon, in addition, to express our conviction that the gradual disappearance of the mutual gentlemanly confidence which used to subsist between hospital boards and their medical officers, and the growing spirit of discourtesy which has lately been creeping into even the higher governing bodies, are by no means calculated to advance the interests of these institutions, or of the poor, whom they are intended to serve." The above resolution was signed by Dr. J. R. Harvey, Chairman of the meeting, and by Dr. Charles Armstrong, the Honorary Secretary of the Association.

#### PATHOLOGICAL SOCIETY OF DUBLIN.

At the meeting held this day week, Dr. T. E. Little detailed the particulars of an exceptional case of traumatic tetanus, which had terminated fatally some days previously. The patient, a young man, had received a severe scalp-wound on the right side. For some time, everything went on well, but, towards the close of the third week from the receipt of the injury, yawning and stiffness of the jaws appeared. These were shortly followed by facial paralysis of the right side, and, again, by a partial lesion of sensation in the same situation. A few days later, tetanic symptoms affecting the opposite side set in. Of these, the most peculiar was an incessant *sneezing*—the patient, for a period of about thirty hours, sneezing some hundred times an hour. The functions of the urinary and intestinal tracts were throughout unimpaired. Pyrexial symptoms presently showed themselves; and, after a few days, the patient died, apparently from apnoea and asthenia combined. The most striking *post mortem* appearance in this case was the existence of localised subarachnoid blood-extravasations on the middle lobes of the cerebrum, and also on the inferior surface of the medulla oblongata. The spinal cord likewise was hyperæmic on its surface and throughout its substance. Nowhere was any trace of suppurative action in connection with the brain and spinal cord, or with their membranes, to be noticed. An œdematous state of the lungs, and the presence in the bronchial tubes of a large quantity of mucus, testified to the engagement of the pneumogastric tract in the lesion which caused death.—Dr. W. G. Smith exhibited a case of thrombosis of the vena innominata, the external jugular vein of the right side, the right subclavian, axillary, and brachial veins. In the absence of any clinical history, Dr. Smith stated that this rare lesion had probably been caused by pressure on the commencement of the superior vena cava, exerted by a group of enlarged bronchial glands which was found to lie immediately posterior to that vessel.—Mr. Henry Wilson showed a specimen of the congenital malformation of the eyeball, termed *microphthalmos*, associated with *coloboma iridis*. The diameter of the cornea was but two lines.—Dr. Hayden presented a case of amyloid degeneration of the kidneys and

liver occurring in a man aged 37, who had suffered from syphilis twenty years previously.—Dr. Cryan brought forward a case of extensive valvular disease of the heart. The mitral valve was narrowed to an extreme degree, and patches of pulmonary apoplexy were found in the lungs.

#### TRINITY COLLEGE, DUBLIN, AND A CENTRAL EXAMINING BOARD.

THE following resolutions were passed by the Board of Trinity College, Dublin, in December 1869, and have been forwarded to the Medical Council.

1. That, in order to secure equality of examination standards, there should be only one Examination Board for the whole kingdom, rather than one for each division of the kingdom; and that this Board should hold its examinations successively in London, Dublin, and Edinburgh.
2. That no candidate should be admissible to examination by the General Board who has not previously obtained a licence to practise from one of the Licensing Bodies.
3. That no person should hold an appointment as medical officer in the public service who had not passed the examination of the General Board, conducted in the same manner as examinations are now held, for the army and navy medical services; and that the best answers at such examination should be appointed to vacant places as they occur.

#### ADDRESS TO SIR JAMES ALDERSON.

THE following address has been presented to Sir James Alderson, President of the Royal College of Physicians, by the Medical Practitioners of Hull and its neighbourhood.

*To Sir James Alderson, Knight, M.D., F.R.S., President of the Royal College of Physicians of London.*

The Members of the Medical Profession practising in Hull and its neighbourhood, desire to express to you their congratulations on the honour which Her Majesty has just been pleased to confer upon you.

They look upon this distinction as a fitting and graceful tribute to your high social and professional position, to the manner in which you have discharged the dignified office you now hold as the head of the profession, and to the valuable services you have for many years rendered to the profession, and, through it, to the public.

They pray that your life may be prolonged to enjoy, in health and happiness, the distinction which you have so fairly earned, and which is especially gratifying to the practitioners of your native town, and of the district in which you attained eminence and honour in the earlier part of your career.

Hull, November 1869.

This address, signed by fifty-eight gentlemen, engrossed on parchment and illuminated, was presented to Sir James by F. B. Anderson, Esq., of Hesse; and the following reply has since been received.

17, Berkeley Square, London, Dec. 27th, 1869.

DEAR SIR HENRY COOPER.—Whilst thanking you heartily for the kind part you have taken in presiding at a meeting to do me honour, I must beg you to convey to everyone of the gentlemen, my kind friends, then present, my heartfelt thanks for the address they have voted to me, and to tell them that it contains expressions of their good opinion and regard which far outweigh with me the occasion which has called it forth.

To be remembered and so thought of after so many years of absence from my native town, and to be so held and esteemed by my own profession, affords me happiness before any of the events of my life for which I have to be grateful.

You must allow me to add that the subscribers to the address have enhanced their favour by conveying it by the hand of nearly, if not quite, the oldest practitioner in the district, who has always been my firm friend.

I remain, with sincere regards,

Yours most faithfully,

JAMES ALDERSON.

To Sir Henry Cooper and the other gentlemen who signed the Address.

A PAUPER in the Bow Union Workhouse has been sentenced to twenty-one days imprisonment with hard labour, for an assault upon the Medical Officer.

## COLD-WATER TREATMENT OF FEVER.

(EXTRACT FROM THE TRANSACTIONS OF THE GERMAN NATURALISTS AND PHYSICIANS' MEETING AT INNSBRUCK IN SEPT. 1869.)

IN Section VIII (*Internal Medicine*), Dr. Drasche of Vienna spoke on Cold-water Treatment of Typhus Abdominalis from observations made in the first division of the Rudolf Hospital in Vienna.

The cold-water treatment of typhoid fever, he said, has only lately gained its first scientific basis by means of the exact examinations of temperature in health and disease. Thermometric observations in typhus show that the surest criterion of the severity of the disease is the degree of heat. As soon as the temperature rises a certain number of degrees, characteristic symptoms appear very regularly, but vanish again as the temperature falls. No typhoid symptom is undoubtedly of so great and constant importance as morbidly high temperature. This consists in a chemical process; in an invisible, but appreciable, burning of the blood and of all the constituents of the body capable of being oxidised. Too abundant an increase of heat on the one hand, and too deficient a supply of combustible material on the other, can in the course of time only lead to such an attack on the organic constituents of the body that life is inevitably threatened. The most serious cases of typhoid fever owe their severity to the intensity of this process, the pathology and anatomy of which are not yet fully known. It remains for the future to demonstrate, by means of calorimetric measurements, the rapidity of metamorphosis in the direction indicated.

Cold water, employed systematically, not only lowers the temperature in typhoid fever, but keeps it permanently at a relatively lower degree. By overcoming the excessive oxidation, the most serious attacks of typhoid are deprived of their dangerous aspect; and the disease is often made to take a more favourable course than all the different kinds of treatment hitherto known could effect. All typhoid patients do not, it is true, recover under the most circumspect and careful cold-water treatment; but comparatively more cases are brought to a satisfactory issue by this mode than by any other.

The simplicity of the proceeding is another advantage not to be underrated. Except baths (with or without douches and cold compresses), no other hydrotherapeutic treatment is requisite. If cold packing be used, the appliances are complete.

After these general remarks, Dr. Drasche states his own observations.

The cases treated by him exclusively with cold water in the Rudolf Stiftung, from January to September 1869, amounted to forty, three of which came under the head of typhus. Thirty-six patients recovered, four died. The mortality was thus 10 per cent. In 1868, in the same Hospital, but without cold-water treatment, the mortality was 16.5 per cent. Liebermeister, he added, for comparison, had 9.7 per cent. deaths with his cold-water treatment; Jürgensen, 3 per cent.; and Brand lost no case at all.\*

In consideration of the diagnosis, it must be stated that in all the cases, before any treatment took place, temperature had repeatedly risen above 39 deg. Celsius. It was generally taken in the axilla four to twelve times daily. In some cases, the thermometric annotations reached 400. In the rectum, it was measured on two patients only, who greatly objected to it. The maximum of fever-heat observed was 41.5 deg. centigrade (106.7 Fah.). The thermometer rose repeatedly above 41 deg. centigrade, in two cases terminating fatally, and in three other patients who recovered. The maximum temperature was not constantly reached in the afternoon and evening.

The longest period from the beginning of the disease, before the patient entered the hospital, was twenty days; the shortest, three; and average, eight. The mean time at which convalescence set in was the seventeenth day of the hydrotherapeutic treatment. In the greater number of cases it was, however, observed to begin before the tenth day of treatment.

The hydrotherapeutic treatment consisted chiefly in the employment of full and half baths, of 9 to 30 deg. centigrade, once or twice to eight times daily. Especially in cases where the bronchial complications were severe, or where the brain was affected, cold affusion of 60 deg. centigrade added. Packing in wet sheets, up to 8 deg. centigrade, was less often resorted to. Ice-bags, as low as 4 deg. centigrade, on the head, chest, and abdomen—especially the latter, where there was much diarrhoea—were frequently applied. Generally, a rising of the tempera-

ture to 39.5 deg. centigrade was considered as an indication for hydrotherapeutic treatment. Baths, however, were given if the temperature had not reached that point in some cases, when the patients lost their consciousness, or the tongue became hard and dry.

The diet consisted of milk and broth, and extract of meat given in the form of soups. Some patients took the extract with apparent appetite, and could hardly get enough of it.

The *post mortem* examination in the four fatal cases showed hypostatic congestion of the lungs, and only very isolated patches in the intestines. In one case, Bright's disease, of long standing, was evidently one of the causes of death. The second patient was an inveterate drunkard, and perforation of the intestines took place. In the third case, there were already bed-sores over the coccyx when the hydrotherapeutic treatment was commenced. In the last case, the patient died of general peritonitis, proceeding from the spleen, which was found softened and partially decomposed.

In order to examine the state of the arteries during hydrotherapeutic treatment, pulse-curves were taken before and after the baths by means of the sphygmograph, at various times in the days, and with varying temperatures. The typhus-pulse preserves its dirotic character, even immediately after energetic refrigeration by means of baths. It may be strongly marked, whether the pulse be frequent or the contrary.

In order to prove the action of the hydrotherapeutic treatment—especially of the cold douches—on typhoid bronchitis, attempts were made to determine with the spirometer the vital capacity of the majority of patients. It sank even within a few days; in some cases so much so, that differences of 1000 to 1500 cubic centimetres were observed. Cold douches were regularly followed, in the first stage of the disease, by an increase of the amount of expiration, amounting to 300 cubic centimetres. At a later period, on the contrary, the vital capacity sank so low after baths and douches that the patient, immediately after the refrigeration, showed a difference of as much as 250 cubic centimetres. In the fatal cases with hypostatic congestion of the lungs, the vital capacity sank at most to half its former amount.

The condition of the weight of the body under hydrotherapeutic treatment is, in some cases, quite peculiar. One patient lost within eighteen days, up to the setting in of convalescence, 11 pounds 4 ounces, or 10 per cent. of his whole weight. In the first six days of recovery, the loss in weight was 6 per cent., which, with regard to the shorter period, was comparatively more. The maximum of the loss of bodily weight was, in persons recovering, 24 pounds 7 ounces, or 19 per cent.; in persons dying, 10 pounds, or 17 per cent.

The examinations of the quantitative proportion of urea by the *Titrimetric method*, showed a very striking connection between it and the production of warmth. On days where from four to six baths of a low temperature were taken, the quantity of urea was 1 or 2 per cent. less than the previous days, when either no baths had been taken or when their temperature had not been lower than 26 or 28 deg. centigrade. When the temperature was higher than 39 deg. centigrade in the axilla, the quantity of urea was 3, 4, or even 5 per cent.; it diminished to 2 and 1 per cent. with a decided decrease of the bodily temperature. Often no other symptom than the quantity of urea was required to indicate an aggravation of the disease. In some very severe cases, the amount of urea remained unchanged for three or four days after the beginning of convalescence, even after the use of more richly nitrogenous food.

The proportion of chlorides was generally regular. In high temperatures, they were present to the amount only of some tenths per cent.; but they increased to nearly one per cent. when the bodily warmth was energetically lowered. When the temperature did not surpass 38 deg. cent. in the course of a whole day, chlorides were present to the entire amount of one per cent.

In the majority of typhus cases under the water-treatment, there was more or less albumen found in the urine when the patients were first admitted. It generally coincided with a high temperature (39.6 to 40 deg. cent.) At the same time, the presence of urea was considerable—5 or 6 per cent. Chlorides seemed to be greatly diminished, fluctuating between 0.2 and 0.5 per cent. When, in those cases, the temperature sank within a few days, in consequence of the energetic refrigeration, albumen could only be found in slight traces; and on the fourth or fifth it generally had altogether disappeared from the urine.

There was no constant proportion between the height of temperature and the quantity of urine. Whereas small quantities only, not exceeding 7½ ounces, were produced at a time when the temperature was 40 deg. cent. or above, great or small quantities appeared alternately with 40 or 39 deg. cent. At this stage of temperature happened the greatest quantitative differences, varying from 10½ ounces to 65 ounces. Between 39 and 38 deg. cent., the fluctuations were less extreme. At and under 38 deg. cent., neither very great nor very small quantities were observed.

\* Drasche's statement about Liebermeister's percentage is incorrect. The latter's report upon his cases shows that, in 1868, 10 per cent. of the cases terminated fatally, and in 1869, during that year, only 13 terminated fatally. Liebermeister's percentage is therefore 9.7.



## PROFESSOR FLOWER'S HUNTERIAN LECTURES ON THE COMPARATIVE ANATOMY OF THE MAMMALIA.

*Delivered at the Royal College of Surgeons of England.*

### LECTURE I.—Monday, February 14th.

IN commencing this, his introductory lecture, Mr. W. H. Flower, F.R.S., expressed the regret felt by himself and all connected with the College, at the retirement of his predecessor Professor Huxley. He would have hesitated to undertake the delivery of the course, were it not that the lectures were emphatically *Museum* lectures—to illustrate and explain the collection. He then referred briefly to the fact that the day was the anniversary of the birth of John Hunter, and to his work as a Comparative Anatomist. Much of his writings had been unfortunately destroyed by his executor, Sir Everard Home; and, while he must be looked on as having laid the foundation of a great mass of knowledge, others, such as Cuvier and Meckel, must be regarded as the main source of our knowledge of Comparative Anatomy—a position of which no tardy recognition of Hunter's merits could deprive them.

The Hunterian Museum, Mr. Flower said, teaches *Animal Morphology*. This is not Physiology as the word is generally understood. It may be a foundation of physiological knowledge; though, as yet, most attempts to solve physiological problems (such as the modifications of structure and function) by morphology alone have failed. When Morphology was first cultivated, the teleological doctrine prevailed exclusively. Each animal was a machine fitted for carrying on its own functions in the most efficient manner; and many were the curious anatomical speculations founded on this view—often mere conjectures, disproved by further observation. Afterwards, resemblances between whole animals or parts of animals not to be explained by teleology, were observed; and there gradually dawned the idea of a common bond—the foundation of the theory of type or common plan. Some were disposed to rest here; but the theory asserted only, it explained nothing. In the meanwhile, the results obtained in other branches of science, shewing the harmony due to constant laws acting through immeasurable time, did not pass unnoticed; and two theories were propounded. One of these was that of consanguinity or genetic affinity—that all beings have descended from similar previously existing beings. After 1856, was made the suggestion of the action of a *modus operandi* in the form of Natural Selection; and since the publication of his work by Mr. Darwin, his views have been largely adopted. In the discussion of such questions, Mr. Flower said, the rising school of biologists is destined to fall on troublous times; but, as astronomy and geology have met with opposition and have stood their ground, so will biology. It would be well to remember that, whatever may be man's place in creation, whatever his origin, whatever his hopes or fears, our ideas of these are quite uninfluenced by the knowledge that he comes into the world by ordinary generation. Man will always be man, whatever may be shewn of the origin of races of mankind; and the cultivation of scientific research can never be opposed to his best and highest interests.

Referring to certain objections to the doctrine of derivation, Professor Flower said that, if it be true, the theory is as much a thing of the present as of the past; there is no proof that the laws of selection (if they be laws) are less active now than they were formerly. Again, a species of animals may remain stationary for ages; while another during the same time may undergo great changes.

In illustration of the doctrine of development by selection, Mr. Flower referred to the Australian Koala, a marsupial animal having somewhat the character of a small bear, feeding on leaves of trees, and having its limbs fitted for climbing—especially the hind feet, where the *hallux* or great toe is largely developed, the second and third digits rather small and united by a common enlargement, and the fourth and fifth free and large. In the last century, it would have been said that the foot of this animal was specially adapted for climbing; but it would not have been easy to explain why the Opossum, also a climbing animal, should have the four toes free instead of two of them being united. The Kangaroo, an animal whose mode of progression is very different from that of the Koala, has the *hallux* wanting, the next two toes reduced to a rudimentary state, the fourth very largely developed, and the fifth next so. Here are two feet as unlike as possible with regard to their formation; and yet there is a deeply seated resemblance, to be traced out only through the allies of the animals. Is not this suggestive of relationship, of development from some common ancestor?

Referring next to Classification, Professor Flower observed that the first attempts were mere arbitrary arrangements, and in no way fulfilled the object of shewing the relations of the different classes to each other.

In illustration of the fallacy arising from founding classification on superficial characters, he alluded to the Australian *Thylacine*—an animal at first sight clearly resembling the Dog. Yet the Antelope, which all would at once recognise as distinct from the Dog, is more closely allied to the Dog than the Dog to the *Thylacine*: because both the Antelope and the Dog belong to the Placental Mammals, while the *Thylacine* belongs to another primary branch, the Marsupialia or Didelphia, where it takes the place of the Dog. The Dog must be compared and classified with other Placental Mammals: the *Thylacine* with Marsupials.

If we wish to observe distinguishing characters, we must examine fully developed animals; if resemblances, we must study them in their early stage.

Speaking of the study of Human Anatomy, Professor Flower expressed a hope that it would be more studied in relation with Comparative Anatomy in such a way as to give it more interest than it at present possesses. In his lectures, he would have to go over some of the same ground as had been occupied by Professor Huxley; to whom he desired, once for all, to express his obligation. He concluded by expressing the obligations which the President and Council of the College had conferred by the preservation of Hunter's Museum.

## THE ROYAL MEDICAL SOCIETY OF EDINBURGH.

THE annual dinner of this famous Society passed off with great success on the evening of the 10th, when upwards of sixty members and friends were present. Dr. Alexander Bennett, President of the Society, occupied the Chair, and Mr. David Page acted as Croupier. Amongst those present were Sir J. Y. Simpson, Dr. Christison, Dr. Hughes Bennett, Mr. Spence, Dr. MacLagan, Dr. Gillespie, Dr. Andrew Wood, Dr. Crum Brown, and Dr. Joseph Bell. The Chairman, in proposing the toast of the evening, gave a short and interesting historical account of the Society from its foundation, the greater part of which we have now much pleasure in publishing, as likely to interest the many old members of the Society.

"The history of the Society is, of course, familiar to all its members; but as we have some guests and strangers amongst us to-night, I may be excused for stating that this is the 137th celebration of the Society's existence. We can thus boast of being the oldest institution of the kind in this country, and probably in the world. In the year 1734, six students in medicine, ardent in pursuit of their profession and in their search for knowledge, agreed to meet occasionally for the purposes of social study and mutual improvement by debating medical topics. From the excellence of their discussions, others were induced to join them; and it is on record, that four years afterwards they obtained the use of a room in the Royal Infirmary to conduct their business. In a short time, the Society boasted of possessing not only the names of most of the leading medical students upon its roll, but also many of the most eminent practitioners in the city. Patronised by the University Professors, a large majority of whom have been in early life amongst its most active and distinguished members, it obtained the reputation of being an excellent appendage to the Edinburgh School of Medicine. In 1775, Sir Gilbert Blane, the then president of the Society, delivered an address to the members in the Royal College of Surgeons, immediately after which the foundation-stone of a hall for the exclusive use of the Society was laid by Cullen, who, in his old age, exulted in the triumph of an institution of which he was an active member when a student in Edinburgh. In Dr. John Thomson's life of this distinguished man we are informed that Cullen possessed a book in MS., which he valued very highly, containing the discourses read before the Society so early as the year 1735—a fact which I have not seen in any written record of the Society, and which I therefore think it interesting to mention, as its origin is generally believed to have been two years later. Having accumulated a valuable library, a museum, and other property, the Society obtained a Royal Charter in 1779. In 1852 the necessary order of the hall on very favourable terms; and, with the assistance of the professors and many of the older members, contributed to by the medical professors and many of the older members, the Society obtained the handsome premises in Melbourne Place which we now possess, to which in memory of him it may still be seen in the main wall of the present building. For the long period of 137 years the Society's career has been one of usefulness and honour. In our roll of members we still point out with pride, not only to the name of Cullen, but to that of Black, the founder of Modern Chemistry, to that of Sir Humphry Davy, his great successor as a discoverer in that science, to those of the Moirous, the Bells, the Hunters, and, in more recent times, of Bright, Brodie, Marshall Hall, Liston, and others too numerous to mention,

besides many now living who are known throughout the world as filling the foremost places in medicine, including the majority of the medical professors in our own University. The debates which, during the long period of the Society's existence, have taken place upon almost every great doctrine and practical suggestion which has agitated our profession, have in many instances been rendered famous by the permanent influence which followed them. Of this, the celebrated discussion between the doctrines of Hoffmann and Boerhaave as to inflammation, and between the Brunonians and Cullenians as to vital force, are notable examples. Like other institutions, the Society has had its periods of great prosperity and of comparative decline, but, unlike many who have succumbed to the latter, we have triumphed over them. This may in a great measure be attributed to the kind assistance of our senior members, whose friendship and regard for the old Medical may always be relied upon in periods of temporary difficulty. Thirty-four new members have joined our number; our papers and communications have been interesting and instructive; our debates have exhibited as much energy and enthusiasm as we are told existed in past times; our business transactions have tested the acuteness of those learned in the laws; we exert a continued vigilance over our library, and are careful, by judicious selections, to add to its value; and we venture to hope that our proceedings are at all times conducted in a manner becoming the former and present dignity of a society which, although so aged, still presents every symptom of youthful vigour. At present, the profession is agitated by efforts to improve medical education. At so critical a juncture, when the Medical Council are expected shortly to legislate upon this matter, and are receiving suggestions from all sides as to the most suitable curriculum, the views of the student world may be supposed to merit some slight attention. Looking, then, to the advantages which this Society has so long presented to its members, and the influence it has exerted upon their subsequent career and the advance of medicine, I venture to suggest to the representatives of that Council here present that no greater benefit could be conferred upon medical education and progress than by placing amongst their compulsory regulations, if they have any, attendance upon a well-conducted debating society, like that of the Royal Medical.<sup>9</sup>

## SPECIAL CORRESPONDENCE.

### GLASGOW.

[FROM OUR OWN CORRESPONDENT.]

THE subject of Special Medical Dispensaries, which has occupied public attention to a considerable extent of late, was brought up at a full meeting of the Medico-Chirurgical Society on the 4th instant, and was the occasion of a rather animated discussion, in which Dr. J. G. Fleming, formerly President of the Faculty, and Professor Young of the University, took part. Besides these gentlemen, numerous practitioners in the city engaged in the discussion. The general opinion seemed to be that special medical dispensaries tend, at the present time, to be carried far too great an excess in Glasgow. It was considered that the Eye Infirmary, the Lock Hospital, and the Lying-in Hospital are necessary institutions of this class; but that special dispensaries for the treatment of out-door patients suffering from special diseases, especially when these are in the hands of one man, and practically shut to the rest of the profession, are decidedly objectionable; this objection applying particularly when there is any suspicion that what is ostensibly for the public good may be made a means of pecuniary advantage to the medical men concerned. It was acknowledged that, from an educational point of view, institutions for the treatment of special departments of disease are in some respects defensible; but, on the other hand, it was maintained that all the benefits which they possess in this respect might be secured by having special wards in the Infirmary, open to any one who might be judged to be qualified, and that such an arrangement would be free from the suspicion of personal aggrandisement. Many of the speakers made special reference to the effort at present being made to start a new institution for diseases of the eye, it being the general opinion that the Eye Infirmary, to which the late Dr. Mackenzie devoted much time and money, was amply sufficient to meet the wants of the city, and that the effect of a new institution of the same nature, would merely be to fritter away the money of the benevolent.

A letter has been addressed to the Directors of the Glasgow Royal Infirmary by Dr. J. G. Fleming, in reference to the arrangements in that institution, and suggesting some alterations in the same. His first suggestion is that the surgeons and physicians be elected annually, being eligible for re-election during the pleasure of the Managers. According

to the present arrangement, each medical officer is elected at first for a period of four years, at the end of which time he can be re-elected for other four years, but at the end of this second period of four years he must retire, and is not again eligible till a year has elapsed. But at the end of a year there may be no vacancy, and so a man may require to wait for several years before he has an opportunity of re-entering the house. A very experienced medical man, and an excellent clinical teacher, may thus, during several years, be excluded from the opportunities afforded by the Infirmary. To remedy this, Dr. Fleming proposes to have annual elections, and that the individual men may be eligible for re-election during the pleasure of the Directors. We would suggest, against this proposal, that to many men a yearly canvass of the Board of Managers might be a most serious consideration; while we see no very serious objection to having elections at periods of four years, as at present, but abolishing the forced retirement at the end of the second period. At present, though there is an election at the end of the first four years, yet practically the candidate is sure of re-election, so that the appointments are really for eight years. But if there were a regular four years' appointment and the periods of election were properly advertised, there would be no lack of opportunities of change, and, at the same time, some fixity of tenure. Dr. Fleming's second suggestion is in reference to the clinical lectures. The present arrangement is that two surgeons and two physicians lecture each once a week, during the six winter and three summer months, the lectures being given in rotation by the surgeons and the physicians in the house. Now, Dr. Fleming proposes that the lecturing should be made a voluntary thing on the part of the medical officers, that each may lecture or abstain from it, according as he may feel himself qualified, those who lecture being subject to rules laid down by the Managers. We think that the wisdom of this course will be apparent to nearly all. At present a man must lecture, soon after entering the house, whether his previous training shall have suited him for such duties or not; and moreover, it is obvious that many a first-rate bedside instructor may not possess the qualifications of a successful lecturer. By the arrangement which Dr. Fleming suggests, the lecturing would be voluntary, and only those would lecture who had evidence of their efficiency in the enrolment of a sufficient number of students. The third suggestion is that the medical staff should be raised to five surgeons and five physicians, the present number being four of each. Dr. Fleming represents that each medical officer has at present too many patients under his charge; and, this being the case, an additional number is surely called for. The last proposal is that the hour of visit should be changed from the present early hour, namely, 8.30 A.M., to 2 P.M. The chief reason assigned for the change is that, in order to have the wards ready for the visit at 8.30, the patients must be roused from sleep at 6.30, and that many patients may have their diseases aggravated by being roused from the tranquil morning sleep, which often follows wakefulness in the early part of the night.

The last of these suggestions has been the subject of a letter to one of the daily papers from Dr. Gairdner. He proposes to have the surgical and medical visits at different hours, and the clinical lectures at a different hour from either. His reasons for this suggestion he arranges under four heads, which we will briefly summarise. 1. The surgeons of the house have represented to Dr. Gairdner that an early hour is most suitable for the surgical visit, because an early dressing is often essential to the comfort of the patient during the day. On the other hand, the bad effects of early disturbance referred to by Dr. Fleming bear chiefly on medical cases, and the visit to this class would be better made later. 2. According to the present arrangement, students often try to attend both medical and surgical practice at the same time, running after operations when they occur, and so fail to follow out either department in a systematic way. 3. Clinical lectures occurring four times a week at the same time as the ordinary visit, are very frequently put by the student in the place of bedside instruction, a certificate of attendance on the former being the only test asked by the Examining Boards. 4. As a remedy for this state of matters, Dr. Gairdner suggests that the hour of the medical visit be later in the day than that of the surgical, and that of the clinical lectures different from both, or, at least, from the medical visit; further, that clinical instruction, true bedside observation, should be a part of the recognised curriculum, as well as clinical lectures. Dr. Gairdner is also of opinion that more time would, with great advantage, be spent in gaining practical knowledge at the hospital than is at present the case. His concluding remarks on the subject we quote in full, as we consider them of great value. "Attendance in the wards should be regulated and made systematic; and while hospital study should be encouraged in every way over a much longer period, the last year of medical study should be saved up, as it were, for real practical study and work in the wards, carried on for several hours a day, and only so far diversified by lectures as might be found really advantageous in the interest of true bedside instruction."



## ASSOCIATION INTELLIGENCE.

### SOUTH-EASTERN DISTRICT MEDICAL MEETINGS.

A MEETING was held at Canterbury in November 1869.

1. Mr. RIGDEN, in connection with a statistical paper, exhibited a diagram showing the number of deaths in Canterbury, for each year, during fifteen years.

2. Mr. GARRAWAY gave an account of a young lady who had been afflicted seven years with Epilepsy, and had been treated by various remedies; the aspect was quite idiotic; the upper lip was retracted, and the saliva flowed over the lip. The urine sometimes escaped involuntarily; the movements were erratic. There was great dullness of comprehension: either no notice was taken when she was addressed, or, if an effort to reply were made, it ended in a few incoherent words totally irrelevant to the question. She had seven or eight fits, mild and severe, during the day; she was dressed and undressed like a child, and could not be left a moment. After taking belladonna for twenty days, the fits had ceased. After fifty-three days of the treatment, the following was the report. "Miss — has not had another fit; the slight seizures, too, have become gradually slighter, and less frequent, consisting only of a momentary look of vacuity, which a word will dissipate. She is quite an altered being; rises at six, that she may employ herself before breakfast, performs her own toilette, is left to occupy herself as she pleases in the house or garden, practises at the piano again, and, were it not for defective vision, which interferes with working or reading, would be quite independent. She has four grains of extract of belladonna three times a day; the pupils have long been dilated, but still responded slightly to the stimulus of light." Dr. Brown-Séquard, who was now consulted, advised the belladonna to be gradually diminished, and bromide of potassium substituted. No sooner was this done, than the fits and all their attendant consequences recurred. Belladonna was resumed, and the patient was well for months. She then removed to a distant part, neglected treatment, and died in a year.

Dr. LEE referred to the remarkable difference in the Structure of the Iris of different classes of animals. To this cause, Dr. Lee attributed the discrepancies in the accounts which anatomists have given of the minute structure of the iris, and the difficulty which has consequently arisen in explaining its action. In the human iris there are two structures which deserve particular attention. The most important of these may be exhibited by allowing the iris to remain for a day or two in water, so that by a soft camel's hair the pigmentary layer may be removed. With the assistance of a powerful magnifying glass, or the one-inch microscope piece, the tissue on which the elasticity of the iris depends is seen. It is composed of long white fibres, which extend from the circumference to the margin of the iris, the fibres diminishing as they approach the margin, and forming connexions by lateral branches. The other tissue is interposed between these, and forms the posterior covering. It is composed of vascular and cellular tissue of great delicacy, varying in quantity according to the age and condition of the body and the effects of disease. Attention was directed to the striking difference between the pupil in early and in advanced age; to the susceptibility of the iris to the influence of light and to various medicines at different periods of life; and to the fact that the iris in sleep is in such a state as to produce a small pupil. Remarks were made on the effects of bodily and mental fatigue and debilitating causes, such as chronic and other diseases, in giving rise to enlargement of the pupils; while, in opposite conditions of the nervous and vascular system, the pupil was observed to be small and the iris less sensitive.

## CORRESPONDENCE.

### CROUP AND DIPHTHERIA.

SIR,—Dr. Laycock suggests that there is a form of epidemic croup distinct from inflammatory croup, on the one hand, and from diphtheritic croup on the other. He agrees with me that the pellicular disease, or membranous exudation within the larynx, is the result, not of simple inflammation, but of a specific form of disease, or, as he suggests, "a specific fever-poison." Of late years we have seen and heard more than enough of diphtheria in an epidemic form; but whether there is a form of epidemic croup distinct from laryngeal diphtheria appears doubtful. Dr. Laycock admits that nothing more than the probability of such a disease can beset him.

Lately, in conversation, an eminent physician suggested to me as a reason for doubting the identity of membranous laryngitis with diph-

theria, that in the former affection we do not see the peculiar paralytic symptoms which often complicate diphtheria. The reason is that laryngeal diphtheria is almost always fatal, and it destroys life before there is time for the development of the paralytic symptoms, which are amongst the later sequelæ of diphtheria.

Dr. Bree thinks that membranous croup has been transformed: that thirty years ago it was an inflammatory disease to be cured by antimonials, mercury, and leeches; and that, during the last five years, that disease has disappeared, and diphtheria has taken its place, requiring a totally different method of treatment. Dr. Bree and I are agreed as to the pathology and practice of the present time, but we differ in our interpretation of the past. I venture to suggest that thirty years ago, Dr. Bree, like myself, had not learnt to recognise diphtheria as a distinct specific disease, and that he confounded laryngeal diphtheria with inflammatory croup, as Drs. Home and Cheyne have done in their writings, and as others have done since.

Dr. Bree cured inflammatory croup by antiphlogistic remedies; diphtheritic croup he failed to cure, and after death he found the false membranes within the air-passages. Now he recognises diphtheria as a distinct disease, and the membranous croup of his early days of practice has disappeared.

I believe that the change has been psychological, not pathological. The diseases have remained the same, but they present themselves differently to our mental view.

We know that witches were common enough in all parts of England until within a comparatively recent period; we also know how vigorously and successfully they were dealt with by means of the actual cautery. (See upon this subject, Mr. Lecky's *History of the Rise and Influence of the Spirit of Rationalism in Europe*.) Now that interesting class of beings is unknown beyond the limits of Lancashire, and even within those limits it has undergone a complete change of type, requiring and receiving an entirely different treatment. I believe that simple inflammatory croup, resulting in the formation of a coherent fibrinous false membrane, has gone the way of the English witches, and that my friend Dr. Bree will never meet with it again.

I am, etc., GEORGE JOHNSON.

Savile Row, February 14th, 1870.

### THE ALLEGED "FALSE MEDICAL CERTIFICATE."

SIR,—You have noticed in your columns a report of an inquest which appeared in the *Times* of Saturday, January 29th, headed "False Medical Certificate," this title having been apparently suggested by the remarks of the coroner, Dr. Lankester, who is reported to have said that "the peculiar features of the case were, that a doctor who had attended deceased had given a certificate stating that he had seen deceased on the 22nd of January, and he died on the 25th of rheumatic gout and effusion of serum into the left pleural cavity. The jury would hear that that was not the cause of death, so that a medical man had given a certificate when he knew nothing of the cause of death, and had guessed the cause of death," and so forth.

This report I characterise as unfair, untrue, and calumnious, as will be seen by the following account of the case of Mr. F. R. Smith, whose death was the subject of the inquiry.

He had been under my care for some time, suffering from rheumatic gout. On the 6th or 7th of January, he came to my consulting-room, after an interval of more than a month, extremely weak, greatly emaciated, and breathless on the least exertion. I suspected that he must have had an attack of acute disease, but could obtain no history whatever of such an attack: his weakness and loss of flesh he attributed to complete loss of appetite and slight diarrhoea; and I endeavoured to discover the cause of the breathlessness by an examination of the chest. I found signs indicating the presence of fluid in the left pleural cavity; but a most careful examination of the heart failed to yield any evidence of endocardial or pericardial mischief. It was easy to see that the condition of the patient was most serious. I forbade his coming here to see me, and I saw him twice subsequently at his lodgings—the last time at 4 or 5 P.M. on Saturday, the 22nd. The only apparent change was increasing weakness. The physical signs about the left lung were much the same; the heart-sounds, as heard by the stethoscope, were normal. I did not examine the region of the heart by percussion. Mr. Smith was found dead in his room, as I was informed, on the Tuesday morning—the report says on Monday. The fatal termination was not unexpected by me; and I should not have been astonished to hear of it at any time after seeing him early in January. That it appeared sudden to others, was due to the character of the man; his dislike or dread of being dependent on those around him, which made him refuse to remain in bed; and to the fact that I was unable to



find out the name of any relative or friend to whom I might communicate my apprehensions.

Perhaps this is the right place to state that Mr. Smith came to me because he had been a teacher at a school in which I received a great part of my education, and that I was allowed throughout to look upon him and treat him as a schoolmaster disabled by illness.

It is a duty imposed upon medical men, that when they have watched an illness to a fatal termination, that they shall give a certificate of the cause of death. I considered that I had no right to refuse a certificate in the case of Mr. Smith; and, under similar circumstances, I should again give one, notwithstanding the liability, which it seems to be to be taken into account, that it might be made a text for sensational observations by the coroner. The certificate, as is customary, indicated the chronic disease—rheumatic gout—in the course of which supervened the fatal malady.

I beg to say in passing the way in which the sense of this is tortured in the report. The fatal malady I set down as "effusion into the left pleural cavity." The serum is an interpolation of Dr. Lankester's or the reporter's. I suspected the effusion to be the result of pleuropneumonia, and that it masked changes in the substance of the lung; but in the absence of definite indications either in the history or in the physical signs, I stated simply what I considered I had ascertained.

Here is Dr. Gibson's account of the *post mortem* appearances, which he has kindly sent me. "Heart large, pale, fatty, valves healthy, great effusion into the pericardium. Right lung healthy. Left lung and pleura a consolidated mass of disease, the lung infiltrated with pus; the pleura on the costal side contained a great quantity of pus."

In the report all reference to the condition of the left lung is suppressed, and the cause of death assigned is simply effusion into the bag of the heart.

I need scarcely say to professional readers that the effusion into the pericardium bore much the same relation to the disease in the left lung as the last straw which proverbially breaks the camel's back to the rest of the load. Dr. Lankester has not the excuse of ignorance; he must have known that effusion into the pericardium is often only the last in a chain of events leading to death; he must have known also that the diagnosis of this condition is not always easy—that it may become extremely difficult when there is disease in the adjacent lung; and yet he permits himself to say of an absent medical man that he knew nothing of the cause of death, but had guessed it. Had I been altogether wrong—had I mistaken effusion into the pericardium for effusion into the pleura, Dr. Lankester's remarks, as reported, would have been utterly unjustifiable; under the actual circumstances they were altogether inexcusable.

It will be seen that I assume Dr. Lankester to have used the expressions attributed to him. During the week which has intervened since the appearance of the report, I have been in communication with him in the hope that he would disavow it—publicly, of course, I mean; but all I have been able to obtain is the stereotyped reply, that he does not hold himself responsible for the reports of his inquests, and a sort of explanation which in no way touches the point at issue. Since, then, he is content to appear before the public as the author of statements which I again say are unfair and untrue, I have no alternative but to consider him as such. I am willing to believe that he did not deliberately say what he knew to be untrue. I prefer to suppose that he was seduced by the opportunity of making a telling speech to the jury, as is suggested by the rest of the report. I forbear, therefore, from saying much that is prompted by a not unnatural indignation. I will add, however, one or two common-sense reflections. Any inquiry as to the cause of death is obviously incomplete without the evidence of the medical man who has attended the patient during the fatal illness when a certificate of such attendance has been given. Still more obviously it is unfair (a stronger expression comes to the end of my pen) to subject a medical man who has given such certificate to injurious remarks in his absence, no opportunity of explanation having been afforded him; and it is intolerable that this should be done by one who, like Dr. Lankester, was placed in his present position mainly by the exertions of the medical profession.

I conclude with a final recommendation—that if the cheap glory of making sensational remarks before a jury is a necessary or agreeable stimulus to the coroner in the exercise of his functions, these remarks should not be at the expense of some unlucky medical man apparently for the moment in his power, but that he should limit himself to the expression of but safe generalities, exemplified in what appears to have been the peroration of his speech—"if some people had their way here would be no law in the land."

I am, etc.,

W. H. BROADBENT.

44, Seymour Street, Feb. 1870.

## MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.—Monday, February 14th, 1870.

AMENDMENT OF THE MEDICAL ACTS.—Sir John Gray gave notice that he would, on an early day, apply for leave to bring in a Bill to amend the Medical Act of 1858, and the Acts amending the same, so as to secure a more direct representation of the profession on the Medical Council, and to so increase the powers of the Council as to ensure that no person can be enrolled on the Register of Practitioners who does not previously demonstrate that he possesses a practical acquaintance with the duties of the several branches of the profession.

BEARDS IN THE ARMY.—Mr. Stapoole gave notice that he would, on March 1st, ask the Secretary of State for War whether he was prepared to apply to the Army serving in the United Kingdom and the Colonies regulations as to the wearing of beards similar to those now in operation in the Navy and Royal Marines, and recently issued in the case of her Majesty's regiments in India.

Tuesday, February 15th, 1870.

ADULTERATION OF FOOD OR DRINK ACT (1860) AMENDMENT.—Mr. Muntz gave notice that he will, on February 22nd, ask leave to bring in a Bill to amend the "Adulteration of Food or Drink Act (1860)," and to extend its provisions to drugs.

## OBITUARY.

RICHARD TAYLOR, L.R.C.S., L.R.C.P. EDIN.,

WHICKHAM, GATESHEAD-ON-TYNE.

It is with extreme regret that we record the death of Mr. Richard Taylor of Whickham, at the early age of thirty-five, from malignant typhus fever, contracted in the discharge of his professional duties. Mr. Taylor was rapidly increasing his practice, and was much esteemed by his patients, the rich and poor alike estimating his many good qualities. By his professional brethren, he was much respected; chiefly so, for his amiability of disposition, honourable character, and willingness to aid and do a kindly act. Truly it may be said, that in his untimely death of Mr. Taylor, North Durham has lost an able and justly valued member of the profession.

## MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, February 18th, 1870.

Holroyd, William Stephen, Hugh Street, Pinlough  
Slaughter, William Dodd, Farningham, Kent  
Stann, George, Newcastle-on-Tyne, Gateshead

INDIAN MEDICAL SERVICE.—The Military Secretary, India Office, presents his compliments to the Editor of the BRITISH MEDICAL JOURNAL, and begs to enclose a list of the 38 candidates for Her Majesty's Indian Medical Service who were successful at the competitive examination at Chelsea in August 1869, and who have undergone a course of instruction at the Army Medical School, together with the total number of marks obtained at the examinations at Chelsea and at Netley. [Maximum number of marks, 6,900.]

Order of Merit and Name	Scoring at	No. Marks.
1. Duke, O. I.	London	5440
2. Nicholson, F. C.	Edinburgh	5400
3. Gunn, J.	Aberdeen	4915
4. Hendley, T. H.	London	4900
5. Grease, W. H.	Dublin	4825
6. Sisson, J. B.	London	4800
7. Chace, F. C.	Calcutta & F. M. S.	4715
8. Smyke, F. A.	Dublin	4715
9. Sinclair, D.	Aberdeen	4575
10. Salmon, S. M.	Dublin	4525
11. Boyd, H.	Boston and London	4025
12. Lloyd, J.	C. R.	3975
13. Barker, F. C.	Dublin	3815
14. Courtney, W. M.	Dublin	3725
15. Rutledge, E. B.	London	3660
16. Robinson, T.	Dublin	3515
17. Caldecott, R.	London	3415
18. Martin, D. N.	Cork	3425
19. Strahan, A. B.	Aberdeen	3015

\* Awarded the Herbert Prize.

20. Roe, W. A. C.	Dublin	3607
21. Kelly, A. H.	Dublin	3575
22. Meadon, C. J. W.	Dublin	3555
23. Waters, G.	Glasgow	3429
24. Keefer, W. N.	Montreal	3460
25. Deane, A.	Dublin	3392
26. Murphy, P.	Dublin and Dublin	2675
27. Murray, W. F.	Dublin	3196
28. Carswell, J. S.	Glasgow	3169
29. McLaughlin, W.	Dublin	3049
30. Hughes, A. H.	Dublin and London	3007
31. Wall, R. M.	Dublin	2940
32. North, J.	London	2799
33. Fawcett, E.	Dublin	2723
34. Paterson, F. R.	Dublin	2687
35. Hastings, W.	Dublin	2683
36. Spencer, T. C. H.	London	2671
37. Hall, H. G.	Dublin	2414
38. Jones, H. J.	Glasgow	2411

### MEDICAL VACANCIES.

THE following vacancies are declared:—  
**BALLINASLOE UNION**, Co. Galway—Medical Officer and Public Vaccinator for the Abchurch Dispensary District, 2nd.  
**BIRMINGHAM**, Parish—Five District Medical Officers: applications, March 7th; election, 9th; duties, 25th.  
**BRADFORD (Yorkshire) INFIRMARY AND DISPENSARY**—Physician.  
**Bristol ROYAL INFIRMARY**—Assistant House-Surgeon: applications, 1st.  
**BUCKINGHAMSHIRE GENERAL INFIRMARY**, Aylesbury—Resident Surgeon and Apothecary.  
**COOKSTOWN UNION**, Co. Tyrone—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Stewartstown Dispensary District: 2nd.  
**ENNISCORTHY UNION**, Co. Wexford—Medical Officer for the Killane Dispensary District: 2nd.  
**CLELANDALE UNION**, Northumberland—Medical Officer for the Lowick District.  
**HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST**, Brompton—Resident Clinical Assistant: applications, March 5th.  
**LITTLEMORE PAUPER LUNATIC ASYLUM**, near Oxford—Resident Assistant Medical Officer: applications, 19th; duties, early in March.  
**LIVERPOOL DISPENSARIES**—Assistant Resident House-Surgeon: applications, 26th.  
**LONDON FEVER HOSPITAL**—Physician, also Resident Medical Officer: applications, Feb. 22nd; duties, March 1st.  
**LOUDOUN**, Ayrshire—Medical Officer and Public Vaccinator for Darvel: applications, March 1st.  
**METROPOLITAN FREE HOSPITAL**, Devonshire Square—Surgeon: applications, 14th.  
**MOUNTBELLION UNION**, Co. Galway—Medical Officer for the Workhouse, and Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Mountbellion Dispensary District: 25th.  
**NEWCASTLE (Monmouthshire) INFIRMARY AND DISPENSARY**—Resident Medical Officer: applications, March 1st; duties, April 25th.  
**NEW ROSS UNION**, Co. Wexford—Medical Officer and Public Vaccinator for the Templeglavin Dispensary District: 24th.  
**NOTHAM DISPENSARY**—Consulting Surgeon: 2nd.  
**RATHDRUM UNION**, Co. Wicklow—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Rathdrum Dispensary District: applications, Feb. 22nd; election, March 1st.  
**ROSS UNION**, Herefordshire—Medical Officer for District No. 2.  
**ROYAL ALBERT ASYLUM FOR IDIOTS AND IMBECILES OF THE NORTHERN COUNTIES**, Lancaster—Medical Superintendent: applications, March 14th; duties, May 1st.  
**ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL**, St. George's Circus, Southwark, Surgeon.  
**ST. BARTHOLOMEW'S HOSPITAL**—Assistant-Physician.  
**ST. MARYLEBONE PROVIDENT DISPENSARY**, Duke Street, Portland Place—Medical Officer in Ordinary: applications, 26th.  
**SANDSTRING**, Shetland—Medical Officer.  
**SCARFILL UNION**, Co. Clare—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Feakle Dispensary District: 1st.  
**SHEDFIELD GENERAL INFIRMARY**—Assistant House-Surgeon.  
**STRABANE UNION**, Co. Tyrone—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Strabane Dispensary District: March 24th.  
**TRIM UNION**, Co. Meath—Medical Officer for the Trim Dispensary District.  
**WALLS**, Shetland—Medical Officer.

### MEDICAL APPOINTMENTS.

*Names marked with an asterisk are those of Members of the Association.*  
**\*Crichton, R. W., M.D.**, appointed Physician to the Tavistock Dispensary, vice Dr. Harness, resigned.  
**Sisk, John O'Neill, M.D.**, elected Medical Officer, Public Vaccinator, and Registrar, for the Fermoy Dispensary District of the Fermoy Union, and Medical Attendant to the Fermoy and Careyville Police Force.

### BIRTHS.

**CHATELAIN**—On February 10th, at Haverhill, Halifax, the wife of \*William Charteris, L.R.C.P. Ed., of a daughter.  
**FENTEN**—On February 10th, at Bakewell, the wife of Philip S. Fenten, M.D., of a son.  
**HAWKINS**—On February 7th, at Bow, Middlesex, the wife of James S. Hawkins, Esq., Surgeon, of a daughter.  
**JACKSON**—On January 3rd, at Meerut, the wife of J. Rawlinson Jackson, M.D., Surgeon H.M.'s Indian Army, of a son.  
**THOROUGHGOOD**—On February 17th, at 67, Welbeck Street, the wife of \*John C. Thoroughgood, M.D., of a daughter.  
**WYMAN**—On February 18th, at Hatfield Road, Oak, the wife of \*W. S. Wyman, M.D., of a daughter.

### MARRIAGES.

**BIRKETT, Frederick B., Esq.**, of Hampton Court, to Agnes, widow of the late W. F. DANIEL, M.D., Staff Surgeon-Major, at St. John's Church, Charlotte Street, Fitzroy Square, on February 10th.  
**BOUTON, Frederick C., Esq.**, third son of \*R. G. Boulton, M.D., of Beverly, to Alice, fourth surviving daughter of Edward Ross, Esq., of Malton, York, on February 9th.  
**CORNISH, Philip Alfred, Esq.**, Surgeon, of Modbury, to Amelia, youngest daughter of the late J. Z. S. Lusk, Esq., of Upchurch, South Devon, on February 10th.  
**ELMES, John Blair, M.B.**, Lilldale, Melbourne, Australia, to Hester Brown, eldest daughter of Robert LITTIGOW, Esq., of Lilldale, at St. Kilda, on December 18th, 1869.  
**TROTTER, Adam K., M.D.**, of Amble, Northumberland, to Adeline Jane, younger daughter of the late Edward H. CHALK, Esq., at Trinity Church, Sloane Street, on February 15th.  
**WEIR, William, M.D.**, of Taquarit, Brazil, to Emma Jane, youngest daughter of William TRELVAR, Esq., of Swithins, Cornwall, on February 10th.

### DEATHS.

**BERRYMAN**—On January 14th, at St. John, New Brunswick, aged 26, Mary Anne, wife of John Berryman, M.D.  
**BROWNE**—On February 1st, at Liverpool, aged 22, Vincent De Paul, youngest son of \*W. A. F. Browne, Esq., Commissioner in Lunacy for Scotland.  
**CROWDER, Robert, M.D.**, at Brentwood, aged 41, on February 2nd.  
**LLOYD, William, M.D.**, late of the 36th Regiment, at Lee, Kent, aged 79, on February 13th.  
**\*MORRIS, Henry, Esq.**, Surgeon, Studley, Redditch, aged 60, on February 10th.  
**TAYLOR, Alexander, Esq.**, Surgeon, at Whickham, Durham, aged 36, on Feb. 5th.  
**\*TAYLOR, Richard, L.R.C.P. Ed.**, at Whickham, Durham, aged 36, on Feb. 5th.  
**PRATER, Charles A., Esq.**, Surgeon, at Dover, aged 28, on February 2nd.  
**\*ODONNELL, Henry James, Esq.**, Surgeon, at Liverpool, on February 6th.

**PRESENTATION**—Mr. John McK. Taylor, surgeon, has been presented with a family bible and purse of sovereigns on the occasion of his departure from Loudoun, Ayrshire.

### OPERATION DAYS AT THE HOSPITALS.

**MONDAY**.....Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.  
**TUESDAY**.....Guy's, 1.30 P.M.—Westminster, 2 P.M.—National Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.  
**WEDNESDAY**.....St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.15 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—St. Thomas's, 1.30 P.M.—London, 2 P.M.—Royal, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.  
**THURSDAY**.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Free, 1 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.  
**FRIDAY**.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.  
**SATURDAY**.....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Claring Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.—East London Hospital for Children, 2 P.M.—Hospital for Women, 9.30 A.M.

### MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

**MONDAY**—Medical Society of London, 8 P.M. Mr. Henry Haneock, "On a Case of Removal of a Bony Tumor, with the Lower Half of the Radius, and a Portion of the Ulna"; Dr. E. W. Richardson, "On Insanient Pulse—Nature, Cause, and Treatment"; Entomological Society.  
**TUESDAY**—Ethnological Society of London, 8 P.M. Mr. C. Monkman, "On Recent Archaeological Discoveries in Yorkshire"; Dr. Jager, "On the Natives of Naga in the Philippine Islands"—Royal Medical and Chirurgical Society, 8 P.M. Special Meeting to consider Resolutions on the Amalgamation of the Medical Societies.  
**WEDNESDAY**—Hunterian Society, 7.30 P.M., Council Meeting. 8 P.M., Mr. Howell, "On the different Therapeutic Relations of Rheumatism and Neuralgia; together with the Remarks on the Pathology of Rheumatism."  
**THURSDAY**—Royal Society.  
**FRIDAY**—Clinical Society of London, 8 P.M. Mr. C. H. Moore, "On Expansion of the Antrum of Highmore"; Dr. Bristowe, "Aphasia successfully treated by Education"; Mr. H. A. Reeves, "Treatment of Urethral Stricture by Laminaria"; Dr. H. H. Greenhow, "Case of Atrophy of Brain, with great Depression of Temperature."

### BOOKS, ETC., RECEIVED.

**Lectures on the Principles of Surgical Diagnosis; especially in Relation to Shock and Visceral Lesions.** By F. Le Gros Clark, F.R.C.S. London: 1870.  
**Memoir of Robley Dunglison, M.D., LL.D.** By S. D. Gross, M.D., LL.D. Philadelphia: 1870.  
**Transactions of the American Ophthalmological Society (Sixth Annual Meeting); and of the American Otological Society (Second Annual Meeting).** New York: 1870.  
**On the Restoration of Health.** By Thomas Inman, M.D., and. London: 1870.

## NOTICES TO CORRESPONDENTS.

*All Letters and Communications for the JOURNAL, to be addressed to the Editor, 27, Great Queen Street, Lincolns Inn Fields, W.C.*

**CORRESPONDENTS NOT ANSWERED.**—Are requested to look to the Notices to Correspondents of the following week.

**TO PURCHASERS.**—To insure attention, it is requested that all orders sent to the Office for extra copies of the JOURNAL, be accompanied with stamps for the amount.

**WE CANNOT EXPECT TO RETURN MANUSCRIPTS NOT USED.**

**CORRESPONDENTS,** who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily by publication.

**MR. PICKETT.**—A note to Mr. Sercombe, 41, Brook Street, would, we believe, procure you any information needed on the subject.

**ABERDEEN (W. R. T.).**—We cannot undertake to assist you in prescribing for such a case, and should advise a consultation with one of your hospital surgeons.

**SHIFFNAL (T. W. W. P.).**—It would be, we believe, quite safe.

**DISLOCATIONS OF THE HUMERUS.**—Dr. Whitelaw of Kirkintilloch is thanked for the notes of cases, for which, we much regret that we cannot find room. The last is of special interest, as an instance in which surgeons failed to reduce a subcoracoid dislocation of the humerus; but the evidence is, on this point, only that of the patient. It illustrates also the fact (not unusual) that, with an unredressed dislocation, after a time, a permanent experience of inconvenience. We have in several cases of this kind known the patient to declare that the arm was almost as useful as its fellow. This circumstance should be borne in mind in cases in which the surgeon is inclined to attempt reduction after unusually long periods. Such attempts, though exceptionally successful, will attend with a high degree of probability.

**MR. BATELY (Southdown)** is thanked for his note, which shall be attended to.

## THE BRITISH MEDICAL BENEVOLENT FUND.

The Treasurer and the Honorary Secretaries of the British Medical Benevolent Fund beg to acknowledge, with thanks, the receipt of the following additional donations and annual subscriptions, as the result of the appeal published in the *British Medical Journal*.

Baker, W. Marrant, Esq., F.R.C.S., The College, St. Bartholomew's Hospital	2	0	0
Chapman, W., Esq., F.R.C.S., Lower Tooting	2	0	0
Clifton, N., Esq., Cross Street, Islington	3	0	0
Gray, Mrs., 161, Brompton Road (per J. T. Mould, Esq.)	1	0	0
Griffith, Thomas T., Esq., F.R.C.S., Wrexham	30	0	0
Herbert, W. A., Esq., Markyate, Bedfordshire	1	0	0
Jenner, Sir William, Bart., Brook Street	5	0	0
Kiddle, John, Esq., 6, Cannon Terrace, Bow Road	2	0	0

Hackney John, Esq., Myddelton Square	1	0	0
Taplin, Thomas, Esq., St. James's Square	5	0	0

Further contributions will be thankfully received and acknowledged by Dr. Thorne, Honorary Financial Secretary, 49, Seymour Street, Portman Square, W.

**ATROPIA AND PHYSOSTIGMA.**—Those of our readers who are interested in the advancement of therapeutics, should read a valuable article by Dr. Fraser of Edinburgh, in the current number of the *Practitioner*, on Atropia as an Antidote in Poisoning by Physostigma. Dr. Fraser shows, from experiments on rabbits and dogs, that a quantity of atropia, much less than the minimum fatal dose, has the power of preventing death from a quantity of physostigma much larger than the minimum fatal dose. Animals which recovered, with the help of atropia, from the effects of large doses of physostigma, were killed, many days afterwards, by much smaller quantities of the latter substance given alone. The antidotal effect was the same whether the atropia was given before the physostigma or at the same time, or *after*, in the case of the effects of the intravenous and subcutaneous administration, the latter result is of great importance practically.

**DR. F. M. PIERCE.**—Your communication is in the hands of the printer.

**"WILLINGTON JOURNAL AND SHIRESBURY NEWS."**—We have received two articles, on a variety of subjects more or less connected with medical ethics, from the above paper, with the request to insert as much of them as we can. The most important subject seems to be the alleged tyranny of the Salopian Medico-Ethical Society over medical men who do not assent to its proceedings, and we will give the information supplied by the articles in question to no scanty to admit of more detailed notice. The articles are rambling; and their tone, to say the least, is not judicial.

**"THE GRAPHIC," THE COUNTRY DOCTOR, AND THE MINIMUM QUALIFICATION.**—Sir,—"The notions of the *Graphic* as to country doctors and their attainments, however unjust, have a certain foundation in the proceedings of these Examining Boards who follow the rule of expediency rather than of justice. I do not know how far the London College of Physicians still acts upon the opinion, that a lower qualification for practice is proper for the country practitioner; but the Examining Boards of Physicians make it no secret that they entertain this opinion, and they doubtless examine accordingly. They have, they affirm, well-grounded apprehensions that, if the examinations and qualifications be too extensive, many localities in the United Kingdom, in which the population is both poor and scanty, will be left without medical aid, because no highly qualified men will settle in such localities. It naturally follows from this line of argument, that the badly educated and less qualified practitioners will gravitate to the poor country districts; and the *Graphic*, in its high-sounding and unscientific manner, has taken up this avowed opinion in view, probably, that the Edinburgh College examines and passes so many Irish students. The notion is manifestly absurd, and the licensing practice reprehensible, for the country practitioner needs to be better educated than the townsman, and upon the same grounds, the townsman needs to be the best knowledge and skill, when his civic brother can call in a "specialist"; and, accordingly, the country practitioner, by dint of wide experience, is often superior to the townsman in variety of knowledge and fertility of resource. There is something, however, in the suggestion, that the *Graphic* should refer to their knowledge from time to time at the fountain-head; but a few, indeed, do this.

February 14th, 1870.

I am, etc., M.D.

**NOTICE TO ADVERTISERS.**—Advertisements should be forwarded direct to the Printing-Office, 37, Great Queen Street, W.C., addressed to Mr. RICHARDS, not later than *Thursday*, twelve o'clock.

**HON. T. NICHOLSON, M.D. (Antigua).**—Your communication and enclosure have been received by the General Secretary.

## IRON AND ABORTION.

SIR,—I hope the profession will speak out, and unmistakably, on the above subject, or serious inconvenience may ensue to medical men. The notion that preparations of iron have a tendency to cause abortion, is, I believe, as absurd as the older and long-obsolete notion of inflammation. I have used the tincture of sesquichloride of iron in conjunction with nuxvomica or strychnia as a preventive of abortion in numerous cases, with the happiest result. To women of a weak, flabby, debilitated habit of body, who suffer from habitual abortion, and *in whom there is no evidence to suggest a syphilitic taint*, I have administered the above preparations, from the time when they discovered they were pregnant until two or three months after the usual time of abortion, and always with the effect of preventing abortion, and also causing a decided diminution in the excessive post partum discharge to which they had been going when their full time.

Wakefield, February 15th, 1870.

I am, etc., W. HENRY DAVY, L.R.C.P. Ed.

SIR,—As a Poor-law Medical Officer, I shall feel obliged by your kindly inserting this letter in the *BRITISH MEDICAL JOURNAL*; at the same time, giving me your opinion on the case.

Some weeks ago, a pauper, residing in one of my parishes, severely injured his arm in a thrashing-machine. He was some miles from home at the time; so he applied to the nearest surgeon, who, when he saw the man, sent him home at once, and afterwards, when he had nothing to do with that paper, as he was to attend him for several weeks, until convalescence was established. He then applied to the Board of Guardians for the fee of 5s (allowed for this operation) for subsequent attendance. From first to last, he never communicated with me on the subject, either by letter or message; nor did I receive any request from the man's friends to attend him. I only heard of the case by accident, in the following manner. The operation was performed on a Thursday. On the Saturday, a woman was called to the relieving officer's office, with a few lines, requesting him to supply the patient with requisites, as he was destitute. The relieving officer being absent, she brought the paper to me, knowing that I was surgeon of the patient's parish, but with no request to me from any one to visit the man. I told the woman I had nothing to do with that paper, as it was for nourishment; and that she must take it back to the relieving officer, at the same time expressing my surprise that another surgeon should be attending a pauper in my district and ordering him relief; but I concluded he must be doing so at the request and cost of the man's master, and his friends, and he must be doing so for the fee, no longer left any doubt that he had been attending him as a pauper.

Now, considering how badly Poor-law medical officers are paid, do you, under the circumstances described, consider that this medical man had any right to keep possession of this case, and get the fee for the same? Or, that it was for nourishment to all professional usage, to have written to me directly after the operation (if there was not time to send for me before), and have turned the case over to me. I should willingly have undertaken the after-treatment, and would have given him half the fee for his operation.

Basingstoke, February 1870.

\* \* \* The surgeon under whose care the man first came ought, on finding that he was a pauper, to have taken the earliest opportunity of giving up the case to Mr. Sweeting.

We are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Indian Medical Gazette, Dec. 29th; The New York Medical Gazette, Jan. 29th; The Parochial Chronic, Feb. 17th; The New York Medical Record, Jan. 20th; The Boston Medical and Surgical Journal, Jan. 27th; The Madras Mail, Dec. 7th; The Gardener's Chronicle, Feb. 12th; The Dundee Advertiser, Feb. 7th; The North British Daily Mail, Feb. 10th; The Aberdeen Free Press, Feb. 6th; etc.

## COMMUNICATIONS, LETTERS, &amp;c.

Mr. J. Page, London; Mr. T. Sweeting, Basingstoke; Dr. R. H. Taylor, Liverpool; Mr. B. Blower, Liverpool; Mr. W. F. Morgan, Bristol; W. R. T., Aberdeen; Sir James Y. Simpson, Bart., Edinburgh; Dr. J. N. Vinen, London; Mr. R. Rendle, London; Mr. A. Jukes, London; Mr. R. S. Crotty, Liverpool; Messrs. Black, Edinburgh; Dr. J. Tucker, Sligo; L.; Mr. J. Birt, Lichfield; Mr. G. Hardy, West Haddon; Mr. J. Pickett, Wallingford; Dr. C. Marchison, London; Mr. P. D. Hogdon, Portsmouth; Mr. R. Allen, Didsbury, Lancashire; Dr. A. Samelson, Manchester; Mr. Ingram, London; Dr. Crighton, Tavistock; Dr. Paterson, Bahia; Dr. Gull, London; Alpha; Mr. Stonard Edye, Exeter; Dr. Fentem, Bakewell; etc.

## LETTERS, &amp;c. (with enclosures) from:—

Dr. R. L. Bowles, Folkestone; Dr. R. Elliot, Carlisle; Mr. W. Rendle, London; Mr. J. Davies, Southampton; Mr. J. B. Davies, Manchester; Dr. W. Whitelaw, Kirkintilloch; Mr. J. H. Hill, London; Mr. C. H. Joubert, London; Dr. W. H. Elmes, East Reaford; Mr. T. S. Walker, Liverpool; Dr. J. W. H. Allbutt, London; Mr. G. H. Leake, London; Mr. Birkett, London; Dr. J. W. Procter, Shifnal; Mr. R. T. Atkins, Weymouth; M.D.; Mr. Thomas Bryant, London; The Registrar-General of England; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; Mr. T. M. Stone, London; The Registrar of the Medical Society of London; Dr. George Johnson, London; The Secretary of the Faculty of Physicians and Surgeons, Glasgow; Mr. C. Buck, Inkberrow; The Military Secretary of the Indian Office; Dr. R. Thorne Thorne, London; Dr. Dick, London; Dr. G. H. Phillips, Newcastle-upon-Tyne; Dr. J. W. Walker, Spilbury; The Secretary of the Ethnological Society; The Secretary of the Royal Medical and Chirurgical Society; Dr. Morris, Spalding; Dr. William Roberts, Manchester; Dr. J. Wickham Legg, London; Mr. Wagstaffe, London; Dr. Paul, London; Dr. Dyce Duckworth, London; Mr. Savory, London; etc.



## REMARKS

A CASE OF SUDDEN DEATH IN OVARIOTOMY  
WHILE THE PATIENT WAS UNDER THE  
INFLUENCE OF CHLOROFORM.

BY SIR JAMES Y. SIMPSON, BART., M.D., D.C.L.,  
Professor of Medicine and Midwifery in the University of Edinburgh.

A FEW weeks ago, Mr. Brotherton of Alloa sent to Edinburgh a patient who was the subject of an ovarian tumour. She brought a note from him, asking if I thought the case a fit one for ovariotomy. I wrote back that it seemed to me to be so. The patient was married, about 22 years of age, thin and emaciated; and I thought that the tumour, which was as large as the pregnant uterus at the sixth or seventh month, felt more solid than multiculular ovarian tumours of this size usually do; yet it seemed free from adhesions.

Mr. Brotherton took the patient into the small village hospital at Alloa, and urgently requested me to be present when he operated. Accordingly, on the morning of February 5th, I went up to him. Drs. Wilson and Duncanson of Alloa were also to be present; but Dr. Duncanson did not arrive till after the patient was laid upon the table and the operation begun. With the view of allowing Dr. Wilson to give full assistance to Mr. Brotherton at the operation, I chloroformed the patient. In doing so, I placed a single layer of towel over the nose and mouth, leaving the eyes exposed; and dropped the chloroform upon the towel. When Mr. Brotherton made his first cutaneous incision, the patient moved so much that he stopped for a brief time, till I put the patient more deeply under the effects of the anesthetic. The tumour was rapidly reached, and was attempted to be diminished in size by tapping; but only a comparatively small quantity of fluid escaped. Mr. Brotherton then extended the opening upwards for an inch or more above the umbilicus, and was introducing and using his hand with the view of turning out the ovarian mass, when the patient vomited suddenly and profusely. Immediately the eyes opened; the pupils were preternaturally dilated; the face looked pallid; and the respiration, which had never been affected by the chloroform so as to have the least noise or stertor in it, seemed arrested. Instantly artificial respiration was set on foot, and the tongue pulled forward. Deep spontaneous respiration then occurred several times in succession, and I deemed at the moment that the patient was hence out of danger; but a second collapse occurred, which terminated in death, all means of resuscitation proving unavailing.

On a *post mortem* examination of the body, ordered by the legal authorities, no disease could be found in the head or chest, or elsewhere. The ovarian tumour was found by any peritoneal adhesions. On examining its structure, Dr. Pettigrew, the esteemed pathologist of the Royal Infirmary of Edinburgh, found it to be cancerous in its character.

REMARKS: *Cases of Sudden Death during Surgical Operations without Anæsthesia*.—In the first paper which I published on Chloroform in the *Edinburgh Monthly Journal of Medical Science* for December 1847, I stated that this drug, if given in too great or too long doses, "would doubtless produce serious consequences, and even death;" and at the same time I expressed the hope that "its great potency would be one great safeguard against its abuse." Since that period, I have administered it myself, or been present when it was administered, in several thousands of instances; but have not seen its employment terminate in death before the occurrence of the preceding unhappy case.

According to all the experimental and clinical observations which have been made, chloroform appears capable of destroying life in two ways—namely, (1) by asphyxia, and (2) by syncope. Death by asphyxia can generally, if not always, be averted by at once arresting the inhalation of the drug whenever the breathing becomes noisy or stertorous—states which, as already mentioned, never occurred with the preceding patient. Syncope, or sudden stoppage of the action of the heart, is doubtless far less under control, and has apparently formed the principal cause of the fatal issue in almost all the cases in which patients have perished when under the use of chloroform. Perhaps

fewer cases of syncope actually do occur under operations since the introduction of anæsthetics, because the nervous and sensory systems of the patients are so far obtunded by their employment; but a patient is, I believe, in greater jeopardy if syncope do happen when he is under the influence of chloroform, than when he is not under it, because the irritability and action of the heart are diminished by the free use of it, as shown by the lowering and slowing of the pulse. Yet, when syncope does occur in chloroformed persons, artificial respiration and its accompaniments are usually sufficient to rally and restore the patient. When the preceding case was described by me at a late meeting of the Edinburgh Obstetrical Society, Dr. Gordon and Dr. Angus Macdonald each mentioned an instance in which sudden fainting took place, with pallor of the face, open eyes, and very dilated pupils, at the first commencement of the incisions in two slight operations—the one for the removal of a small tumour, the other for the incision of a carbuncle; and in neither case had the patient taken any unusual dose of chloroform. They both recovered under artificial respiration. Several analogous cases have been recorded.

But are all such cases of syncope which take place during operations, and which end, or do not end, in death, the result of the action of the chloroform which happens to be used at the time? The question is one which has never perhaps sufficiently attracted the attention of the profession. For doubtless it is true that, before the introduction of anæsthetics, patients sometimes died from syncope upon the operating-table, both immediately before and after the operation was commenced, and under conditions and circumstances which in modern times, when anæsthetics are almost universally employed in operations, would be not unnaturally described and regarded as deaths from chloroform. Formerly, such sudden deaths under surgical operations do not seem to have been looked upon as matters of moment, because, in fact, no special pathological or practical interest was attached to their occurrence. They were simply regarded as inevitable accidents, and are usually only incidentally alluded to, when alluded to at all, by surgical authors, provided they illustrate some special observation or opinions on the part of the writer. Thus, as showing how "violence alone, without the loss of blood, may often produce immediate fatal effects," John Hunter makes the following illustrative observations.

CASE I.—"I have seen" (writes Mr. Hunter) "a man thrown into such convulsions from the operation of the hydrocele being performed upon him, that I began to despair of his recovery. I have known" (he adds) "a man die immediately after castration". (See his Works, vol. iii, p. 431).

In the first volume of his work on *Constitutional Irritation*, Mr. Travers cites several cases of sudden death in surgical patients to illustrate different pathological principles to which he points. For example, he gives the following.

CASE II.—A robust middle-aged man, the subject of a moderate-sized aneurism of the femoral artery, entered the London Hospital and readily assented to the usual operation for that disease. On entering the theatre, however, he fainted, and had some wine and water given to him. The operation was then proceeded with, the artery exposed, and the ligature applied, but not tightened. During the operation, it was observed that no pulsation could be felt in the tumour. On examining the patient more minutely, it was found that he was quite dead. On dissection, both sides of the heart were found empty, and the lungs turgid with blood. No other particular appearance was observable.

CASE III.—"I saw" (again writes Mr. Travers) "a man who was the subject of strangulated hernia. He expired suddenly on the table during the steps preliminary to the operation, which, from the state of the symptoms and of the bowel, as ascertained by examination after death, might be said to afford the fairest prospect of relief."

CASE IV.—A man who had been bitten in the finger by a cat, and in whom symptoms resembling those of hydrophobia had been present for twelve hours, submitted to the excision of the bitten part, and died in three minutes.

CASE V.—A brewer's servant, a man of middle age and robust frame, suffered much agony for several days from a thecal abscess occasioned by a splinter of wood perforating beneath the nail of the thumb. A few seconds after the matter was discharged by a deep incision, he raised himself by a convulsive action from his bed and instantly expired. (See Travers on *Constitutional Irritation*, vol. i, p. 25).

These several cases are, as I have said, stated by Mr. Travers each to illustrate some special pathological principle; but they do not necessarily include all the cases of sudden death upon the operating-table which he may have seen or heard of, and which were not calculated, in his opinion, to point to any special surgical fact. In former years, in talking with surgeons who had seen many operations before the time of anæsthetics, I heard of various instances in which patients had been removed dead from the operating-table.

It is, perhaps, impossible now to collect adequate data to fix the probable frequency with which such accidents formerly happened. We may, perhaps, fairly infer, however, that they were not very rare; for, when I was attending specially to this question in the first six or eight years of anaesthesia in surgery, the following cases occurred in Edinburgh and its neighbourhood.

CASE VI.—Shortly before the introduction of anaesthetics into surgical practice, in 1846, my late friend, Dr. John Argyll Robertson, Lecturer on Surgery, was asked to see a case of strangulated inguinal hernia in the practice of Dr. Thomson. The gentleman was removed from bed and placed upon a table to facilitate the required operation. Dr. Robertson, before proceeding to use his scalpel, was employed in removing the hairs from the groin with a razor when the patient suddenly complained of faintness, gasped, and died.

CASE VII.—After discovering the anæsthetic effects of chloroform, on November 1847 I tested it in a case of tooth-pulling, but required to wait eight days before I had an opportunity of using it, in the hospital or elsewhere, in any surgical operations. A few days, however, after its discovery, a hernia, which had been strangulated for a few hours, was brought into the Infirmary, and Professor Miller thought it a case demanding operative interference, and one in which chloroform should be tried; but I could not be found in time for the purpose of giving it, and the patient was operated on without any anæsthetic. Professor Miller had only proceeded the length of dividing the skin, when the patient fainted, and died with the operation unfinished. If the chloroform had happened to be used, and this fatal syncope had occurred while the patient was under its action, the whole career of the new anæsthetic would have been at once arrested.

CASE VIII.—Within a year or two afterwards, I saw at my own house a child with a large abscess in the neck, and I wrote Dr. Pattison, the medical attendant, to the effect that I thought it was sufficiently advanced to be opened. Next day, when the collection of pus was about to be opened, the mother suggested that the child should first have some chloroform administered to it. Dr. Pattison had none with him; he explained that the walls of the abscess were so thin as not to give much pain; and put his lancet into the purulent swelling. The child immediately fainted and died, without any hemorrhage or any other complication to account for the fatal syncope.

CASE IX.—In a case belonging to Dr. Gilchrist of Leith, I saw a surgeon try to treat a sacculated aneurism at the root of the neck by a small quantity of hæmæstatic injection. As the operation involved no cutting, no chloroform was used. The patient's respiration speedily became stertorous, and he died in a few minutes.

CASE X.—In 1853, Dr. Richard Mackenzie was called to see a patient who had shortly before fallen and fractured the radius. After examining the patient, Dr. Mackenzie felt his pocket for his chloroform bottle, but found that he had it not with him. Anxious not to lose time by sending for it, he forthwith adjusted the displaced ends of the bone, and applied splints and a bandage. A few minutes after leaving the house, Dr. Mackenzie was suddenly recalled, and found his patient dead.

If, in the preceding cases, chloroform had happened to be employed, the fatal results would naturally, by most minds, have been attributed to the anæsthetic, and not to the operation, or to the condition of the mind or body connected with the operation. Such cases teach us, at least, that caution is required in our reasoning and inferences, seeing that death may occur, and has occurred, in operations without chloroform, and with phenomena quite similar to those ascribed to the action of chloroform. Most of the stronger drugs in the *Pharmacopœia*, as opium, elaterium, antimony, mercury, etc., are, proportionally to the number of cases in which they are used in full doses, as fatal as or more fatal than chloroform, but they are not so sudden, and hence not so infinitely appalling in their dangerous and fatal effects. The number, for example, of lives lost yearly by the poisonous effects of opium is much greater than that lost by chloroform.\* At our different drug manufactories in Edinburgh, we have upwards of two million doses of chloroform manufactured annually, and much is also made elsewhere; yet how rarely does a fatal result follow its use! Is there any other common or potent drug, which could be given in full doses in two millions of instances yearly, with greater impunity?

\* In 1841, 1842, 1843, 1844, 1845, 1846, 1847, 1848, 1849, 1850, 1851, 1852, 1853, 1854, 1855, 1856, 1857, 1858, 1859, 1860, 1861, 1862, 1863, 1864, 1865, 1866, 1867, 1868, 1869, 1870, 1871, 1872, 1873, 1874, 1875, 1876, 1877, 1878, 1879, 1880, 1881, 1882, 1883, 1884, 1885, 1886, 1887, 1888, 1889, 1890, 1891, 1892, 1893, 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901, 1902, 1903, 1904, 1905, 1906, 1907, 1908, 1909, 1910, 1911, 1912, 1913, 1914, 1915, 1916, 1917, 1918, 1919, 1920, 1921, 1922, 1923, 1924, 1925, 1926, 1927, 1928, 1929, 1930, 1931, 1932, 1933, 1934, 1935, 1936, 1937, 1938, 1939, 1940, 1941, 1942, 1943, 1944, 1945, 1946, 1947, 1948, 1949, 1950, 1951, 1952, 1953, 1954, 1955, 1956, 1957, 1958, 1959, 1960, 1961, 1962, 1963, 1964, 1965, 1966, 1967, 1968, 1969, 1970, 1971, 1972, 1973, 1974, 1975, 1976, 1977, 1978, 1979, 1980, 1981, 1982, 1983, 1984, 1985, 1986, 1987, 1988, 1989, 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 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3666, 3667, 3668, 366

ciety. Our records tell me that, on March 8th, Dr. B. G. Babington brought forward what he called his glottiscope, which all admit now to have been the first laryngoscope, and thus gave an impulse to a wave of science that has since borne much good fruit to our profession.

**Lithotomy.**—In the same year, Mr. Key read a paper on Lithotomy, with a case, and thus introduced to the notice of the British surgeon one of the greatest surgical improvements of the present century in the treatment of a serious affection. In the following year, Baron Heurte-  
loup attended the Society, and gave an account of this operation.

**Pneumonia.**—In 1834, Dr. Hodgkin read a paper on the question whether the parenchyma of the lungs, or the lining membrane of their cells, is the seat of pneumonia. Dr. Hodgkin believed that it was the latter. I must remind the Society that it was nine years later that Dr. Addison published his paper on the same subject in the *Guy's Hospital Reports*, which laid the basis of a lung-pathology which is now generally accepted by the profession.

**Reflex Irritation on Section.**—On November 30th, 1834, a case was related which did great credit to the observer. It was one of neuralgia from disease of the teeth; but the circumstance alluded to as being extraordinary was that of the tongue having the half corresponding to the affected nerves strongly furrowed, whilst the other half was clean. The observation was a good one, and is now generally accepted as usual. It foreshadowed the recognition of the well-known physiological fact that the nerves have a powerful influence in secretion; but, in those days, physiology was in its infancy. The man who observed it was worthy of honour; he is no less so now. I will introduce him to your notice as the translator into English, and commentator, of the one book which marked the date of the commencement of the modern science of pathology—Morgagni's treatise on the *Seats and Causes of Disease*, as investigated by Anatomy. He is still one of us, and long may he be so. He was the founder of this Society. He is now our much respected Treasurer, Dr. William Cooke.

**Trichina Spiralis.**—I will now touch upon another point of some interest, and in this Mr. Key was again the exhibitor. It was on April 4th, 1832, that Mr. Key exhibited to the Society a portion of muscle taken from a man who had cancer of the penis. Numerous small oval bodies were found interspersed with the muscular fibres in all the voluntary muscles. He considered them as small hydatids. They were doubtless the trichina spiralis, upon the discovery of which so much has recently been written. But Dr. Cobbold has stated, and I have no wish to dispute it, that no doubt can be entertained that Hilton was the first to ascribe to these bodies an animal nature, and that Owen first described and named the flesh-worm. He first interpreted the true nematode nature of the parasite. I must, however, add that Mr. Hilton's paper on the subject was read at the Medico-Chirurgical Society on January 22nd, 1833; and Owen's was published in 1835; whilst Mr. Key's observations to this Society, and the exhibition of the recent specimen, with his opinion, were made nine months before the earliest of these dates. It seems, however, highly probable that Mr. Key's and Mr. Hilton's observations were made from the same subject.

**Orthopædic Surgery.**—I must now pass on to another subject—that of orthopædic surgery. For I find that Dr. Little (the man of all others who introduced the practice into England) read a paper on April 12th, 1837, on Club-foot, and showed Stromeyer's apparatus. And thus began in England an important triumph being the subcutaneous section of malplaced ankylosed knee and hip-joints.

**Ovariectomy.** Last, but not least, it is recorded that on November 30th, 1842, Mr. Wahne read his first successful case of ovariectomy. Many followed this; but his success laid the way to a branch of surgery which has made more rapid progress than any other in our day; it has opened a field for surgery which has only recently been trodden, and that bid fair to become an arena for surgical skill and triumph of no little importance. Indeed, it is in this direction that I would venture to predicate that our art will rapidly progress; and I would hope that the removal of other diseased organs besides the ovary will have to be recorded in the *Transactions* of this Society during the next half-century.

With this, sir, I terminate my series of extracts from our *Transactions*, and I trust that the quotations have proved neither wearisome nor devoid of interest. For my own part, I have put them together with great pleasure and profit; and the task has given to me a lesson of no small value. It has increased in no slight degree the respect which I this I must add that for most of those of whom I have been speaking my veneration was very high; for the deeds themselves, though mute, speak loud the doers. But it has made me value still more the acuteness of their observations, and the wonderful skill and boldness which

they displayed in using the means they had at hand. Indeed, sir, it is on this point that I would venture to draw a contrast between the men of the past and the present.

The men of the past trusted to observation, and to little else; they read the symptoms of a case rapidly, reasoned upon these closely, and acted decisively. They had little or no science to help them. Pathology was in its infancy; the stethoscope was not in general use; the microscope was only a toy; organic chemistry was not yet applied to disease; in fact, the science of our profession, with all its aids in investigation, as we now think of it, was unknown. Our forefathers consequently had to trust to the observations they made by their own unaided senses, and to reason out the nature of the case before them, uninfluenced by any pathological views or scientific theories. It is true that, in doing this, they of necessity made great blunders, and were led into what to us appear strange forms of practice; but, as clinical observers, they hold a high position, and well deserve, as they have ever received, our honest admiration.

With us of the present period, I would not dare to say that, as clinical observers, we rank in any way second to our predecessors. But we have become so intensely scientific; we value so highly pathological knowledge, physiological knowledge, and chemical knowledge; we build up so many theories upon the well observed facts that our advanced means of investigation give us—that we are perhaps too apt to think out our cases in a purely scientific point of view, in a morbid, pathological aspect; to see in what way the clinical facts we observe can be made to dovetail in with the scientific theory of the disease we have before us, and thus make our clinical data support our theory of disease, rather than use our scientific knowledge to interpret rightly the clinical facts which our observation has given to us. For is it not true that we are too often disposed to doubt the accuracy of the observer if a clinical symptom be given which seems inconsistent with the theory of the case we are considering, rather than question the truth of the theory? With advanced students, and more particularly with well-read men, the common observation that such a symptom cannot be present if the case be one of such a nature, too clearly indicates their confidence in the theory of the affection they are considering, and their want of confidence in the observation of clinical phenomena. Let us, therefore, beware of carrying this student's feeling into our manhood's practice. Let us by all means cleave to the science of our profession, and use every means we can find for investigating disease in the living, and searching out its nature after death; but, above all, let us cleave to clinical observation. Let it always be the first duty of the surgeon or physician to mark the symptoms of a case, and to beware of all sources of fallacy in reading them aright; but, when we have the facts before us, let us accept them as a whole, and feel their force, and not blink them. If they fail to fall in with the scientific aspects of the case we are trying to interpret, let us question the theory which we have formed rather than the clinical data upon which all theory should be based.

In educating the student, the value of clinical phenomena cannot be too highly magnified, and in the practice of our profession, it cannot be too highly appreciated. As teachers, it is doubtless our duty to generalise, to think of principles, and to enforce them; but, as practitioners, it is no less our duty to remember precedents and to follow them. And yet I would not have you think, for one moment, that I wish to depreciate the science of our profession; for what is it but to the science that we are indebted for the great progress which we have made during this Society's foundation? To an advanced physiology, what improvements in practice cannot be traced; and to whom is physiology more indebted than to the distinguished honorary member of this Society, who has graced this meeting by his presence? To the seats and causes of disease, as investigated by anatomy, is unquestionably due the rapid progress of what we now call pathology. Without organic chemistry as a handmaid to pathology, should we ever have heard of Bright's disease? with morbid anatomy, but without clinical observation, would Addison's disease have had a name? Pure pathology may claim "Hodgkin's disease" as its own; but it was clinical observation that gave the stethoscope, and made it a reality. It was mechanical science that gave us the laryngoscope, the glottiscope, and the ophthalmoscope; and to what triplets can I point that have been of greater benefit to their generation? and what was it but science that gave us chloroform? As an anæsthetic, its value has been fully acknowledged by both the lay and professional public; all admit that a greater boon has been conferred on suffering mankind since its fall. But it is not to chloroform as an anæsthetic that I would now wish to draw your attention, but rather to what I would call its secondary benefits; particularly to its value as an aid to diagnosis, both to the physician and surgeon, and to its influence in opening up new fields for surgical art. I believe

\* Several of the preceding extracts were printed by Dr. Fotherby in his admirable *ration delivered last year*.

\* Professor Owen.



that, in these two points of view, due justice has not been dealt to the anæsthetics as a whole; for, of course, when I name chloroform, I take it as the type of its class.

I propose, therefore, to devote the few minutes I have at my disposal to bring out more clearly these two lines of thought. I can, however, do this but very briefly; your own thoughts will fill in the outline I shall give. I have no hesitation, however, in making the assertion that chloroform as an aid to diagnosis stands second to no means which we have at our disposal. To the physician who has a difficult case of abdominal tumour to diagnose, what facilities it gives him for its thorough investigation. Suspected tumours become phantoms; movable kidneys fly away; and indefinite conditions become clear and intelligible. With how much greater certainty a physician can think over a doubtful case, decide upon its nature, deliver his opinion, and treat the case when he has adopted this means of investigation. In hysterical subjects, it renders a thorough abdominal examination a possibility, when no such previously existed; and in what class of cases, may I ask, is it more necessary to make a positive diagnosis than in this? In my own practice, it enabled me on one occasion to make out a pregnancy when an ovarian tumour had been diagnosed by men whose authority was undoubted, and in a patient whose position in life rendered the suspicion of pregnancy almost a libel. Indeed, the ovarian nature of the disease was looked upon as so decided, that my aid was sought solely for the operation. In this case, an examination of the abdomen was impossible, from hysterical sensibility; but, under chloroform, all difficulties disappeared. To the physician-accoucheur, may I not also assert it to be equally valuable for diagnostic purposes? To answer this fully is to be of my province; but I have known a case of cystic disease of the uterus, which was about to be operated upon as an ovarian tumour, made out by the use of the uterine sound, with the patient under chloroform, when an examination by the same instrument made before had failed to yield any such evidence. In the surgical diseases of children is it possible to over-estimate its value. With what gentleness can difficult examinations be now made of injured limbs; and with what certainty can we now apply our treatment! In sounding for stone, what facilities it affords! In general surgery, what new fields has it not opened? Where would ovariotomy have now been, may I ask, had not chloroform been in use? Would it have been an established operation in surgery? Could it have been so successful? The answers to these questions, I think, are plain; they must be in the negative. It is true the operation had been performed before its introduction, and by a member of this Society; it had been successful in a few cases, but it had almost fallen out of practice. It revival was due, without doubt, to chloroform, and its present established position to its general use. No operation requires more gentleness and nicety; and how could these essential points of practice be applied to a patient writhing under the agonies of an abdominal section. To all abdominal surgery, the same observations are applicable, although they may not tell, perhaps, with the same force.

Let us refer, now, to another class of cases; to that large one known as belonging to plastic surgery. How many cases of vesico- or recto-vaginal fistula were successfully treated by operation before chloroform was introduced? At Guy's Hospital I can find no such record. The physician-accoucheurs used to cauterise the margins of the fistula, it is true, but, I fear, with poor success; for I have never heard of a case of any size being so cured. At the present day, these cases are now to be cured by operation with as much certainty as any other class. They have, in truth, been moved from the incurable to the curable affections. And yet these instances of plastic surgery are only a portion of those which I might enumerate.

In the treatment of deformities about the mouth, nose, and eye; in the division of cicatrices after burns; in the treatment of ruptured perineum, with all its complications—what innumerable cases might be quoted now, against the few of former times? For have I not already noted that, in the year 1825, Dr. Conquest reported that three or four cases of ruptured perineum were on record, in which sutures had been successful; and that in 1832, Mr. Key, with all his experience, had seen one case of ruptured perineum? At the present day, a hospital surgeon's experience must have been very limited, who could make such an assertion. Indeed, it may be given now as a recognised fact, that the operation is an established and successful one.

Again: in the operations on bones and joints, how many of the improvements in our practice are there that may not be put down to the use of chloroform? operations for necrosis in particular. How rare these were, and how unsatisfactory they must have been, before its introduction! I can recall a few which I saw in my student's days with no pleasant feelings. How common they are now, and how successful! Taking Guy's as the type of the metropolitan hospitals, an operation for necrosis can always be found for operating-days—the operation is

so frequent, and so satisfactory. In the removal of bone from joints, in the excision of joints, is it not fair to believe that a great part of the success which now attends the practice is to be attributed to the use of an anæsthetic? How many hands and feet, which would formerly have been sacrificed, are now saved by the removal of diseased bone, it is difficult to estimate. Would Sir W. Ferguson have framed the phrase "conservative surgery", and could it have been adopted, before the introduction of chloroform?

In the treatment of aneurisms, are not like improvements to be recorded? Has not chloroform rendered possible the cure of aneurism of the abdominal aorta by pressure? and in the same way improved the treatment of less severe examples? Has it not also rendered the practice of torsion of arteries for the arrest of hæmorrhage a practical success, thus simplifying surgery? How many cases of strangulated hernia are now reduced, which in former times would have been submitted to strange treatment and to a delayed operation? How simple it has comparatively rendered the reduction of recent dislocations! Where are now the pulleys, the ropes, and the other frightful mechanical appliances, that were used of old for the reduction of dislocations of the hip, shoulder, and other joints? Are they not decaying in the lumber-rooms of our hospitals? and has not the use of chloroform made the reduction of dislocations by manipulation a reality? Within the last few weeks, I reduced a dislocation of the elbow-joint backwards, complicated with fracture of the radius, with ease, by manipulation, which would probably have been left unredressed before the introduction of the anæsthetic.

Let us contrast for one moment the operation of perineal section for stricture as it was and as it is now performed. Do we not all remember it as one of the most unsatisfactory and unsuccessful of surgical operations? Do not we now know it to be one of the most satisfactory and successful?

Indeed, sir, I might continue the contrast between the prechloroform and the present age, and fill up the time for another lecture; but I think I have said enough to show that to the introduction of chloroform many of our best improvements in surgical practice are to be attributed. To the surgeon it does away with all excuse, if any ever existed, for hurry in an operation. He can take his steps in it with deliberation, and make it a certainty. We never see now, happily, a theatre full of spectators watching the operation watch in hand; and I trust there are few, if any, surgeons who at the present day sacrifice safety and certainty in their operations for expedition and display.

The use of chloroform has rendered the practice of surgery safer, surer, and more scientific. It has removed difficulties from the practice of our art which before were insurmountable, and has rendered possible innumerable things that could not in former times have been entertained.

It is well that we should remember this when considering the surgery of the past or prechloroform period, and be thankful for the numerous advantages which we enjoy for the practice of our profession over those who have preceded us. It will make us more charitable in the interpretation of their acts, and more humble in estimating our own.

With these remarks, I may well close this lecture. I have brought forward, I trust, Sir, enough to prove that, during this Society's existence, we have made vast progress in the science as well as art of our profession, and have pointed out the ways through which these improvements have taken place. I have dwelt upon the vast powers of observation our predecessors displayed with their limited scientific helps, and hinted at the fear that we, in this scientific age, may lose some of this power we have inherited, by thinking too much of the science of disease and too little of its clinical phenomena. Let us beware lest we become great scientists, but not great clinical physicians. Let us look forward to the day when such a sarcasm can never be said, as one of our leading thinkers has lately uttered, in the following lines:

"Now bring to see me cease to live,  
Some doctor full of phrase and fame,  
To shake his sapient head, and grieve  
That he cannot cure a name."

Let us observe accurately the phenomena of disease during life as well as after death, and reason closely upon the facts these observations give.

Let us remember that thoughts do not make facts; and let us, by way of assistance in our studies, spend some of our time with the leading medical minds of the past. We may then hope that, when another fifty years of this Society's existence have passed, your orator will be able to show from your transactions that an equal, if not greater, progress has been made in the practice of our art, as well as in its science, than I have been able to show. And if, in the comparison between the then present and past generations, the same contrast may be drawn as I have feebly sketched in this lecture, let us express a hope that we who are now the active members of this Society will

come out of the examination half as well as have our earliest members. Let us so work that it may be said of us what we can say of them—that we availed ourselves to the utmost of the sources of knowledge we inherited from those who had gone before: that we laboured honestly at the work we had in hand, and did it well: that we added largely to the sum total of achieved results—to the capital of our profession. For, let us remember that, as we have lived under circumstances more favourable for progress than our predecessors, it is incumbent upon us to transmit to those who come after an enlarged and more expanded knowledge of the practice and principles of the profession which we follow.

## ON THE TREATMENT OF CERTAIN FORMS OF UTERINE CANCER.\*

By C. H. F. ROUTH, M.D.,

Senior Physician to the Samaritan Free Hospital for Diseases of Women and Children; Consulting Physician for Diseases of Women to the West London Hospital for Diseases of the Chest; etc.

IN illustration of the points already referred to, I have recorded thirteen cases, the last two only in brief.

Of the six cases of fibro-carcinoma, only one recovered. In two (Cases I and III), there was great temporary benefit. In Case I, inordinate sexual excess, followed by typhoid fever, recalled the disease into existence; in the other, excessive sorrow. The patient who recovered was tainted with syphilis.

Three of the cases (VI, VII, and XIII) were examples of soft cancer. In one, very little good was done. The other was greatly relieved, and, I think, would have recovered, had she consented to continue the treatment.

Two cases of epithelioma were cured (VIII and IX); the first by iodine.

In one case of scirrhus, the ulceration was cured; but the poor lady ultimately died, I believe, insane.

**CASE I. Fibro-carcinoma of Uterus; Removal by Ecraseur and Bromine; Apparent Cure; Unusual Excitement, followed by Typhoid Fever; Relapse of Disease; Rapid Extension to surrounding Parts; Death.**—Mrs. L., aged 50, a kept lady, a fair well-favoured woman, who had had one child sixteen years previously, was in 1866 under the care of Mr. Robinson of Devonshire Street. For the last two years she had had, at her monthly periods, occasionally considerable loss of blood, which she attributed to change of life. This was not accompanied with pain, but with severe sickness, lasting two or three days, and greatly exhausting her. Latterly, this discharge had occurred more frequently, lasting longer, but subsiding under rest and astringents. She had also had a good deal of lumbar pain, and was losing flesh. On June 18th, the hæmorrhage was very severe, and lasted, off and on, for several days. On September 18th, Mr. Robinson was sent for, owing to a recurrence of the hæmorrhage. The blood was arterial in colour. On examination, the superior os was found enlarged; but the examination gave no pain. On the 28th, Mr. Robinson requested me to see her in consultation. I found a large heavy uterus, but perfectly moveable, and free from pain during the examination. The superior os was large, about the size of a walnut, irregular, bleeding on touch. The sound penetrated to the usual length. She had full doses of tincture of perchloride of iron till her health was somewhat improved; and astringent injections locally. On October 11th, in conjunction with Mr. Robinson, I proceeded to remove the tumour (which appeared to be a fibroid mass) by the *écraseur*. It was hard, and, on examination under the microscope, showed fibres and the ordinary cells, but no caudate cells. There was no bleeding after the operation. About a week afterwards, bromine was applied, and repeated two or three times. All discharge ceased. The parts cicatrised, and became covered with mucous membrane. Arsenic first, and iron afterwards, were the principal remedies employed internally.

In April 1867, the hæmorrhage began to recur. On the 25th, I examined her again. The os appeared healthy; the uterus was freely moveable; but the passing of the sound was followed by copious bleeding. This was found to be due to a softish state of the mucous membrane, extending about an inch up the cavity. Presuming that this was an extension of the disease upwards, I introduced sea-tangle, covered with cotton dipped in bromine. This proved successful; and in a few days, especially after using tannin lotion, she became very much better. The catamenia now recurred at regular intervals, but were not profuse. In September, she was visited by an old lover; and, so far as we could learn, gave herself up inordinately to his embraces for several days.

She now was seized with a kind of pseudo-rheumatic fever, followed by typhoid fever, from which she recovered, but very slowly. Towards the end of November, she went to Brighton for two or three weeks, but returned not much improved in health, with almost constant pain in the uterus and loins, with slight discharge at intervals, but with frequent nausea and vomiting. On examination, the uterus was found full of semifluid, and vegetating carcinomatous growths. The rectum became soon involved with the vagina. She died exhausted on September 5th, 1868. No post mortem examination was allowed.

**CASE II. Fibro-carcinoma of Uterus, in an advanced and acute Stage; Entire Subsidence of Symptoms; Recurrence; Death.**—E. D., widow, aged 31, with two children, one living, was admitted under my care on March 24th, 1868. She had been generally healthy. She had been married fourteen years. About twelve months previously, she observed a constant discharge *per vaginam* of blood and mucus, worse at the periods; sometimes with clots. There had been a good deal of pain during the last nine months. She was admitted into a London hospital, where acetic acid injections were used; and since then the pain had become more severe. She had been formerly at other hospitals, but with no better result. Menstruation began at 14, and was regular all her life every four weeks, the period lasting four days. After the birth of her second child (eight years ago), she was very ill, and had leeches applied for inflammation. She had never had any offensive discharge, but had leucorrhœa for the last three years. On examination, the uterus was found fixed. A large tumour was felt within it, or in its walls. The os was irregular, bleeding on touch. The sound went in about an inch, and was there obstructed. On April 6th, as soon as menstruation was over (which was accompanied with great pain, so that morphia had frequently to be injected subcutaneously, and tincture of opium *per anum*), the anterior part of the uterus was injected with bromine (1 part in 10). The pain produced was excessive, and continued for several days. Subsequently, a fetid discharge supervened, which continued for some days, but was relieved by carbolic acid. The pain was, however, so great that she could neither eat nor drink; vomiting and great debility supervening. The greatest pain was over the left ovary. At last, a blister was applied at this point; this acted like a charm, and she was free from pain several days. On May 4th, there was slight dull, but no longer any lancinating, pain. Her appetite had returned; there was no sickness. The improvement continued; and, on the 14th, the mucous membrane over the cervix was growing, but still bled a little when touched in some parts. On the 16th, she was discharged, greatly better, in consequence of a case of erysipelas in the ward.

This patient so far recovered as to go down to Brighton, and continued free from pain, and with good appetite, feeling quite well. About a fortnight before leaving Brighton (she stayed there, I believe, two months), she caught a violent influenza cold; and fever set in, which caused all the local symptoms to return. She was subsequently admitted into the Middlesex Hospital, where she died, suffering most severely.

**CASE III. Fibro-carcinoma of second Year's Duration; Congestion, followed by Ulceration; later, Cellulitis; Menorrhagia; Bromine applied; Temporary Amelioration; Recurrence under great Mental Sorrow; Death.**—E. M., aged 42, married twenty-five years, had had six children, all healthy except the last, which was still-born. Ten years ago, she had ulceration, congestion, and retroversion of the uterus; and was treated for these affections by Dr. Greenhalgh, and cured. Subsequently to this attack, she had the still-born child. Such slight uterine ailments as she had after this were readily cured, until about five years ago, when she caught a violent cold, and matter formed in the "leaders of the womb," and she suffered intense agony. She recovered, and progressed favourably till May 1868, when hæmorrhage came on with the periods; but there was no bad smell. When the menorrhagia desisted, she had copious leucorrhœa. In August, she saw Dr. Greenhalgh, who caused her to be admitted into the Samaritan Hospital on October 6th.

**Examination.**—The uterus consisted of a large mass occupying the whole of the lower pelvis. It was globular, larger on the right side. The os was patent and ragged, about the size of a shilling-piece. These parts were of bony hardness, and bled on the slightest touch. The uterus could not be called fixed; but it was not mobile, although it could be pushed up somewhat slightly into the abdomen.

October 8th. The sound was passed with great difficulty, and was followed by copious bleeding. To allay this, a piece of sea-tangle, surrounded by cotton, was inserted. The removal of this the next day was followed by great bleeding. The parts having been well wiped, a cup of gutta-percha, containing cotton soaked with the bromine-solution, was applied to the os. It gave rise to great pain and burning. On the 10th, the cup was removed. The parts were found to have

\* Continued from page 196 of last number.

been well destroyed. There was no bleeding. On the 19th, the sloughs, which were very deep, had nearly come away. During the process of separation, the odour had been very fetid. The edges of the wound were beginning to be covered with mucous membrane. On the 23rd, she had improved rapidly; the wound was greatly cicatrised. A few dubious points remained here and there. On December 2nd, catamenia had appeared; they were much less copious than usual, and more like oozing: no clots. On examining her to-day, it was found that there was a large hole superiorly in the os and to the left side, which bled on touch. The fibroid enlargement was in no way diminished. A pledget of cotton, dipped in liquor ferri persulphatis, was placed within the os. On the 7th, there had been no more bleeding.

This patient made very little progress afterwards. Her mind was greatly distressed by the unkindness and desertion of her husband and daughter. She was removed into Middlesex Hospital, where, I learnt, she died some months afterwards.

[To be continued.]

## NOTES ON APOMORPHIA.

By F. M. PIERCE, M.D., L.R.C.P.L.

IN the present communication, my object is to draw attention to the valuable properties possessed by apomorphia. By the kindness of my friend Mr. C. R. Wright, B.Sc., I was enabled, soon after the discovery of apomorphia by Messrs. Matthiessen and Wright, to make some investigations into its value in practical medicine. A detailed account of apomorphia will be found in the *Proceedings of the Royal Society for 1869*. It may suffice here to state that apomorphia is obtained by subjecting morphia to the continued action of pure hydrochloric acid at a high temperature for several hours. The base can be obtained from the resulting hydrochlorate of apomorphia, by dissolving in water, adding excess of bicarbonate of sodium, and extracting with ether or chloroform. In composition, apomorphia is morphia, minus an atom of water. In its chemical reaction, it is in nearly all respects different from morphia. It is soluble in cold, and to a greater extent in warm water. In powder, it is of a snow-white colour. The watery solution is colourless at first, rapidly changing to a dark olive-green, and, at the end of a few weeks, almost black. The cause of this evident decomposition is at present *sub judice*. Morphia is not reproduced. The physiological effects of the coloured solution are the same, to a slightly diminished extent, as of the fresh preparation, but rather more irritating to the skin. An increase of the dose is, therefore, required on repetition.

Briefly to indicate its therapeutic value, the chief character of the drug—its power of producing vomiting—was noticed to a very disagreeable extent during its preparation. Its absorption through the cutaneous surface produced in the manipulators lassitude, weakness, frequent headache, constant nausea, and occasional sudden attacks of vomiting. From some experiments made by Dr. Gee, one-tenth of a grain was considered the average dose for an adult. I have found this too large, whether of a fresh or an old solution. The desired effect is readily obtained with one-fifteenth of a grain, or less; vomiting occurring in from five to twelve minutes, and the subsequent depression being slight and of short duration.

The solution which I have generally used consisted of a grain of hydrochlorate of apomorphia (the base being very unstable), dissolved in two hundred minims of water. Five minims of this preparation, or one-fortieth of a grain, was the dose generally administered to children, to whom I have frequently given it as an emetic. In nearly all the cases, it was administered subcutaneously. In private practice, the hypodermic use of drugs may appear a little formidable; but the more complete control of a drug thus acquired will probably in time outweigh the objections to this method.

In illustration of the action of apomorphia, I append one case.

W. B., aged 8, residing at Kingston-on-Thames, came under my notice suffering from well marked chorea. He was an intelligent, well-made boy, of sanguine temperament, the youngest of three. His father died of some stromous affection. The mother works much at her needle; she is nervous, but healthy. The patient's symptoms followed a severe scald of the chest when five years of age. At first, he was simply considered fidgety. Four months before I saw him, he had rheumatic fever. The twitches had increased very much since. The parts most affected were the muscles of the face, especially of the mouth (he could not protrude the tongue readily, nor keep it still when protracted), the muscles of the neck, arms, and trunk. The legs were least affected. A slight systolic *bruit* was audible at the apex of the heart. He had no worms. Three days after I first saw him, I injected

one-fortieth of a grain of hydrochlorate of apomorphia into the left arm. The pulse before the injection was 70, regular, weak; temperature and pupils normal. He did not complain of approaching nausea, but suddenly vomited at the expiration of six minutes and a half; and, fifteen minutes later, he again vomited. The pulse, nine minutes after the first vomit, was 100, weak; the temperature was not affected to any noteworthy extent. He felt a very slight drowsiness, lasting only a few minutes. He did not sleep, but returned to play. The involuntary movements were markedly better next day; they were less sudden, frequent, and complete. He could stand for two or three minutes almost quiet. At the end of three days, during which period his improvement was maintained, the fortieth of a grain of apomorphia was again injected. Previously to injection, the pulse was noted as being 76, irregular, weak; the temperature 98.9; the pupils normal. The muscles of the neck and left arm were still very much affected. Vomiting ensued, without premonitory symptoms, in fifteen minutes. The pulse was 88; the temperature-variation unimportant. The pupils were slightly dilated. He did not feel any sleepiness, and, after a few minutes' rest, felt quite well. The chorea was much diminished after this; and, ten days later, I injected one-thirty-third of a grain in the arm. The pulse was previously noted 80, regular; pupils normal; etc. Vomiting occurred suddenly at the end of ten minutes; the pulse counting 90; the pupils dilated a little. He was discharged quite recovered soon afterwards, not having had any choreic movements for the last eight or nine days. No other treatment was adopted.

In two other cases of chorea, the action of apomorphia was beneficial, though not as distinctly as in the above case, and, indeed, not more so than many of the vaunted remedies for chorea. It does not seem to have any specific action. It is only as an emetic that I would draw attention to it. With this object, I have used it at the commencement of pneumonia; to relieve the throat of exudation in diphtheria; in scarlatina, etc.; in cases of poisoning; and in drunkenness. As an emetic, it is depressant, but not to a dangerous extent. Though, in the example given, slight drowsiness was observed on one occasion after its use, it has not been a constant accompaniment, but the exception. The feebler the preparation, the less was this noticed. In both adults and children, with a dose not exceeding one-fifteenth of a grain, very slight inconvenience followed. The alterations of the temperature and respiration were so slight that they may be disregarded. The pulse was not peculiarly affected. The pupils were generally a little dilated. No action on the bowels or kidneys was observed.

Apomorphia is peculiar in the sudden accession of the vomit. The usual premonitory signs and symptoms are wanting, or all but coincident with the expulsive effort. The first attack of vomiting is sometimes succeeded by another, after a few minutes' interval, the patient quickly recovering from the temporary disturbance. Most frequently, the single vomit is short and final.

The occasional occurrence of sudden vomiting after the administration of morphia, subcutaneously or by mouth, may perhaps be due to the presence of this body—apomorphia—as a product of partial decomposition. Should further investigation complete the chain of chemical analysis and synthesis of the morphia salts, some very instructive chemical and physiological results may be obtained.

In conclusion: as an emetic, apomorphia is pre-eminent in the smallness of the dose required; the certainty, rapidity, and completeness of its action; the unimportance of its baneful effects; and its non-irritating character. It contrasts most favourably with the old-fashioned emetics. The only drawback at present is its costliness; but, no doubt, in a little time it will, as well as chloral, come within the reach of the most economical practitioner.

## CASE OF A NAIL PASSING SAFELY THROUGH THE ALIMENTARY CANAL OF A BABY.

By B. BLOWER, Esq., Liverpool.

SOME years ago, a woman brought her baby in a state of suffocation. Passing my fingers into the fauces, I felt a piece of iron right across. A slight touch dislodged it; and, to my great dismay, it went down. The child immediately recovered its breath, and was soon at the breast. I desired the mother to give nothing but the breast-milk, and to watch carefully the motions. The next day, the poor woman came with the nail which I have now before me. It is two inches long, and a quarter of an inch broad at the head; the point is rather blunt. It is interesting to follow this intruder through its windings along the convolutions, as it wended its quiet way undisturbed by emetic or purgatives. I send this case in corroboration of the remarks of Mr. Newstead in the *JOURNAL* of February 5th, and to show what Nature can and will do if not disturbed in her operations.



## REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN  
THE HOSPITALS OF GREAT BRITAIN.

## ST. BARTHOLOMEW'S HOSPITAL.

## RELAPSING FEVER TREATED BY QUININE IN LARGE DOSES.

(Communicated by Mr. A. JUKES, House-Physician.)

THREE cases of relapsing fever admitted into this hospital have been treated with large doses of quinine immediately before the anticipated relapse. Two cases received each ten grains on the afternoon of the thirteenth and morning of the fourteenth day of the fever, and five grains for four succeeding mornings. The third case had one ten-grain dose on the thirteenth day, followed by four five-grain doses. The results were most satisfactory, as in none of the patients thus treated did the relapse occur. As yet, there has been no opportunity of treating others in the same way. No other patients have been treated with quinine.

Of eight other cases that occurred in this hospital, in six the second remission was accompanied by a greater fall of temperature than in the first; and, as the prostration following the remission seemed to be in proportion to the sweating and sudden fall of temperature, the danger of death is in great measure obviated, as well as the convalescence shortened by several weeks, if the relapse can be prevented.

CASE I.—James D., aged 15, was admitted on December 7th, 1869. He was taken ill on December 5th with rigors and vomiting, followed by headache, delirium, and pains in the hepatic and splenic regions. The spleen was enlarged. On December 9th, the temperature was 104.2 deg., the pulse 128. On December 11th, temperature 102.4 deg., pulse 116. On the 12th, temperature 95.4 deg., pulse 68. He sweated much during the night, and felt much better. From this time till December 17th, the thirteenth day of fever, his temperature varied between 95.4 deg. and 98.4 deg.; the pulse between 60 and 70. On December 17th, temperature 97, pulse 70, in the morning; in the evening, temperature 98.2 deg., pulse 100. He had ten grains of quinine three hours previous to the last temperature being taken, and again on the following morning. Five grains were ordered to be taken for four succeeding mornings. On the 18th, the fourteenth day: morning, temperature 98 deg., pulse 104; evening, temperature 97.5 deg., pulse 70. His temperature did not again reach 98.4 deg. before the 24th, when no further notes were taken. In this case, the pulse rose, as it usually does in relapsing fever, on the thirteenth day, but fell to normal on the following morning. The temperature did not rise at all above normal.

CASE II.—Richard C., aged 27, took to his bed December 20th, complaining of great pain in his calves and in the hepatic and splenic regions. His temperature was 102.6 deg., pulse 120. On December 21st, temperature 101.8 deg., pulse 136. He was in much the same condition on December 22nd, temperature 93.8 deg., pulse 80. He had a most profuse sweat on the previous night, with a remission of all his symptoms. From this time, his temperature rose to 101.4 deg., and the pulse to 104, on the 23rd; but, at this time, he had no pain in his hepatic and splenic regions. On December 29th, temperature 97.5 deg., pulse 64. The temperature varied between this and 100 deg. until January 10th, but he had no return of his previous symptoms. Ten grains of quinine were given on January 1st, the thirteenth day of fever, on which day the highest temperature was 99.6 deg., pulse 70. On the fourteenth day, the temperature was 97.5 deg., the pulse 94, the latter falling in the evening to 60. There was no rigor nor vomiting; but the fact that the patient was under treatment for syphilis may have altered the character of the fever. He was taking iodide of potassium, citrate of iron, and infusion of calumba, before the fever began.

CASE III.—Catherine C., aged 18, was taken ill on January 6th with rigors, headache, pain in all her limbs and back; and, on January 7th, in the hepatic and splenic regions. On January 10th (the fifth day), she had a rigor; temperature 105.8 deg., pulse 148. She vomited bilious matter, and had a thick yellow fur on the tongue. On the 11th, temperature 96.2 deg., pulse 92. She had no pain anywhere. The temperature gradually rose to 99.4 deg. on January 14th, the ninth day, and continued between 98 deg. and 99 deg. till January 22nd (the seventeenth day), when it again rose to 99.4 deg. On January 18th (the thirteenth day), she had ten grains of quinine, which was repeated on the following morning, and five grains for four mornings afterwards. On January 29th (the nineteenth day), the temperature rose to 100 deg.

after eating some fruit; it fell the next day, and remained about normal till January 30th. The sudden fall of six or eight degrees, and, in some cases, of eleven, the temperature afterwards remaining below normal for some days, is most characteristic. The peculiar smell I did not detect in all cases, although it was most marked in some, even during the remission.

## GANGRENE OF STUMP THREE MONTHS AFTER OPERATION.

(Under the care of Mr. HOLMES COOTE.)

A very unusual case of gangrene was kindly pointed out to us at St. Bartholomew's Hospital last week. Mr. Coote amputated the thigh of a man aged 23, on November 20th, for disease of the knee of two years' duration. The flaps were quite healthy, and had almost united, covering up the bone till about a month ago, when a form of gangrene attacked the stump in a patch of the size of the palm of the hand. Charcoal poultices and carbolic acid were tried, and checked the disease. The wound again looked healthy till ten days ago, when the gangrene recurred, and spread in spite of all treatment. The man is now very much emaciated. The muscles on the front of the thigh are laid bare; the femur projects two or three inches, and is covered with tough cicatrised skin, etc. No special cause can be discovered. There is no similar case in the hospital; nor is erysipelas, or any analogous disease, prevalent.

## ST. MARY'S HOSPITAL.

COMPOUND COMMUNITED FRACTURE AT THE ANKLE-JOINT UNITING  
WITHOUT SUPPURATION.

(Under the care of Mr. LANE.)

THIS case is interesting as an example of remarkable recovery from a severe compound fracture, without the application of any of the remedies which have been strongly advocated in similar cases. Mr. C. H. Joubert, house-surgeon, has kindly furnished us with the notes of the case.

W. H., aged 52, a labourer, was admitted to St. Mary's Hospital on November 18th, 1869. He had fallen twenty-five feet from a ladder, and sustained a compound comminuted fracture of both bones of the right leg, just above the ankle-joint. Mr. Lane immediately removed a loose piece of the fibula, two inches in length, which projected through the wound two inches above the external malleolus; and inserted his finger one inch and a half in the direction of the ankle-joint. The patient refused to submit to amputation, which was thought by Mr. Lane to be absolutely necessary. There was very little hemorrhage, but a clear serous fluid, probably synovial, escaped from the wound. The wound was closed with a small piece of dry lint, over which was applied another small piece steeped in collodion. An iron back-splint and wooden side-splints were put on, and, with some extension, the limb was brought into good position. For the first two nights, the patient did not sleep well, but his pulse never rose to 100. Very slight swelling of the leg took place, which disappeared in a few days.

On December 11th, three weeks and two days after the accident, the patient had not had a bad symptom. The pulse had never risen above 100. His appetite was good. He had slept well; and *not a single drop of pus* had escaped from the wound. There was and had been no trace of inflammation, and the leg was of natural size. On removing the splints to put on fresh ones (the dressing of the wound was not disturbed), the bones were found to be already united, rotation of the foot moving the whole shaft of the tibia, and the patient lifting his foot from the bed with ease and without pain. Five weeks after the accident, the original piece of lint closing the wound was removed; it was merely coated on the inside with cheesy epithelium, without the slightest trace of pus. The wound was perfectly healed, and no great amount of callus was thrown out around the fracture, which was now quite firm.

On January 14th, the patient was moving about the ward, with a starched bandage on. There was fair motion at the ankle-joint. With regard to habits, the man acknowledged to "taking a drop on Saturday nights and other times", like most of his class. He required no medicine, and his diet was "ordinary," with a pint of porter and three ounces of brandy.

## ST. PANCRAS WORKHOUSE.

APPARENTLY IDIOPATHIC IRRITATION OF THE URETHRA:  
CONSEQUENT EXTRAVASATION OF URINE.

(Under the care of Mr. J. HIGHAM HILL.)

JAMES C., a labourer, aged 56, was admitted into the casual wards connected with this establishment on the night of November 16th, 1869. He did not then complain of illness; but, on the following morning, he applied to see the surgeon. On arrival, Mr. Hill found him

in a very exhausted state, and complaining of a burning pain in the scrotum, which, together with the penis, was very much swollen, of a dusky red colour, and gave off a strongly urinous odour. The front of the scrotum was in a state of complete gangrene, and the redness and swelling extended into the groins and lower part of the hypogastric region.

He was admitted at once into the Infirmary, and ordered a strong glass of brandy and water. A No. 10 silver catheter was then, without the slightest difficulty, passed into his bladder, from which about four or five ounces of urine flowed. Mr. Hill then made the usual free longitudinal incisions into the affected parts, and, securing the catheter in the bladder, ordered linseed-meal poultices mixed with a weak solution of carbolic acid in oil to be applied, and half-grain doses of morphia to be given every four hours until sleep was procured, as he stated that he had had no sleep for three nights, on account of the severity of the pain. Upon a liberal diet, with a free supply of brandy, he had, in a few days, sufficiently rallied to be able to give the following history. With the exception of an attack of gonorrhoea, which he had ten years ago, he never, to his knowledge, had anything wrong with his genito-urinary organs, and never had any difficulty in passing urine; but, on Friday morning, November 12th, he felt some pain in his scrotum, and noticed that it was swollen. On Saturday, he felt that his trousers were wet, and, on examination, found that his scrotum had given way, and urine was dribbling from the ruptured part. He continued to become worse until Wednesday morning, when he came under Mr. Hill's notice.

On Friday, November 19th, the gangrenous portion of the scrotum separated and came away, leaving the testes and spermatic cords exposed. The following morning, the catheter was removed. He made a rapid recovery; the wounds quickly granulated; and, on January 12th, he was sound and in good health.

[This case, besides the surgical interest it possesses, illustrates the severity of the diseases under which the homeless and houseless poor frequently labour before they obtain admission into establishments for their relief. Many of the cases come under Mr. Hill's notice in the casual wards connected with this workhouse.]

## LONDON HOSPITAL.

### PATHOLOGICAL DEPARTMENT.

(Case under the care of Mr. MAUNDER.)

AMPUTATION OF THE LEFT THIGH FOR INFLAMMATION OF THE KNEE-JOINT.

PYÆMIA: EMPYEMA: SLOUGH OF PLEURA: INFLAMMATION OF FEMORAL VEIN: EMBOLISM OF PULMONARY ARTERY:

REMARKS BY DR. SUTTON.

In the *post mortem* room of the London Hospital, we witnessed lately the examination in the case of a man whose thigh had been amputated by Mr. Maunder for Disease of the Knee-joint. The clinical particulars of this case were very instructive. When he was first seen by Mr. Maunder, there was a fluctuating tumour near the head of the left fibula, which, when punctured, gave exit to a clear fluid. Subsequently, the knee-joint became involved, the man's strength gradually failed, and amputation of the thigh was found necessary. He had had a rigor just before the operation, and he afterwards presented the symptoms generally met with in pyæmia. The points to which we wish to call attention now, are those brought out by the *post mortem* examination. The left pleura contained a quantity of purulent fluid, and the lung was compressed against the spine. The pleura over the lower part of this lung was in parts black, and looking as if charred; in fact, in a state of commencing gangrene. The greater part of the lower lobe, on section, was seen to be solid, very soft, easily breaking down, of a dirty grey colour, and infiltrated with pus. On opening the pulmonary artery leading to this lobe, it was found to contain a black clot; and, further down towards the base of the lung, it was plugged by a firm, white, decolourised clot, which was firmly adherent to the wall of the vessel, and completely filled up its channel, extending also into the smaller branches. The opposite lung was fairly normal. On the auricular surface of the mitral valve of the heart, were two small masses of vegetations, equal in size to split peas. They were firmly adherent to the endocardium. With reference to the stump, the flaps were retracted and the end of the bone protruded. The femoral artery was healthy, but the femoral vein was much inflamed. Its walls appeared thickened, and the inner surface, in consequence of the deposit of pigment, seemed darker than natural. In the upper part of the vein, a soft dirty grey substance was adherent to its inner surface, and resembled a clot which had softened down. Towards the end of the stump, the vein was dilated, its inner surface much discoloured and coated with this dirty soft substance. There was no pus outside the vein. Mr.

McCarthy removed the end of the femur from the stump, and has preserved it in the Museum. It shows, in a remarkable manner, the conditions met with when the periosteum of a long bone has been stripped up and has inflamed. The extreme end of the bone is in a state of necrosis. There is also considerable apparent thinning of the hard tissue of the shaft, as if gradual interstitial absorption were going on. The most noteworthy condition, however, is that the periosteum is separated from the bone in one part by a substance of the consistence of cartilage, and an inch in thickness. On examining this microscopically, Mr. McCarthy found that it owed its firmness to the deposit of true bone irregularly in almost all parts. The compact bony tissue beneath this was of ivory hardness, and much thickened, contrasting with the absorption progressing in the dead part.

REMARKS.—Dr. Sutton observed that this case presented several interesting pathological features. The disease in the left lung and pleura was apparently pyæmic, and connected with the surgical affection of the left leg. It would appear that a portion of a clot had been detached from the femoral vein, carried along in the course of the circulation, and become impacted in a branch of the left pulmonary artery. This clot presented the characters of embolism. It was circumscribed, white, and firmly adherent to the inner surface of the artery. It might be argued that the clot was a consequence and not the cause of the disease in the lower lobe of the lung; and experience shows that in acute pneumonia it is not uncommon to find the pulmonary artery plugged by clots which are more or less decolourised. The firm adhesion of the clot, present in this case, however, is not usually seen in the coagula of acute pneumonia; and, moreover, such coagula are seen in the same lung in different stages of decolourisation. In some places, the coagulum is pale throughout, or pale on the surface and red within, and in other parts very little decolourised. The clot in this case was white throughout. Extending from this supposed embolism, was a slender, pale coagulum, which was not adherent to the vessel, and appeared as if it had been formed subsequently to the embolic impaction. Dr. Sutton further remarked that masses like fibrine, pale and decolourised, may be seen firmly adherent to the inner surface of the pulmonary artery, when the lung is in the condition known as the pleuro-pneumonia of cows; but they differ materially in their appearance from embolism, and they would appear to be the results of arteritis. In such pleuro-pneumonia, on laying open the pulmonary artery, a large black clot, or one partially decolourised, is seen; and, on removing it, a granular, firm, grey or white fibrous substance is seen firmly attached to the inner coat of the artery. These masses are not incorporated or connected with a clot in the centre of the vessel. Their colour, their granular appearance, and clearly defined form, show that they are not derived from the coagulum. The evidence showing that these masses are the result of arteritis, is that the middle and outer coats are infiltrated by fibrous substance, such as is seen pervading the tissues of these hepatised lungs. Another feature of interest is the bearing of this case on the question of pyæmia, and its dependence on emboli. The disease set in like pyæmia; and it shows how an embolus may excite symptoms commonly seen in pyæmia. This fact has been noticed by other observers. Attention was next called to the vegetations present on the auricular surface of the mitral valve. Some time ago, Dr. Hilton Fagge exhibited, at the Pathological Society, the heart of a patient who had died of pyæmia. Vegetations were present on the mitral valve. Dr. Sutton said he was not satisfied that these changes were dependent on the pyæmic process. There is no doubt that they are occasionally seen after death from pyæmia, and they are also occasionally seen when the patients have died of other diseases, such as pneumonia, phthisis, cholera, and typhus fever. It is therefore clear that vegetations similar to those seen in pyæmia are also seen in other acute diseases; and the question arises, may not these vegetations be due to some changes in the system, which are going on incidentally with, but are not directly dependent on, the pyæmic process?

## MEATH HOSPITAL, DUBLIN.

### SHORT NOTES OF CASES.

(Under the care of Dr. HUDSON.)

CASE 1. — *Onset of transverse palsy standing. — Temporary Paralysis of Portio Dura of Seventh Nerve.*—This case is interesting chiefly as presenting itself shortly after an opportunity of viewing the *post mortem* appearances which may result from the effects of chronic otorrhoea was afforded by the case reported in the JOURNAL for February 12th.

Thomas Tugman, aged 24, a bootmaker, resident in Dublin, had for many years back led an intemperate life. He had, notwithstanding, throughout enjoyed good health, except that, at times, a discharge from

the right ear, accompanied by the occasional suppuration of some glands in the neighbourhood of the right parotid region, caused him some local inconvenience. He had been subject to this discharge since he was three years old, at which age he had suffered from an attack of measles. He has, at times, been free from the discharge for a considerable period, but it has lately become persistent. The fluid is, he states, of varying character, being sometimes clear like water, and sometimes thick, yellow, "like matter". The sense of hearing at the affected side is considerably impaired. About three weeks since, he became intoxicated one night, and, on recovering consciousness, found he could not close the right eye. He was also unable to whistle. This loss of power was attended by extreme pain, affecting the right side of the head generally, and intermitting in character.

The patient is improving under a counterirritant treatment.

CASE II.—*Empysemus Vulgaris* symmetrically affecting (A) the Tonsils (B) the posterior aspect of the Forearms, and (C) the posterior aspect of the Legs.—Mary Morris, aged 14, a native of Dublin, has for six weeks been suffering from sore throat. When she was admitted, mild febrile symptoms were present. About three weeks ago, a rash consisting of round "dots" appeared on the forearms. The parts affected were itchy, but free from pain. In a short time, a vesicle became evident in the centre of the little papules, and this rapidly assumed large proportions. The eruption begins on the arms, an inch and a half above the wrist, from which it extends upwards about three inches, gradually becoming less marked. Its situation on the lower extremities is strictly analogous to that on the forearms. On the right tonsil, there is a well-marked bulla; and, on the left, may be seen the shrivelled membrane over one that burst. In connection with this internal eruption, interest attaches to the fact that the girl has been partially deaf for more than a fortnight. An examination of the fluid contained in the bullae gave the following results. It was strongly alkaline, highly albuminous, and contained a very perceptible quantity of chlorides. Under the microscope, blood-discs, epithelial scales, and cells resembling pus or mucus-corpuscles (mucoid cells of Scherer) were visible. The fluid contained in some of the bullae was extremely viscid or gelatinous. Did this contain the "paralbumin" of M. Méhér?

## BIRMINGHAM AND MIDLAND FREE HOSPITAL FOR SICK CHILDREN.

[BY OUR OWN REPORTER.]

BIRMINGHAM has reason, we think, to be proud of her Hospital for Children, which contains forty beds and a well organised out-patient department. The only drawback which struck us was the separation of the wards from the out-patient building. The in-patient department has always existed as a separate building, but, until the Lying-in Hospital was appropriated for this part of the Children's Hospital, only the width of the street divided the two parts of the latter institution; now, however, there is a distance of three-quarters of a mile between the hospital proper and the out-patient building. The necessary alterations in the former Lying-in Hospital were not completed at the time of our visit (January 27th), and only one ward was then occupied; but we could see, from the general appearance of the empty rooms, that they will form very pleasant and cheerful wards when fitted up. A separate ward is to be set apart for infectious cases, and there will be no direct communication between it and the rest of the building; the fever-cases will not be allowed to pass through this hospital at all, but will enter their own ward by a door opening directly from it into the yard; a sheet of glass let into the wall between the two parts of the building will allow the resident medical officer to see what is going on in the fever-ward without the necessity of always going out of doors. We have to thank Dr. Davis, the resident medical officer, for his kindness in showing us the various parts of the building.

The out-patient building reminds one more of a tastefully built chapel than of a hospital, and the patients' waiting hall is especially elegant and comfortable, with a lofty unceiled roof. In this department we saw an interesting case of *Psoaritis*, in a little girl aged 4½ years, under the care of Dr. Earle. The eruption was copious and in the characteristic positions. She had been under treatment since last May, so that the eruption must have appeared before she was four years old.

Cases of *Eczema Capitis* are common enough, and are often treated by alkaline or soapy lotions, without the use of any ointment.

Mr. Bracey was kind enough to give us much information as to the general features of the surgical practice. The number of surgical out-patients is, of course, much smaller than the medical. Stone in the bladder is common among the little patients, and a large number of cases are operated on in the course of the year. Excision of joints is not very often performed at this hospital, partly, perhaps, because

Warwickshire parents do not seem anxious for operative interference with the distorted limbs of their children. Mr. Bracey has not used any anæsthetic except chloroform, and thinks that it fulfils all ordinary requirements. Hip and knee-joint cases are often treated with the gum and chalk bandage in preference to plaster of Paris. Mr. Bracey finds the pain in such cases to be much alleviated by very small doses of tincture of aconite given in a simple saline mixture.

The walls of the waiting-hall are hung with plainly printed instructions to mothers on the subject of infectious and dangerous diseases, and directions for nursing and the general management of children. A certain amount of good ought to follow such attempts as this, and we should think the practice is one worthy of imitation. We noticed, also, that a small slip of printed directions was given to the mothers of children affected with scabies. There is plenty of congenital syphilis at the Birmingham Children's Hospital.

## THE QUEEN'S HOSPITAL, BIRMINGHAM.

[BY OUR OWN REPORTER.]

THIS Hospital is twenty-five years old. It is situated on high ground, and possesses a considerable piece of open garden at the back, a part of which, recently purchased, we understand it is intended to utilise by building a new out-patient department and enlarging the existing accommodation for students. It contains about 180 beds, a certain number of which are in a separate building set apart for fever-patients, burns, and other cases likely to prove dangerous as sources of infection. This house is quite detached and separated from the main building by part of the garden. There is a nicely furnished children's ward. The floors of the ward in this Hospital are washed; the wards are of moderate size and well lighted, but it seemed to us that they were rather narrow and low, considering the modern date of the building. The operating-theatre is excellent; large, high, and well lighted, and opens almost directly into a surgical ward on each side. There is a fairly good *post mortem* room on the basement. The present arrangements for out-patients are probably not so commodious and complete as they will be in the new building.

The house-physician and house-surgeon are assisted by two resident pupils (not necessarily qualified), who are selected by examination, and live in the house for six months. Dressers and clinical clerks are chosen from among the students for definite periods; and each one works under one physician or surgeon. Students are encouraged not to begin dressing until after their first College of Surgeons' examination, and to take their medical ward-work after the degree.

*Operation Day, January 29th.*—We were present at some of the operations at the above date. Mr. West performed Lithotomy on a boy aged 10 years. The lateral operation was performed, and a large stone (weighing 318 grains) extracted after considerable traction. The stone was of the mulberry variety, partially covered with a rough incrustation, probably of uric acid.

Mr. Gamgee did the same operation on a man about 40 years of age, who had suffered for a long time from enlarged prostate, cystitis, and perineal fistula after abscess. The lateral incision was made, and a single large phosphatic stone (weighing 764 grains) extracted; considerable traction was required. The exterior of the calculus was friable.

Mr. Furneaux Jordan had an operation for Cystocele, for which we were unable to stay, and another for obstructed canalicular.

Chloroform only is used in the operating-theatre at this Hospital, and is always administered by the house-physician.

*Ununited Fracture of Humerus.*—Under the care of Mr. West, we saw a man aged 33 whose humerus had been fractured eleven months before, and had never united, probably because a portion of muscle was interposed between the fragments; for his tibia, which was broken at the same time, united well. Mr. West resected the ends of the humerus; and, when we saw the man three weeks afterwards, partial union had taken place.

*Stricture of Rectum.*—Under the care of the same surgeon, we saw a boy, 14 years of age, the subject of annular stricture of the rectum, just above the sphincter; it was of about two years' duration, and was remarkable from the absence of any assignable cause for its existence. The boy had suffered from slight diarrhoea before the occurrence of the stricture, but this seemed scarcely enough to account for its presence.

*Removal of Astragalus.*—Mr. Wilder showed us a case in which he had removed the astragalus for compound dislocation of the ankle. The patient, a man, 35 years old, will have a good serviceable foot.

*Enchondroma: Hereditary.*—Our attention was called by Mr. Gamgee to a girl suffering from several large enchondromatous tumours connected with the bones of one lower extremity, and a small one on a finger of the corresponding hand. She is the daughter of a man whose



thigh Mr. Gamgee formerly amputated at the hip-joint for a similar disease of the femur.

*Abscess after Acute Nephritis.*—This rare case, under Mr. Gamgee's care, seemed worthy of note. The patient, a girl aged 18, suffered from an attack of acute nephritis about eleven months ago; she made a good recovery, but, a month after the attack, an abscess formed and pointed in the left loin. It had remained open up to the time of our visit, discharging more or less pus. Dr. Jolly, the house-surgeon, informed us that the pus had never shown signs of urinary contamination.

*Recovery from Puerperal Pyæmia.*—Mr. Furneaux Jordan drew attention to the case of a woman, lying in the fever-house, who had suffered from suppuration in the knee-joint after parturition. Mr. Jordan had applied the actual cautery freely in the neighbourhood of the joint, and considered that further suppurative action had been prevented by the treatment adopted. The woman had been almost at death's door, but was, when we saw her, believed to be in a fair way towards recovery.

*Strangulated Hernia.*—Mr. Furneaux Jordan remarked, in reference to a case in the wards, that he much preferred operating without opening the sac in cases of recently strangulated hernia, both inguinal and femoral. Mr. Jordan makes a small incision a little above the neck of the sac and just through the skin, and does the remainder of the operation, except the division of the stricture, chiefly with the fingers and the handle of the scalpel. He considers that in this way he reduces to a minimum the disturbance of the parts and the chance of opening the sac.

*Ovariectomy.*—We were informed that this operation was performed in seven cases last year, and that four of them recovered.

*Acupuncture*, we are told, generally employed in amputations, for the large vessels, and *Torsion* for the smaller ones; such, e.g., as the radial.

*Carbolic Acid* has not been extensively tried on Lister's plan.

We are indebted to Dr. Sawyer, the House-Physician, for much interesting information on the general features of the medical cases in the Hospital.

Cases of lead-poisoning are very common, and we saw several during a short visit. The usual treatment consists of iodide of potassium, sulphate of magnesia and dilute sulphuric acid, and electrification by the interrupted current. Although lead-colic and paralysis are common among the workers in glass and white enamel, Dr. Sawyer has not seen many cases of saturnine gout—indeed, gout seems to be a rare disease in Birmingham. Dr. Sawyer had not seen any cases of optic atrophy in connection with lead-poisoning.

## SOUTH STAFFORDSHIRE GENERAL HOSPITAL AND WOLVERHAMPTON DISPENSARY.

[BY CHAS. HENRY BROTHERTON.]

THIS is a building, the internal arrangements of which, for the most part, bear out the expectations raised by the view of its imposing exterior. It contains, at present, a little over 100 beds, but is about to be extended by the addition of separate fever-wards and an enlarged out-patient department. The majority of the cases are surgical; and a large number of accidents from machinery and burns are constantly to be found in the wards. The staircases and passages are worth notice, as very wide and well lighted; but the wards themselves are, in consequence, a little cramped for space, although thoroughly ventilated and yet sufficiently warm. A special feature in this hospital is formed by the day-wards for convalescent patients; and we noticed, in addition, other marks of attention to the comfort of the inmates, such as a couch in each ward, which are, we think, too often absent from our hospitals. Some of the floors are polished, and others washed. Mr. McDonald, the house-surgeon, was kind enough to show us several interesting surgical cases and afford much information on the general features of the surgical practice of the hospital staff.

*Excision of Os Calcis.*—Under the care of Mr. Vincent Jackson, we saw a girl, aged 18 years, from whom the whole os calcis of one foot had been removed for disease. The operation was performed last September, but the healing had been delayed by the persistence of one or two small sinuses which still remained open. She had no disease of the ankle-joint, and could, even at the time of our visit, bear tolerably firm pressure without pain. There seemed every prospect of her foot becoming very serviceable.

*Lithotomy* is done rather frequently at this hospital. The lateral operation is preferred. A tube is often used after the operation.

*Ovariectomy.*—One operation, a successful one, was performed last year.

*Excision of Urethra.*—Mr. Jackson generally uses Holt's dilator in suitable cases, and has, we believe, operated on a considerable number

of patients without any serious results. Quinine and opium are given after the operation.

*Erysipelas* beginning in the house is very rare. Mr. McDonald assured us that there had not been a case within the last twelve months.

No extensive trial of Lister's antiseptic treatment has been made. There is a children's ward nicely fitted up. There is no museum.

## CLINICAL LECTURE ON VARIOUS SUBJECTS.

By MR. PAGET, F.R.S.

MR. PAGET (on Wednesday last) commented upon several of the cases admitted under his care during the preceding week into the accident wards.

*Fracture of the Femur.*—In reference to a man, aged 44, suffering from fracture of the femur between the middle and lower thirds, Mr. Paget made some remarks on the treatment of this injury, advocating strongly the American\* plan of suspending the limb in a sort of trough splint by cords passing upwards and forwards, so that the line of traction forms an angle with the axis of the femur. The whole limb is raised from the bed, and the knee is a little bent. Mr. Paget prefers this apparatus to the long straight splint for the following reasons. Its use is followed by less shortening; it is much more comfortable; it allows the patient to move the body without in any way disturbing the injured limb, and thus it does away with the necessity of prolonged recumbence, an advantage which Mr. Paget thinks of no mean importance, especially in old persons.

*Retention of Urine.*—A man, aged 29, was admitted for retention and dribbling of urine; the latter symptom had existed for six weeks. His bladder was much distended. An attempt to pass a catheter was unsuccessful, but he passed all his urine while in a warm bath after a dose of laudanum. In comparing the effects of catheterism and the warm bath, etc., in cases of spasmodic stricture, Mr. Paget enlarged on the necessity of great caution in using instruments, and on the increased risk of making false passages when the urethra is in a softened state from congestion and inflammation; and advised that the same reliance should be placed on opium, rest, and the warm bath for reducing the swelling of the urethral tissues in cases of spasmodic stricture, as for relieving the tumefaction of the nasal mucous membrane in ordinary "cold in the head." The use of the catheter should, Mr. Paget considers, be deferred if possible for a few days, as it was in this case, and then, when the irritability of the urethra has passed away, the organic stricture, if it exists, may be treated.

*Inflamed Bursa Patellæ.*—This was a case in which a fall on the front of the knee had been followed by inflammation and suppuration in the bursa and a phlegmonous inflammation of the neighbouring superficial structures. Mr. Paget said that this case would serve to illustrate the curious and hitherto unexplained fact that blows upon bursa are much more liable to be followed by severe local inflammation and suppuration than are far more extensive contusions not involving these organs. Mr. Paget prefers to make two incisions into a suppurating bursa, so as to admit of very free exit for the matter.

*Compound Comminuted Fracture of Femur just above the Condyles.*—A woman 63 years of age fractured her femur just above the condyles; a small wound near the seat of fracture gave exit to synovia, and the accident was soon followed by effusion into the knee-joint, with heat and inflammation of that part. Several years ago she fractured the same femur at the neck, since which accident the limb has been considerably shortened, and the heel has been raised as in talipes equinus. Mr. Paget remarked that oblique fracture of the lower end of the femur, like the corresponding lesion of the humerus, is often complicated with vertical fracture extending into the joint, as in this case. The treatment recommended, when synovia escapes from a wound in such a case, was that adopted in this instance; viz., sealing the wound with collodion, irrigation with cold water if the joint become painful, hot, and distended, and the application of a long splint.

Mr. Paget alluded to several other cases of minor interest, among which were the following.

*Extensive Scalp-Wound Treated by Wire Sutures.*—Mr. Paget mentioned this case in order to dispel the common belief that sutures are unadvisable in treatment of scalp-wounds. He considers that sutures in these cases do not add to the risk of erysipelas—a complication which is more likely to follow wounds of the scalp than wounds of other parts, however treated.

*Fracture of the Nasal Bones.*—The man, aged 80, was admitted, said Mr. Paget, simply on account of his age, there being no concussion or

\* Mr. Paget uses a modification of Dr. Hodgen's apparatus, devised by Mr. Blakson, Surgical Registrar of the Hospital.

other urgent symptom. Mr. Paget advised his hearers to bear constantly in mind that old people sometimes die from the effects of injuries which would be of quite trivial importance in young subjects.

*Severe Contusion of the Leg.*—Mr. Paget drew attention to this case as illustrating all the phenomena of an extensive bruise; and showing, in addition, the formation of bullæ containing blood-stained fluid of the same nature as that to which the swelling and discolorations of a bruise are due. Mr. Paget remarked that these bullæ are usually associated with fracture, and are not commonly seen in cases of simple contusion.

In mentioning and describing a case of *Pott's Fracture*, Mr. Paget alluded to the desirability of endeavouring to ascertain, as an aid to diagnosis, the direction in which the breaking force has been applied in all cases of fracture.

## ABSTRACT OF A CLINICAL LECTURE.

By DR. WILKS.

IN A Clinical Lecture delivered at Guy's Hospital on February 19th, Dr. Wilks commented on the case of a patient who was admitted complaining of "Epilepsy." He first made some remarks to show that loss of consciousness is essential to the definition of epilepsy; and that convulsions occurring without loss of consciousness are not truly epileptic.

The patient under consideration, a man aged 24, unmarried, had lived freely, but had never had syphilis. His fits began about seven years ago, shortly after the house in which he was living was burned down. The fits were ushered in by a feeling of cramp in the left leg; it passed to the right leg, up the right side of the body, and ended behind the right ear. He then fell down, and was convulsed, but remained conscious throughout. He generally had about twelve fits a day. Latterly, he had lost consciousness on two or three occasions, and had passed his urine and feces under him. His urine contained albumen.

Against the idea that the fits might be due to renal disease, Dr. Wilks put the fact that the man was strong and hearty, and presented no other symptoms of Bright's disease. Moreover, convulsions of uræmic origin were generally attended with loss of consciousness. The albuminuria was probably due to the intense congestion of the venous system during the attacks.

Previous experience pointed to the existence of local brain-disease in such cases. This might be secondary to affections of the bones after blows on the head, or a result of syphilis. The absence of syphilitic history was not of much moment; for the true chancre was more liable to be overlooked than the non-infecting sore with suppurating buboes. The lecturer stated it as his belief, that some of the worst cases of tertiary phenomena occurred where there had been, apparently, no secondary stage at all. The convulsions in such cases were usually more on one side than the other. Muscular weakness, persisting long after the fit, pointed in the same direction. The frequency of the fits was also against the idea of genuine epilepsy, as real epileptic fits seldom recurred daily.

The next case alluded to was one of Dropsy after Scarlet Fever in a child—an affection interesting on account of its frequency and the success of well conducted treatment. Having alluded to the explanation generally offered, that the disease is a result of suppressed cutaneous elimination through exposure to cold, Dr. Wilks expressed his belief that this explanation, though correct, was insufficient. It threw no light on the fact that acute dropsy was especially common after scarlatina, and that it sometimes occurred when every precaution had been taken against exposure. The kidney was specially predisposed to disease in scarlet fever. The skin as a whole, and the mucous membranes, so far as they were within reach, were obviously affected. It might safely be inferred that those which were out of sight were equally altered. Dr. Miller found some renal epithelium in the urine of every case of scarlatinal fever which came under his notice. In the majority of cases of scarlatinal dropsy, both the causes mentioned doubtless co-operate.

Treatment is of the highest importance; because, though we have no specifics at our disposal, there is hardly any acute disease more amenable to judicious management. The kidney was relieved by causing the skin to act. Hot-air or vapour baths, followed by confinement to bed and wrapping in flannel, generally effected this object. The liquor ammoniac acetatis, in combination with small doses of tartar emetic, was a useful adjunct. In those almost desperate cases in which suppression of urine occurred early, Dr. Bright was against the use of salines, as tending to stimulate the kidney, and adding to the excess of solid matters already in the blood. The infusion of digitalis was to be preferred in such cases. When the urine flowed copiously, but was loaded with blood, the lecturer recommended the administration of the tincture of perchloride of iron.

## NOTICE.

THE ANNUAL SUBSCRIPTIONS TO THE BRITISH MEDICAL ASSOCIATION FOR THE YEAR 1870 ARE NOW DUE: and it is a matter of great convenience to the Association, and conduces to the efficiency of its working, that they should be paid promptly.—Members of Branches, and all others who usually receive circulars at the beginning of the year from the local Secretaries, will greatly oblige, and will prevent trouble, by PAYING THEIR SUBSCRIPTIONS TO THE LOCAL SECRETARIES, AND NOT TO THE GENERAL SECRETARY.—All other members should pay their Subscriptions without delay to the General Secretary, T. WATKIN WILLIAMS, Esq., 13, Newhall Street, Birmingham.

Members of the Association residing in the counties of Middlesex, Essex, and Hertfordshire (except those belonging to country Branches), should pay their Subscriptions to Dr. A. P. STEWART, 75, Grosvenor Street, W.; or Dr. ALEXANDER HENRY, 16, Great Coram Street, W.C.

## BRITISH MEDICAL JOURNAL.

SATURDAY, FEBRUARY 26TH, 1870.

### THE DIMINUTION OF INTemperance.

FOR more than thirty years an energetic crusade against intemperance, on the principle of moral suasion, has been carried on. That it has produced great results, none can deny; nor is it possible to withhold the tribute of warm admiration from those who, at much self-sacrifice, in the face of constant ridicule and great opposition, have carried forward the temperance movement. It is perhaps doubtful whether the history of any nation can boast a more disinterested and bettersustained effort at an internal reform. We may smile at some of the arguments which have been adduced on temperance platforms, and may even feel angry at the tone which has sometimes been assumed towards those who have failed to be convinced; but we cannot for a moment impugn the purity and nobleness of the motives of those concerned.

As the result of their work, we have a remarkable change in social opinion; and we may rejoice that habits which were formerly thought gentlemanly rather than otherwise, would now exclude those indulging in them from respectable society. Amongst the educated classes, excess has certainly been greatly diminished. The reform has, however, but slightly touched the poor; and the consumption per head for the whole population remains, we believe, much where it was. The national conscience having, however, been roused, and our attention—thanks to the teetotalers—having been kept to the subject, other means for improvement are now in prospect. On all hands it seems to be admitted that it is time that the Government should take the matter up. The favourite scheme of the temperance societies is what is called the Permissive Bill—an enactment which would permit a certain majority in any given district to prevent the sale of intoxicating liquors within it. This rather strong measure has gained a far larger number of supporters than might have been expected. During the last few years, it has rapidly advanced in favour amongst a certain section of the clergy. That it has done so, is a most conclusive proof of a general and increasingly clear conviction as to the terrible evils of intemperance. We feel sure, however, that this Bill is too vigorously permissive of prohibition to have much hope of becoming law; at any rate, it will have no chance until other measures have been exhausted. The President of the Board of Trade has expressed his opinion very definitely respecting it; and it is not likely that we shall ever have any Ministry more likely than the present to aid such a movement.

The direction in which more immediate action is to be hoped for is in the better control of the licensing system. The government has announced its intention of bringing forward a Bill with this object, and its details will, we expect, be known next week.

The subject of legal restraints on certain physical and moral evils,

which, in themselves strictly private and personal, produce more or less immediate results of great public importance, has occupied much attention of late. We have before us one result of this in the existence of a "License Amendment League," a society formed about a year ago for agitating the necessity for improvement of the laws which regulate the sale of alcoholic liquors.

The personal interests involved in the question of prohibitory legislation on the liquor traffic are so numerous, so varied, so powerful, and so intricate, that great caution added to a wide knowledge of the far-reaching influences of alcohol will be needed before a successful compromise can be arrived at. Many of the evils of drinking are indirect, and follow long after the offence; and on these grounds we shall encounter much opposition from the very persons who are really most interested in a reform, viz., the consumers of intoxicating liquors. We say that the consumers are really most interested, for we suppose there is no doubt that alcohol is answerable for more crimes than any other cause whatever, while the amount of physical and moral degeneracy, which it produces, is so great as often to be lost upon us until we take the trouble to view it at a distance and as a whole.

We cannot believe but that this huge mass of evil is in a great measure preventable; and we believe, further, that the judicious introduction of obstacles to drinking, while it would unquestionably prevent many of the results of that habit, would after a time produce motives for abstinence which can never operate, even if they exist, while the temptation to indulgence is present. Without necessarily agreeing to all the amendments proposed by the "License Amendment League," we give our cordial support to the general plan on which its members are working, the details of which fall for the most part under the following headings:—

To restrict the number and raise the standard of licensed houses by increasing the money value of the licenses; by leaving the power to grant or refuse a license solely in the hands of the magistrates; and by allowing certain inhibitory powers to local authorities, ratepayers, and owners of property.

To make the holder of a license in some degree responsible for the sale of liquor to confirmed drunkards.

To diminish the opportunities for drinking by late opening and early closing on week-days, and the same, or perhaps total closing, on Sundays to all except travellers.

To lessen the indirect temptations to form habits of drinking, and to prevent the seduction of young men and women, by prohibiting the sale of alcoholic liquors in places of amusement, and the holding of public amusements in houses licensed to sell intoxicating drinks.

Some of these proposals would, we fear, be found impracticable, but we would yet strongly recommend the subject to the consideration of the profession. The question is so complicated that we cannot hope to arrive at its proper solution without many experiments and some failures, and the sooner some effort is made the more quickly shall we come to the best net result.

A deputation from the League, accompanied by its Secretary, Dr. Martyn of Manchester, and by several Members of Parliament, has this week had an interview with Mr. Bruce in order to urge their proposals on his attention. As might have been expected, no definite statements were elicited, and we must wait a while before we know the details of the Government scheme. Meanwhile, we can but repeat the expression of our pleasure in the fact that the matter has been taken up, and we hope that during the present session something will be done, if it be only to shew that, as a nation, we appreciate the evils of over-drinking, and mean to do our utmost to get rid of them.

#### A BELFAST CORONER'S COURT.

AN INQUEST held last week at Belfast demands some notice, on account both of the undignified character of the proceedings and the inconclusive nature of the verdict. We take our facts from a detailed report of the case in the *Northern Star*.

The inquest referred to was on the body of a man who had been found by the police lying on his face in the street. Two men were trying to lift him up, and they had managed to get him to stand against the wall before the policeman reached him. These men said that they did not know him. He was taken to the station as drunk. When he reached the station, however, he gave his name, and age (55), and residence (Carrickfergus). He was quiet, but could not stand, and had a smell of drink. A bottle of whisky was found on him. After being placed in the cell, he was watched; and, in about four hours, as he seemed "weaker, and had a noise in his throat," Dr. Aicken was sent for. The man was next transferred to the General Hospital, where he arrived about ten o'clock at night, that is, about six hours after he had been first found.

Dr. H. Anderson (House-Surgeon to the Hospital) deposed at the inquest, that the man was cold and insensible when admitted. He died in about four hours. He was "pumped" on admission, and again later. In his opinion, death was caused by an overdose of opium or alcohol; he thought it was opium. He did not think a *post mortem* examination would reveal much.

Dr. Aicken deposed that there was a strong smell of drink with the breath. He thought that the drink was pure alcohol, and, at first, that this was the cause of the symptoms. The pupils of both eyes were much contracted, but, "he thought, not in the same way as from alcohol." "None but an expert could tell the difference between alcohol and opium poisoning."

The jury returned a verdict of "death from the effects of an overdose of whisky and opium."

We have given, above, a brief outline of the evidence at the inquest, but our report does no justice to the manner in which the inquiry was conducted. One of the jurymen, in reference to a remark of the coroner (Dr. Dill), "that the policeman ought to know of what the man's breath smelt," said: "No one could tell. A medical man could not tell. He might have taken porter or whisky. When I am drunk, my wife cannot tell whether I have taken one or both." (Laughter.) When medical evidence was required, the police put forward Dr. Aicken, who had first seen the man.

The Coroner said he could only recognise one medical man, and wished to know who was to pay Dr. Aicken, as he had not instructed the police to produce him. Certainly he considered that the police should pay him, as he came on their behalf.—Head-Constable Lamb said Dr. Aicken was produced because he was a very necessary witness, and the evidence would have wanted a link had he not been there.—A Jurymen: Had Dr. Aicken not been here, we should have been very much dissatisfied.—Dr. Aicken: I attended here at considerable inconvenience. I came here from the country.—The Coroner: I may say I know my position, and will not leave a link wanting, but I will only recognise one medical man.—Dr. Aicken said Dr. Anderson was that man. I may say the matter cannot rest as it is. It will go further.—A Jurymen: Mr. Coroner, I want to know, is it for the fee you refuse to acknowledge more than one medical man?—The Coroner: The law is, I can give only one guinea to a medical man, and two for a *post mortem* examination. The police ought to pay Dr. Aicken.—Dr. Aicken: Read the law.—The Coroner: I am stating the law.—Dr. Aicken: I say you are not.—The Coroner: That is a contempt of Court.—Dr. Aicken: I don't wish to insult the Court, but I say you have not stated the law.—Several Jurymen said they would uphold the Coroner's authority.—A Jurymen: Why should Dr. Aicken be compelled to give his evidence without a fee? Is it usual for such to be done?—Another Jurymen (a tinsmith) said it was no wonder tinkers quarrelled when doctors could not agree.—Dr. Aicken here left, and Mr. Anderson next gave the evidence we have already mentioned.

Mr. Anderson and Dr. Aicken had agreed that a *post mortem* examination was necessary, and the question of the attendance of the latter again turned up. A discussion ensued as to who should send for him. One jurymen urged that a *post mortem* examination should be made by Dr. Aicken, for which he should be paid, and that they should adjourn. This was decided against; and, after a conversation between the coroner and the police, as to who should send for Dr. Aicken, a messenger soon returned with him. After his evidence had been given, the coroner asked the jury if they required more evidence. Several said they



had had enough, while others thought a *post mortem* examination unnecessary. Finally, the verdict given above was returned.

The almost comic character of parts of the proceedings must prevent our calling attention to their very inconclusive result. The parsimony, whether in time or money, which prevented an adjournment and autopsy, is inexcusable. It might have been that the man had fallen or been knocked down, or that he had had apoplexy. If he died of intoxication merely, it was most important to establish the fact as a warning to the police in reference to the need for more care in the management of similar cases. There was not, as far as the report goes, even any mention of the possibility of a fracture of the skull. No evidence appears as to what the man had been doing before he was found. The coroner hinted that opium might not be found by an analyst even though a *post mortem* examination had been made, and death were undoubtedly due to that drug. Even granting this, which is not certain, yet, at any rate, the question of injury or of apoplexy would have been set at rest. The verdict of death from opium and whisky combined is very ingenious, but we see no evidence that the man ever had any opium given him. Did the jury reason like the writer mentioned by Sidney Smith, who, after reading an article on China and one on Metaphysics, considered himself master of the subject of Chinese Metaphysics?

#### THE COMBINATION OF EXAMINING BOARDS.

THE communication made by the Lord President of the Privy Council to the President of the General Medical Council, of which we give an outline at another page, calls especial attention to the formation, in each division of the kingdom, of a single examining Board for the admission to practise. Discussion and action on the letter have been reserved to the following day (Friday). After the reading of the letter, an important report from a Committee of the Council was read, embodying, as far as it had been possible to obtain them, the opinions of the several Examining Boards on the question whether the formation of single Boards is desirable; and supplementary statements of the opinions of several Boards from which answers had not been given in time for the report, were also presented. It appears from the returns that the English Boards are generally in favour of the formation of combination; but that the Scottish and Irish Examining Boards, for the most part, look on the proposal with disfavour. We are sorry to observe this disposition on the part of our Scottish and Irish brethren; but we would hope that wise counsel will prevail in the deliberations that are about to take place on the subject in the Medical Council.

#### AMALGAMATION OF THE SOCIETIES.

WE record with much pleasure the result of the meeting at the Royal Medical and Chirurgical Society in reference to amalgamation. The original scheme of sections was adopted, in preference to the altered one, by a large majority; and, should we have a Royal Society of Medicine, it will not involve the disjunction of medicine and surgery. The majority was so decisive, that we trust the scheme will now be carried out irrespective of any further opposition.

ANOTHER fatal case of small-pox was reported at the weekly meeting of the Brentwood guardians on Monday.

M. POISEVILLE, the inventor of the hamodynamometer, has lately died in Paris at the age of 73.

THE dignity of Senator has been conferred on Professor Pietro Cipriani, President of the Superior Council of Health of the kingdom of Italy, and of the Medical Section of the Florence Institute.

SEVENTY-ONE persons have been summoned at Dewsbury for failing to comply with the provisions of the Vaccination Act. Twenty-seven were convicted. The other charges were withdrawn on payment of costs.

WE regret to hear of the death of Mr. Minter, Assistant Resident Medical Officer to the London Fever Hospital, from the sequelæ of scarlatina acquired in the discharge of his duties.

Nature believes that we may hope soon to have a Minister of Public Instruction, and hopes that Mr. Forster's intimate knowledge of the question will obtain for him the position.

WE learn with pleasure that the Emperor of Russia has recently elevated Dr. Thomas W. Evans, Médecin-Dentiste to the Emperor of the French, to the Imperial and Royal Order of St. Stanislas, First Class (Grand Cordon). This high honour, which is only exceptionally conferred, has been accorded to Dr. Evans as a recognition of professional merit. We are indebted in this country to Dr. Evans for the introduction of nitrous oxide gas as an anæsthetic.

#### POOR-LAW MEDICAL SERVICE IN BERLIN.

BERLIN, with 800,000 inhabitants, is divided into sixty-one districts for the Poor-law medical service. Besides the sixty-one fully qualified medical officers, seven surgeons (having no medical qualification, and being only allowed to attend minor surgery and midwifery) are also acting. There is also a special contract with Professor Von Gräfe for the treatment of those suffering from diseases of the eye, and with two physicians for the treatment of diseases of women, as well as with a surgeon of eminence for orthopædic cases, and with another surgeon for diseases of the ear. The number of patients treated by this staff in the second quarter of 1869 was 12,063, of whom 880 were sent to hospitals, the rest being attended at their own homes, or seen at the houses of the medical officers. The amount paid for the 41,641 prescriptions ordered during this period, amounted to £1056 13s.; or per patient, to 1s. 9d.

#### ROYAL COLLEGE OF SURGEONS.

A SPECIAL meeting of Council was held on Tuesday, for the purpose of finally considering the scheme for a Joint Examining Board drawn up in answer to the communication received from the Medical Council. It was adopted, and ordered to be forwarded to the Medical Council. At the same meeting, the motion for publishing the minutes of Council was confirmed. A requisition, of which the following is a copy, was presented. As the meeting was special, it could not be received, but will be brought forward for discussion at the next ordinary meeting of the Council.

"To the President of the Royal College of Surgeons of England."

"Sir,—We, the undersigned Fellows and Members of the Royal College of Surgeons of England, request that you will forthwith summon a meeting of the Fellows and Members of the College, to discuss and consider the present position of the College with respect to probable legislation and the formation of a single Examining Board for each division of the United Kingdom."

The requisition is signed by upwards of two hundred metropolitan and provincial gentlemen, many of whom are hospital surgeons. Although sympathising with the object, we are unable to see that a meeting can be held for some weeks, as the report of the Committee on Bye-Law XVII, relating to the meeting of Fellows and Members, only comes before the Council for consideration at their next ordinary meeting a fortnight hence.

#### SUPERANNUATION OF POOR-LAW MEDICAL OFFICERS.

A LETTER from the President of the Poor-law Medical Officers' Association, which is published on another page, conveys a request which, we hope, will be promptly and extensively complied with. It is of the highest importance that Dr. Brady, in bringing in his Bill for the superannuation of Poor-law medical officers, should be provided with abundance of well authenticated facts with which to support his reasoning. Dr. Rogers assures us that the information will be used without bringing into unnecessary publicity the names of those furnishing it. We trust, therefore, that there will be no hesitation in complying with his request.

## POLYGAMY IN ITS INFLUENCE ON POPULATION.

AT the last meeting of the Anthropological Society, a paper by Dr. J. Campbell was read "On Polygamy: its influence in determining the sex of our race, and its effects on the growth of population." Minute details of the relative proportions of female to male births in the harems of the king and other important dignitaries of Siam were given. The result seems to be that the proportions of males and females born were, as in the case of monogamist marriages, entirely equal.

## INFLUENCE OF WATER ON PHYSICAL DEVELOPMENT.

In a recent report, Dr. Letheby says that he considers moderately hard water better suited for drinking than that which is very soft, an opinion which is confirmed by that of the French authorities, who took the Paris water from chalk districts instead of from sandy strata. It appears that a larger percentage of French conscripts are rejected from soft-water districts than from neighbourhoods supplied with hard water; and Dr. Letheby adds to this the generalisation—which may be of great importance if it is proved to depend on more than coincidence—that English towns supplied with water of more than ten degrees of hardness, have a mortality of four per one thousand less than those whose inhabitants use softer water. Other kindred points of great interest are raised by Dr. Letheby, such as the possibility of a connection between the prevailing diet of a country and the composition of its potable waters.

## BRIGHTON HOSPITAL MUSEUM.

We are glad to observe that the building of the new Museum in connection with the Sussex County Hospital, the proposal for which we alluded to some weeks ago, has been commenced. It is to be close to the Hospital, and will be so built that, should it ever be requisite, it could be adapted for wards and added as a wing. The Governors of the Hospital have liberally voted a sum of £1,200 in aid of the project.

## DEATH FROM A DRUGGIST'S ERROR.

A BABY, five weeks old, has been poisoned with a drachm of syrup of poppies. A charwoman had been sent by the mother for some Godfrey's cordial, but the druggist sent syrup of poppies. The baby went off into a "nice sleep"; but the mother became alarmed at its duration, and sent for a doctor, who found the baby dead.

## DEATH FROM LAUDANUM.

AN inquest has been held on the body of a woman aged 44, who died in consequence of taking an overdose of laudanum. She had not been heard of for two or three days, and when the door of her room was burst open she was found to be dead. She was in the habit of taking laudanum, and was a great spirit-drinker. A *post mortem* examination was made by Dr. Thorne, and the gall-bladder found to be full of stones. This was considered to have been a sufficient reason for her practice of opium eating, but it must be remembered that gall-stones are frequently found after death which have caused no symptoms during life. As the woman was in the habit of purchasing laudanum from one druggist, no entry of sale was made. The law only applies to strangers.

## DEATH FROM COLD.

THE newspapers report the death of a labourer's child at Bramber in Sussex, from exposure to the cold. He was a lad aged 9, and had been employed leading a horse all day in a field, much exposed to the winds, with two men. They left off work at half-past four. The lad would not ride home with the men, as he said he was cold and wanted to walk. He took refuge in one of the men's cottages, but started off again, and was found a little later insensible on the road. One of the labourers carried him about a mile to Annington, instead of to a cottage not far off. A surgeon, Mr. Francis Maury, was sent for, but all efforts to produce thorough reaction were unavailing, and the lad died. It seems, from the evidence at the inquest, that the lad had not had anything to eat all day.

## DEATH FROM LIGHTNING.

THE *Melbourne Argus* mentions the death of a little girl from the effects of a lightning-stroke while she was sitting at a table. A bright flash was seen, part of the house was struck, and the child's clothes were set on fire. The chair on which she sat was shattered to atoms. The girl died in a few hours.

## TESTIMONIAL TO DR. HALFORD.

THE *Melbourne Argus* states that Professor Halford is about to receive a practical recognition of the general opinion of the value of the ammonia treatment of snake-bites. A meeting, at which many members of the medical profession were present, has been held, and a committee has been formed to procure funds for a substantial presentation.

## COTTAGE HOSPITAL STATISTICS.

THE Report of the Dunster and Minehead Village Hospital, although of course referring to a very small number of facts, is of interest, because all the facts are given. The diseases of the out-patients (139 in number) are carefully tabulated, and the in-patients (21 in number) are all separately mentioned. Of the latter, 3 died, being in the very heavy ratio of rather more than 14 per cent. The deaths are, of course, well accounted for. No important operations appear to have been performed, with the exception of one for necrosis. We are interested in noticing that there is only a single case amongst either the in- or out-patients that can be referred to venereal disease. The medical Report is by Mr. Clark, the honorary officer. We hope that all village hospitals will be careful to give similar details; with, if possible, lists of their in-patients. The expenditure—if we omit altogether the out-patients—appears to have been about £6 10s. for each of those admitted.

## ACTION AGAINST A SURGEON FOR LOSS OF AN EYE.

AN action for damages against a surgeon has taken place in Philadelphia, for the wrongful abscission of an eyeball. The plaintiff, a young woman, was treated at the Wills Ophthalmic Hospital for staphyloma corneæ; and an operation was decided upon, in order to enable her to wear an artificial eye, and also, it is said, to prevent irritation in the other. After the operation, she alleged that she had not understood its nature; that she had not previously wholly lost sight in the affected eye; and, in fine, claimed ten thousand dollars from her surgeon. All the reliable medical evidence, including Drs. Gross, Pancoast, Lewis, and Morton, was in support of Dr. Hall, the operator; but the jury nevertheless returned a verdict for the plaintiff, with eight hundred dollars as recompense. The judge, however, immediately set aside the verdict, as contrary to evidence. The case is of importance to us all, as indicating the need for the utmost caution in reference to this particular operation. We have known several cases in this country in which legal proceedings were threatened because the patient had not properly understood that the lost eye was to be removed. The ignorance of the public in respect to some apparently very plain expressions is more than we always allow for. The writer was once confronted by an indignant father whose child's eye had been removed with full permission. The father admitted that he had consented that "the eye should be taken out", but alleged with perfect sincerity that he had never doubted that "it would be put properly back again!"

## SUPPOSED POISONING CASE AT EXETER.

A MAN of the name of Miller was suspected to have been poisoned by his wife. The circumstances have been already detailed. Two surgeons made a *post mortem* examination, with a negative result. The contents of the stomach were sent to Dr. Taylor, who reports that there was no chemical evidence to show that poison had been administered or taken, or that it had operated as a cause of death. The cause of death, therefore, remains mysterious; but there was nothing to show any unfair means, and a verdict of "Death from natural causes" was returned.

## THE BIRMINGHAM GENERAL DISPENSARY.

At a meeting of the subscribers to this Institution held on the 18th instant, it was determined, in conformity with a suggestion made in the annual report then presented, to establish a Branch Dispensary, to include those parts of the town which are most in want of dispensary aid.

## ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

The annual meeting of this Society will be held next Tuesday. The following is the list of officers for the year, nominated by the retiring Council. *President:* G. Burrows, M.D., F.R.S. *Vice-Presidents:* \*H. Pitman, M.D.; \*G. Johnson, M.D.; \*G. D. Pollock; \*J. A. Bostock. *Treasurers:* P. Black, M.D.; \*J. Birkett. *Secretaries:* W. Ogle, M.D.; \*Thomas Smith. *Librarians:* T. K. Chambers, M.D.; C. Brooke, F.R.S. *Other Members of Council:* J. Hall Davis, M.D.; S. O. Haversham, M.D.; \*C. Murchison, M.D., F.R.S.; \*J. Russell Reynolds, M.D., F.R.S.; J. Burdon Sanderson, M.D., F.R.S.; T. Holmes; \*Jonathan Hutchinson; \*James R. Lane; \*A. Noverre; \*T. Spencer Wells.—Those gentlemen to whose names an asterisk is prefixed were not on the Council, or did not fill the same office last year.

## RESUSCITATION AFTER HANGING.

The *Pall Mall Gazette* gives us a very sensational story of resuscitation after hanging, copied from the *Louisville Commercial*. A man named Knell was lately sentenced to death for the murder of his wife. He was hung the middle of last month. When the drop fell, it was observed that the closed hands and position of the legs and feet of the culprit remained completely unchanged, "showing a tremendous exertion of will and control of nerve." The neck was not broken; and General Whittaker, who was present, declared that the carotid arteries pulsed after the gaol-surgeon and his assistants reported life extinct. After hanging some minutes, the body was cut down, placed in a coffin, and then driven off to the cemetery. A surgeon and assistants, near midnight, fetched the body from the cemetery to the "surgery of a skillful and most learned surgeon, where ten or twelve excited and expectant students stood awaiting the arrival of the strange party." The body was placed on its back and a vein opened; after a time, blood was made to flow; the galvanic battery was then applied, and in less than fifteen minutes circulation was established. Stimulants were administered, and in less than an hour the man sat up and talked." He was afterwards quietly sent away "to an unknown, but it is to be hoped a better, future."

## MEDICINE AT A DISCOUNT.

The members of a religious sect, styling themselves "Peculiar People," seem to have arrived at the conclusion that they can do very well without medical men. The child of one of these people died rather suddenly, and an inquest has been held on the body at Tooting in South Essex. It appeared that no medical man had seen the child. One of the elders of the church anointed the girl with oil, and laid hands on her. The father said he would not allow medicine to be given, as it was "against the Lord's will." His children had been healed plenty of times before during the last eleven years. The inquiry has been adjourned for a *post mortem* examination to be made.

## MORTALITY AMONG INFANTS IN ITALY.

The Academy of Medicine in Turin has appointed a Committee to inquire into the mortality of infants in Italy, and has asked, by means of a circular, for information on the following points. 1. The numbers representing infant mortality in Italy; 2. The causes of this mortality in the various regions, provinces, and classes of society; 3. The proportion of infants dying to those still-born; 4. The relative proportions of mortality in the first month, the first year, and the first five years; 5. The relation which the mortality bears to the means of education and instruction, and to founding and other similar institutions; 6. The hygienic and administrative measures necessary for diminishing mortality in early life.

## DR. WILLIAMS'S ACTION FOR LIBEL.

THE action by Dr. C. J. B. Williams against the Duke and Duchess of Somerset for libel was heard in the Court of Exchequer on Thursday. The Duke's son suffered from intrathoracic tumour: he was seen by Dr. Williams only four times altogether—the first time on September 21st, when the case was obscure. Subsequently, attacks of laryngeal spasm occurred, which enabled Dr. Williams to suspect the existence of the intrathoracic tumour. The progress of the disease was much accelerated by the patient taking a walk of three hours and a half continuously only three days before his death; and, when Dr. Williams saw him a second time on the 29th of September, he announced his suspicion as to the nature of the disease, and gave full cautions with regard to the treatment. A severe attack of spasm of the glottis occurred on the following morning (the 30th), during which another practitioner, Dr. Hardinge, was called in; and Dr. Williams, who came directly he was sent for, found Dr. Hardinge there at nine o'clock, and approved of the treatment which he had employed. The patient was relieved, and had no further attack till Dr. Williams's second visit, between three and four in the afternoon, when it proved so severe that Dr. Williams thought it necessary to send for a surgeon to perform tracheotomy, which in a few minutes was done by Mr. Holmes. The patient was only partially relieved, and died about an hour and twenty minutes after the operation. Dr. Williams considers that the case was one of aneurism of the posterior part of the arch of the aorta, pressing both on the left recurrent nerve and on the trachea; and, although the operation relieved the spasm of the larynx caused by the pressure on the recurrent, it gave no relief to the direct pressure on the trachea. The libel contained gross misrepresentations of fact and imputations of evil motives; and it is well that all these have been fully retracted. Mr. Hawkins, on behalf of the defendants, at once offered the amplest retraction and apology on the part of the Duke and Duchess, accompanied by sincere expressions of regret that the Duchess had, under the feelings of the moment, resulting from so terrible a scene as that of the 30th of September, and the loss of her only son, circulated statements which she now knew to be entirely unfounded. The Solicitor-General accepted the offer; and, after the learned judge had expressed his strong opinion that this was the proper termination for the action, a verdict was entered for the plaintiff; damages, five guineas.

## BRITISH MEDICAL BENEVOLENT FUND.

At the monthly meeting held on Tuesday last, the Committee made grants, amounting to £115, to fifteen applicants; and two names were added to the list of candidates for an annuity, thus bringing up the number to eighteen. The resignation of Dr. J. Warburton Begbie, as Honorary Local Secretary for Edinburgh, was received with much regret, and a cordial vote of thanks was passed for the active interest he has at all times taken in the work of the Society. Dr. Begbie enclosed an additional donation of £5, and also another of £10, in remembrance of his late respected father. Dr. Joseph Bell of Edinburgh, and Mr. Joseph Hinton of Westminster, were elected Honorary Local Secretaries.

## UNIVERSITY COLLEGE HOSPITAL.

The annual dinner in aid of the funds of this admirable charity was held on Wednesday evening at Willis's Rooms; Sir James Clarke Lawrence, M.P., in the Chair. The Chairman stated that the funds expended had been exceeded by over £5,000; and he appealed for increased support. The subscriptions announced in the course of the evening amounted to £4,344.

## A CASE FOR THE DIALECTICAL SOCIETY.

A PENSIONER of Manchester was lately brought before the Rochdale magistrates, charged with distributing an indecent publication in the streets. Six hundred copies were seized. They bore the title, "Guide to Reason; or, A Warning Voice Addressed to the Rising Age. By R. J. Brodie, M.D., 106, Grosvenor-street, Manchester." The books were burnt by order of the magistrate; and the prisoner was dismissed, as he was considered a mere tool in the hands of others.



## MORMON WOMEN AND POLYGAMY.

THE American newspapers report that on January 13th an indignation meeting was held at the Salt Lake City, at which about three thousand women attended, and all men except the reporters were excluded. The object was to protest in the most earnest manner against two Bills recently brought into the Federal Congress for the suppression of polygamy. They also state that the Legislature of Utah has passed a Bill giving women the suffrage. If this be true, and if the three thousand indignationists can influence the whole twenty-five thousand in Utah, polygamy is not likely to be put down by the Federal Congress.

## DEATH FROM HYDROPHOBIA.

A COLLIER named Wadsworth, has died at the General Hospital, Nottingham, from hydrophobia. He was bitten by a black retriever dog on Christmas-day, and it was afterwards ascertained that the dog was mad. Deceased took no notice of the matter at the time; but last week he was seized with symptoms of the disease, and was unable to sleep. He was removed to the hospital, where he died on Monday evening. The deceased was only 25 years of age, and was a strong healthy young man.

## A LUNATIC CHOKED WITH A PIECE OF MEAT.

AN inmate of the Prestwich Lunatic Asylum, who was affected with paralysis, has been choked with a piece of meat. He was always provided with mince-meat in a room separate from the others, but he contrived to escape and sit down at the general table. He attempted to swallow a piece of meat, and became choked at once. The meat was very quickly removed from his throat, but he did not rally. His attendant had discovered his absence from his proper place, and had just come to look after him when the accident happened.

## DEATH FROM NERVOUS SHOCK.

A CASE of death, from the impression produced by witnessing the death of an acquaintance, has occurred at Twickenham. A man aged 46 had been sitting up during the night in the house of a friend and neighbour of his who died, and he was so much affected by the occurrence that he "staggered when he left the house." He went home and sat by the fire; in a little while he fell out of the chair and seemed very ill. Dr. Ward was sent for after some time, when it was too late. A *post mortem* examination was made, and all the organs reported healthy. The man was said to have been very temperate and quite healthy till this event happened. There was no great intimacy between the deceased and the person whose death he witnessed. It is to be regretted that Dr. Ward was not called in earlier.

## SCOTLAND.

THE annual dinner of the Edinburgh University Conservative Club took place on Friday night in the Café Royal. There was a large attendance.

## FIRE AT GLASGOW INFIRMARY.

A FIRE broke out on Monday night about eight o'clock in the female ward of the Surgical Hospital of Glasgow Royal Infirmary. Many of the patients were removed to the adjoining wards with all dispatch. The fire-brigade soon arrived, and extinguished the flames in about a quarter of an hour. The fire originated in the vent catching fire and burning a beam upon which was a gas-pipe. The pipe melted with the heat, and the gas burst into a flame.

## GLASGOW OPHTHALMIC INSTITUTION.

THIS institution, in spite of the opposition which has (we think justly) been raised against it, seems now fated to go on. At a meeting of those interested in it, held on the 18th instant, it was stated that a house had been purchased, consisting of four flats, where there will be accommodation for receiving and treating out-door patients, and, in addition,

fifteen beds for treatment inside. The following statement by the chairman at this meeting is worth noting. "I have the best means of knowing," he said, "and I have to state after full inquiry, that I find that there are six hundred blind people in Glasgow, other than those in the Asylum for the Blind, the eyesight of the greater number of whom would, I believe, have been saved, had this institution been earlier in existence." If it be on such vague assertions and unfounded statements that these men base the necessity for a new eye-hospital, then no one can regret having opposed it. Such a statement may have some influence with the general public; but we are astonished that it should be allowed to pass uncontradicted and unqualified in the presence of several medical men.

## HOSPITAL APPOINTMENTS AT GLASGOW.

WE are glad to observe that the authorities of the Glasgow Infirmary are discussing the propriety of altering an absurd rule which renders the members of their staff ineligible for re-election after eight years' tenure of office. We highly approve of seniority rules, and of others which in a reasonable way limit the time during which such appointments can be held; but eight years is much too short a period, and, should re-election after an interval take place, the practice must still produce great inconvenience to all concerned. We regret, however, to notice that it is proposed to substitute a system of annual re-election for this objectionable plan. In some of the London institutions, the members of the staff are subject to annual re-election; custom, however, soon makes this a matter of the merest form, and were it not so it would be one of great injustice. Of the two, we should prefer the old rule at Glasgow to the proposed alteration; but both are, we think, bad.

## GLASGOW MIDWIFERY STATISTICS.

THE thirty-fifth annual Report of the Glasgow Maternity Hospital shows that during the year 364 women were delivered in the wards of the Institution, and 790 attended by its staff at their own homes. Seven women died of those delivered in the Hospital, being in the proportion of nearly 2 per cent.; whilst only 4 died of those confined at their own houses, a proportion of not quite 0.5 per cent. Of those who died in the Hospital, a single case is assigned to each of the following causes: phlebitis, rupture of uterus, phthisis, peritonitis, metritis with bronchitis, and convulsions; in the seventh, death was sudden, and the *post mortem* examination did not satisfactorily explain its cause. Of the 4 deaths of out-patients, 2 were from puerperal peritonitis, 1 from placenta previa, and 1 from *post partum* hemorrhage. The Report makes no allusion to the great difference in the ratio of mortality between its in- and out-patients, but speaks warmly as to the success of the Institution as an inestimable boon to destitute women. It would appear that the Hospital has been in a state of more than average health, and the usual means seem to have been carefully attended to. Probably the in-patients were from a more destitute class than those attended at their own homes, and therefore more likely to suffer from ordinary causes of illness. That the Hospital is a source of great advantage to the poor, none will doubt; but it is worth consideration whether its funds might not be more usefully employed in giving money aid at home than in maintaining its wards.

## IRELAND.

## POISONING BY CARBONIC ACID.

UNDER Mr. McNamara's care in the Meath Hospital, there has been since Sunday a man who was rendered insensible by inhaling the fumes emitted from a lime kiln. His life has been saved, but he continues in a state of deep sleep.

## DR. BRADY, M.P.

THE Irish Medical Association propose to entertain Dr. Brady at a banquet on the day on which the diploma of honorary fellowship of the Royal College of Surgeons is conferred on him.

## QUEEN'S UNIVERSITY AND MEDICAL REFORM.

It is said that this body will petition Parliament not to legislate on medical matters until a Royal Commission shall have inquired into the subject of medical education; and that Sir D. Corrigan was directed to urge this view upon the Medical Council.

## ROYAL COLLEGE OF SURGEONS.

ON Saturday last, the President, Mr. Macnamara, entertained at dinner, in the College Hall, the Lord Lieutenant, Viscount Powerscourt, Master of the Rolls, Justice Lawson, Dr. Brady, M.P., Mr. Pim, M.P., Mr. Callan, M.P., and nearly one hundred other distinguished visitors and members of the profession.

## CHAIR OF MEDICAL JURISPRUDENCE.

DR. E. W. DAVY has been elected to this professorship in the College of Surgeons, vacant by Professor Geoghegan's death. He had been lecturer in the Carmichael School, and will still retain one of the Chemical Chairs in the Royal College of Science.

## USE OF HYDRATE OF CHLORAL.

THIS drug is now most freely prescribed in Dublin for the relief of pain and production of sleep—mainly owing to Dr. Walter Smith's admirable report on the subject in the last number of the *Dublin Quarterly Journal*.

## MEDICAL SOCIETY OF THE COLLEGE OF PHYSICIANS.

ON Wednesday week, the fourth meeting of the session was held in the College Hall, Sir D. Corrigan, Bart., M.D., in the Chair. Dr. Finny read a paper on Polyuria in Chronic Renal Disease, with some remarks on the Physiology of the Kidney. The author, having given a short *résumé* of the symptoms and pathology of the cirrhotic and amyloid kidneys, in which polyuria is a prominent feature, referred to the difficulty of explaining the elimination of water in excess of that in health by the theory of filtration through the Malpighian corpuscles, since they are primarily and most extensively diseased. Regarding the true function of these bodies, Dr. Finny inclined to the view put forward by Dr. R. Southey as to their being blood-regulators. Stress was laid upon the fact that the *vasa recta* have a distinct arterial origin, as was first discovered by Virchow, and confirmed by Leydig, Beale, and others. The author considered that the secretion of both the solids and fluids of the urine took place from the epithelial investment of the tubuli uriniferi in their entire course, except just at the orifices of the straight tubes near the papillae. The distinct vascular supply of the cones, their congested appearance in the amyloid disease, and their freedom from lesion in cirrhosis, imparted much probability to the view that, under these diseased conditions, compensatory work was done in the cones. Again, as the vessels supplying them increased in calibre, a flow of watery urine resulted, the presence of albumen being an accidental condition due to an escape of blood-serum through the walls of some of the capillaries, whether Malpighian or otherwise. In cirrhosis, several constitutional causes were no doubt at work besides those related to the kidneys; for example, a watery character of the blood, a strong cardiac action, and a dry state of the skin. Dr. William Moore read a paper on the Treatment of some of the Complications of Continued Fevers. He illustrated his communication by notes of several clinical cases, in which he had observed excellent effects to follow the use of the bromides of potassium and ammonium in some forms of sleeplessness and convulsions due to cerebral causes. The author found that wine was well borne during the administration of these drugs, and that it was seldom necessary to continue their use for any lengthened period.

## SURGICAL SOCIETY OF IRELAND.

THE fifth meeting for the present session was held on Friday week, the 18th instant, the President, Mr. Macnamara, in the Chair. Dr. Stapleton showed an example of hypertrophy of the glandular substance of the mammae, occurring in a girl aged 19. Some months ago, it had

been found necessary to remove one of the breasts, which had attained a large size, and weighed six and a half pounds. Shortly afterwards, the second gland became affected, and rapidly increased in size and weight until it reached very large dimensions. On removal, it weighed eleven and three-quarter pounds. There was no increase of fatty matter in connection with the gland, and the lesion seemed to be one of simple hypertrophy.—Dr. Mapother exhibited a case of cystic tumour of the breast, the "chronic mammary tumour" of Sir Astley Cooper, the contents of which had been evacuated through two natural openings.—An able paper on the propriety, or otherwise, of administering chloroform in cases of cardiac disease, was then read by Dr. Henry Kennedy. The author was decidedly of opinion that, where fatty degeneration of the heart was recognised, the use of chloroform was clearly contra-indicated. He alluded to the difficulties attending the diagnosis of that affection, and drew attention to the great influence of position on abnormal cardiac sounds. In his experience, a soft murmur, otherwise inaudible, might be heard on causing the patient to assume a horizontal position.

## PATHOLOGICAL SOCIETY OF DUBLIN.

LAST Saturday, Dr. Hughes brought forward an instance of cerebral abscess in connection with disease of the internal ear. The subject of the affection was a girl aged 22, who caught cold while at the seaside in August last. Violent pain of a neuralgic character soon afterwards set in, its seat being the right side of the head generally. In December, an obstinate otorrhoea made its appearance; and, for this, and a return of pain, she sought admission to hospital. Febrile symptoms now showed themselves, and the disease quickly ran its course, terminating in coma and death. A sudden fall of the pulse from 120 to 50 beats a minute the day preceding death, was a noteworthy symptom. On *post mortem* examination, a large abscess, two inches long by an inch and a half broad, and one inch deep, was found to involve the middle lobe of the right cerebral hemisphere. From the petrous portion of the right temporal bone, the dura mater was detached, and the entire internal ear was disorganised.—Dr. Atthill exhibited a large polypus, apparently of a malignant type, which sprang from the fundus of the uterus in a woman aged 53, and the mother of three children. For many months, excessive uterine hæmorrhage had occurred. Death was produced by phæcelus affecting the uterus.—Dr. Cogan entered at length into the details of a case, in which aphasic symptoms of a temporary character had supervened on valvular disease of the heart. The aphasia, though not complete, was well-marked. The mitral valve was insufficient in a high degree, and the left auriculo-ventricular opening was likewise much narrowed.—Mr. H. Wilson showed a specimen of extensive bony growth within the eyeball. The optic nerve and retina were completely absorbed.—Dr. C. Fitzgerald presented a very beautiful drawing of the retina in a case of glycosuric amblyopia. Distinct evidences of atrophy of this structure were discoverable on examination with the ophthalmoscope. Dr. Fitzgerald drew attention to the co-existence of amblyopia with diabetes mellitus, a fact first pointed out by Trousseau.

## DUBLIN MIDWIFERY STATISTICS.

AN interesting clinical Report of the Rotunda Lying-in Hospital for the year 1868-9 has been published by its present master, Dr. George Johnston. It appears that, during the twelve months, 1159 patients were delivered in the Hospital; out of these, 25 died, being in the proportion of a little more than 2 per cent. It will be observed that this ratio of mortality is almost exactly the same as that of the Glasgow Hospital. Of the 25 deaths, 12 are reported as due to zymotic diseases, (peritonitis, erysipelas, pyæmia, and typhoid.) Dr. Johnston enters into interesting details in order to show that the deaths were not in any way connected with hospital conditions; and expresses his conviction that those admitted into the Rotunda have in its wards a far safer asylum than in their own homes. His Report, which is reprinted from the *Dublin Quarterly Journal*, will be of value to those interested either in midwifery statistics or in the general questions of the usefulness of hospitals.

## THE PROPOSED ROYAL SOCIETY OF MEDICINE.

ON Tuesday evening last, a special meeting of the Royal Medical and Chirurgical Society was held for the purpose of taking into consideration the plan for the amalgamation of certain societies into a Royal Society of Medicine, as finally agreed to by a Committee of Delegates appointed by the several societies. The scheme, as originally agreed on by the Royal Medical and Chirurgical Society (see JOURNAL, vol. i for 1869, pages 429, 480, and 524), had been considerably modified in several points.

It was agreed, on the suggestion of the President (Dr. Burrows), that the sections of the plan should be read and discussed *seriatim*. The reception of the report of the Committee was moved by Mr. HULKE, seconded by Dr. SYMES THOMPSON, and carried.

Dr. W. OGLE, one of the Secretaries of the Society, then read the first section, which was the same as in the original scheme; viz.:

"That a new Society be formed, and incorporated by Royal Charter under the title of the Royal Society of Medicine; and that this Society comprise Sections from the main Branches of Medicine and the Collateral Sciences." After some remarks from Dr. John Webster, Mr. Macilwain, Dr. Greenhow, and Dr. Quain, this was carried *nem. con.*

Dr. PITMAN, Chairman of the Committee, then moved *pro forma* the approval of the second clause; viz.—"That the following sections be formed: 1. A Medical Section; 2. A Surgical Section; 3. An Obstetrical Section; 4. A Pathological Section; 5. A Psychological Section; 6. A Clinical Section; 7. An Epidemiological Section, including also Hygiene and Medical Jurisprudence. Each Section will entertain questions of Therapeutics, Chemistry, and Physics, so far as they bear on its special subject." He explained that he made the proposal merely to expedite business, as he was not in favour of the separation of Medicine from Surgery.

Dr. BARNES seconded the motion, approving it.

Mr. HOLMES moved as an amendment, that the original recommendation of the Society be recurred to. He was strongly opposed to the separation of Medicine from Surgery. He was prepared for making any new sections; but not for the practical destruction of the largest of the societies which would go to form the sections. If the separation were made, the *Transactions* of the Royal Medical and Chirurgical Society would lose their valuable character. Besides, new members joining the Society would be at a disadvantage, as they would be obliged to pay an additional guinea if they wished to have the full benefit of the Royal Medical and Chirurgical Society and its library. Again, the Society would be composed in great part of general practitioners, to whom medicine and surgery would be of equal interest. There was, too, nothing in the condition of the Royal Medical and Chirurgical Society to show the necessity of dividing Medicine from Surgery; there was not such an abundant supply of papers as to require the division.

Mr. BIKKETT seconded the amendment. He agreed with what had been said as to Medicine and Surgery; and thought also, that the Society ought to embrace, as was formerly proposed, a section of Anatomy and Physiology, the sciences on which all medicine and surgery were founded.

Mr. CURLING was not convinced that it would be desirable to have a section of Anatomy and Physiology. He had no doubt that it was inadvisable to separate Medicine from Surgery. There would be, indeed, great difficulty in determining to which section certain subjects should belong; such, for instance, as removal of tumours from the laryngeal cords. Dr. G. Johnson, who had brought forward an able paper on this subject, would probably not have liked to see it conveyed to a surgical section. If Medicine and Surgery were to be separated, why not separate Clinical Medicine and Clinical Surgery?

Dr. QUAIN supported the proposal to make two separate sections of Medicine and Surgery. Members did not attend the Society regularly, because it was uncertain whether they would not meet with papers in which they did not take an interest.

Dr. WILSON FOX thought there was no reason for combining Medicine and Surgery to the detriment of both. He believed that there would be a better chance of getting papers on both subjects in separate sections than in combination.

Dr. PITMAN reminded the meeting that the object in view was union. It was impossible to devise a perfect scheme at once; power for subsequent modification, if necessary, would be given by the next section.

Mr. HULKE supported the proposal for division.  
Dr. GREENHOW said that the proposal for division had been negatived in the Committee of delegates; but that, at their last meeting, the question was reopened, and a change made at the instance of the representatives of the Obstetrical Society.

Mr. CALLENDER supported the motion for separation.

Dr. TYLER SMITH had been instructed to claim equality for Obstetrics with Medicine and Surgery. He objected to having Obstetrics overshadowed by a great combined section of the other two departments. The department which he represented had not been fairly treated. During fifty years, there had been only one obstetric president of the Royal Medical and Chirurgical Society.

The PRESIDENT could not give a silent vote on the question. He regretted that any proposal for the separation of Medicine and Surgery should be brought forward. He did not see how questions of medicine and surgery, having a common basis of pathology and therapeutics, could be separately discussed. As a physician, and desirous at the same time to improve his surgical knowledge, he must say that he had gained very great information from hearing the papers on surgery read in the Society; and no doubt others were in a similar condition. The President of the Clinical Society, Mr. Paget, had expressed to him his regret at being unable to attend the meeting; if he had been able to be present, he (Dr. Burrows) was sure that he would have opposed the proposal for the separation of Medicine and Surgery. He hoped that the Society would adhere to its primary resolution.

Mr. HOLMES's amendment was then put to the vote and carried by a majority of 44 against 13. It was then put as a substantive motion.

Mr. CURLING moved as a further amendment, and Mr. R. B. CARTER seconded, that the formation of each section be discussed separately. This was carried by 32 votes against 6. The following sections were then proposed in order, and, after some discussion as to nomenclature, agreed to: 1. Medico-Chirurgical Section; 2. Obstetrical Section; 3. Psychological Section; 4. Clinical Section; 5. Pathological Section; 6. Epidemiological, Hygienic, and Medico-legal Section; 7. Anatomical and Physiological Section. The addendum to the clause was also carried.

The further consideration of the scheme was adjourned to a subsequent meeting.

## PROFESSOR FLOWER'S HUNTERIAN LECTURES ON THE COMPARATIVE ANATOMY OF THE MAMMALIA.

*Delivered at the Royal College of Surgeons of England.*

LECTURE II.—Wednesday, February 10th.

IN this lecture, Mr. Flower treated of the Classification of the Mammalia. A perfect classification cannot be made until we obtain a complete knowledge of the characters of each group. At the same time, we must use the knowledge which we possess, and classify as we best can, even though our classification be only provisional. In most systems of classification, the objects are arranged in a linear series from the highest to the lowest. This plan is necessary for description and for arrangement in a museum; but it gives no idea of the affinities of groups. Another plan adopted lately, especially in Germany, by some enthusiastic followers of Darwin, is to arrange the groups of animals in a genealogical tree.

Instead of following either of these plans, Mr. Flower arranged on a diagram the various groups of Mammalia within lines, placing them at distances varying with their apparent affinity. He explained that the arrangement was merely provisional, and did not include extinct forms, inasmuch as the groups which might be formed of animals existing at different periods varied from each other.

Three methods of arranging the Mammalia into great primary groups have been proposed, all differing in their main principles. First, there is the classification founded on the characters of the brain, proposed by Professor Owen, who divides the Mammalia into—1. Archencephala; 2. Gyrencephala; 3. Lissencephala; 4. Lyencephala. Next, there is the plan proposed in 1868 by M. Milne-Edwards, of dividing the Mammalia into—1. Normals; 2. Pisciform or Pinniferous; 3. Didelphic or Implacentalia. But these systems separate groups which are closely allied; and M. Milne-Edwards' second class is founded on a very subordinate character.

The classification proposed many years ago by De Blainville, and amplified by Huxley, is that which is most likely to remain. In it, three primary divisions are formed, equal in value for purposes of classification, but varying greatly in the number of animals comprehended in each. These divisions are—1. Ornithodelphia; 2. Didelphia; 3. Monodelphia.

The Ornithodelphia, the lowest subclass, are allied in certain points to birds and reptiles. The subclass comprehends two genera only; the Ornithorhynchus, an aquatic animal; and the Echinidna, a land animal.



No fossil remains of this order have been found, except, lately, a large species of *Echidna* presenting no generic difference.

Ornithodelphia have some characters in common with the Didelphia. Their most important character is the structure of the generative organs. In the male, the testes are abdominal; the vasa deferentia open into a canal common to them and the ureters, and leading into a cloaca. The genital canal is not directly connected with the urethra in the penis. This latter organ has a canal which can be brought into continuity with the genital opening in the cloaca during excitement; at other times it is separate, instead of being continuous as in other mammals. In the female, the oviducts open separately into a common urogenital canal, in which are also orifices leading from the bladder and the ureters; this canal, after a short course, joins the rectum in a cloaca. Little is known of the mode of development of the Ornithodelphia. The young is nourished by a mammary gland which is destitute of nipples. The skeleton presents some peculiarities. Instead of the rudimentary coracoid process, it has, as in birds or reptiles, a coracoid bone, and an interclavicular bone above the sternum. Attached to the front part of the pelvis are two marsupial bones; these are also found in the Didelphia, but their use is not understood. The Ornithodelphia have no true teeth; the Ornithorhynchus has, however, corresponding horny organs. The brain has characters common to this class and the Didelphia.

The subclass Didelphia includes a large number of different forms. In the male, the testes are largest in a pedunculated scrotum lying in front of the pubes. The penis is generally formed on the ordinary mammalian type, but the crura are not attached to the rami of the ischia; the organ is often bifid. The oviducts end in two separate vaginæ, which open into an urogenital canal. There is no placenta. For our knowledge of the development of the young in the Didelphia, we are mainly indebted to Professor Owen. The young Kangaroo, when born, is only an inch long; it is conveyed by the mother's mouth to the fold of skin forming the marsupial pouch, where—in what way is not explained—it seizes a nipple, to which it hangs on for several weeks or months. The milk is injected into the little animal by the contraction of the abdominal muscles of the mother; and respiration is provided for by the elongation of the larynx, so that it comes into contact with the nares. Among various important characters presented by the brain of Didelphia, are a small corpus callosum and a large anterior commissure. All Didelphia have teeth; but they differ from other Mammals in having, with the exception of the last premolars, no deciduous teeth. The shoulder-girdle agrees in character with that of ordinary mammalia. The marsupial bones are characteristic of the group (which is hence sometimes called Marsupialia); they are ossifications of the internal tendon of the external oblique muscle. The posterior angle of the lower jaw is always turned inwards. The Didelphia are now confined to Australia and America; formerly, they were present in many other parts of the world. Many remains of them have been found in this country and in the continent of Europe. The marsupial pouch is not present in the Opossum; in this animal the young, while attached to the nipple, is protected by long hairs.

The remaining Mammalia are comprehended in the subclass Monodelphia. The Fallopian tubes unite in most of the orders to form a single uterus opening by a cervix into a vagina. In the lower Rodents, the oviducts do not unite, but open separately into the vagina, which may be partially divided by a septum. The testes never lie, as in the Didelphia, in front of the pubes. The young is nourished in the uterus for a much longer period. A placenta is found in the whole group, whence they have been called Placental Mammals. The further division of the Placental Mammals into orders is a subject which is attended with difficulty. Various classifications have been proposed, all more or less artificial or arbitrary. For example, the Cetacea, Sirenia, and Pinnipedia, have been grouped together as Marine Mammalia. In another system, the Mammalia have been divided into Ungulata=those having hoofs; and Unguiculata=those having claws; but it is not possible to draw a line between these two divisions, for the transition from one to the other is very gradual. Again, classification has been attempted by means of the characters of the brain; but this also brings together some very heterogeneous groups.

Mr. Flower then gave an outline of the classification of Monodelphia according to the structure of the placenta.

In the first type, the lining membrane of the uterus is developed into a decidua; this becomes closely united with the villi of the fetal chorion into one mass, which is expelled after birth. This is the *deciduate placenta*, which is found in Bimana, Quadrumana, Chiroptera, Insectivora, Carnivora, and Rodentia.

In the second type, the lining membrane of the uterus becomes thickened, but is not united with the fetal placenta; and the latter portion alone is discharged at birth. There is hence no hæmorrhage.

This is the *non-deciduate placenta*; it is found in Ungulata and Cetacea. It is a question whether this is a character of much importance, as it separates the otherwise allied Cetacea and Carnivora. The Edentata present both the deciduate and the non-deciduate forms.

Other modifications of the placenta are the following.

1. The *simple discoid placenta*, found in Man, the Rodents, etc.
2. The *zonary placenta*, formed by the villi of the chorion being arranged in a zone around the fetal membranes, as in Carnivora (with perhaps one exception) and Seals; also in the Proboscidea and the Hyrax.
3. The *diffuse placenta*, as in the Horse and Zebra, where the villi are diffused over the greater part of the surface of the chorion. This form is found in many Ungulata and in Cetacea.
4. The *cotyledonous* form, peculiar to Pecora. Here the placenta is collected into groups or cotyledons. This form is said to be present also in the Sloth among the Edentata.

## GENERAL MEDICAL COUNCIL: SPECIAL SESSION.

A SPECIAL session of the General Medical Council commenced its meetings on Thursday last. The meeting was convened by the President Dr. Paget, for the purpose of considering an important communication from the Lord-President of the Privy Council. All the members of the Council were present, with the exception of Dr. Christison, who has recently been ill, and who, though sufficiently recovered to attend to his professional duties in Edinburgh, is not yet able to undertake a long journey.

Dr. G. M. Humphry was formally admitted as the Representative of the University of Cambridge in the Council in the room of Dr. Paget.

A communication from the Lord-President of the Privy Council, dated February 2nd, 1870, was read. His Lordship, from communications which he had had with the Executive Committee of the Council, and from explanations given to him, had been induced to give his attention to the amendment of the Medical Acts. He would have great pleasure in cooperating with the Medical Council in the amendment, provided that it covered all the ground where improvement was necessary. The letter referred to the misgiving which the Lord-President entertained as to the present mode of admission of members of the medical profession; and stated that in any new legislation there must be a considerable change in this respect. The present system of admission by separate boards could not be expected to work well under any system of supervision. The Council should take into consideration whether there should not be some consolidation of the examining boards. Opinions adverse to the present system had been very generally expressed by the profession, and also by some of the examining bodies themselves. His Lordship thought the question quite ripe for discussion. It had been suggested that there should be a single examining board (formed by combination) in each division of the United Kingdom; and also that the Medical Act was defective in not giving powers to the Council to compel combination of examining boards. He wished to have the sense of the Council on this question. It would, too, be hopeless to expect to pass an amended Medical Bill this session, unless it were introduced without delay.

On the motion of Dr. RISDON BENNETT, seconded by Dr. STORRAR, it was resolved that the letter be entered on the minutes; and that the consideration of it take precedence of all other business the next day.

The following documents were also, among others, read and ordered to be entered on the minutes.

A communication from the King and Queen's College of Physicians in Ireland, suggesting inquiry by a Royal Commission.

A communication from the President and other Officers of the Medical Reform Union.

*Report of the Committee appointed by the Council to confer with the Licensing Bodies on the Education Report.*—The following report was read. In accordance with the resolution of Council, the Report of the Education Committee, which had been presented, but not discussed, at the end of the last meeting of Council, was forwarded to the Licensing Bodies. Their attention was particularly directed to the suggestion made in paragraph 22 of the Report, that the conjoint Examining Boards should be formed in each division of the kingdom, before which every person who desired an licence to practise should appear, and by which he should be examined on all subjects; any higher degrees he might wish to take being optional, and taken afterwards.

Answers were requested from them on this point in December, 1869,

the other portions of the Report being left for further and separate consideration.

Up to the present date answers have been received from thirteen of the Licensing Bodies, and are given in the Appendices. Owing to the unusually early period at which the Council has been summoned, it is probable that the answers from several Licensing Bodies will not arrive in time to be laid before the Council, and the same cause will make the present Report less complete than it would otherwise have been.

The questions raised in the Report of the Education Committee referred to matters either of Examination or of Teaching.

All the English Bodies have replied to the question of Conjoint Examining Boards, and it is satisfactory to find how much unanimity exists. The carefully expressed answers of the Universities of Oxford, Cambridge, London, and Durham, and the decided resolutions of the Royal College of Physicians of London, and of the Royal College of Surgeons of England, in favour of such Boards, are decisive evidence of the opinion which prevails in England.

The College of Physicians of London at once proceeded to act on its resolution, by framing a scheme and by inviting a conference with the College of Surgeons, and subsequently with the Society of Apothecaries; and afterwards communications were made to the English Universities. The results of these conferences, and the final arrangement of the details of the plan, are not yet officially made known, but enough has transpired to show that the anticipated difficulties have nearly been surmounted, and that not improbably when the Council meets the matured scheme will be laid before it.

The case is different in Scotland. Only two bodies—the University of St. Andrew's, and the Faculty of Physicians and Surgeons of Glasgow—have yet officially replied; the other three Universities—the Royal College of Physicians of Edinburgh, and the Royal College of Surgeons of Edinburgh—have all had the subject under repeated consideration, but without as yet coming to any conclusion which can be now announced. It would seem as though more difficulties have been experienced than in England, or the desirability of the plan has not been so strongly felt. The Council will, no doubt, hear from the representatives of the Scotch Universities and Corporations the position of the question, and will be able to judge of the weight of the alleged difficulties.

The University of Dublin, the Royal College of Surgeons of Ireland, the King and Queen's College of Physicians, and the Apothecaries' Hall, have replied from Ireland. The Royal College of Surgeons, in expressing an unfavourable opinion of the suggestion of the Committee, have given in one of the latter paragraphs of their Report a very strong argument in its favour. The University of Dublin has admitted the desirability of a single Examining Board, but the plan it proposes seems not to be the most advantageous way in which the principle can be carried out.

The King and Queen's College of Physicians in Ireland express their want of concurrence in the principle of conjoint Examining Boards, and decline "at present to enter into details as to the mode of carrying out that proposal."

The Apothecaries' Hall of Ireland have, without reserve, expressed their concurrence in such a plan, and have suggested the Corporations which should unite.

The Queen's University has as yet made no reply.

To sum up the results so far: in England, the desirability of altering the present cumbersome and inefficient system by establishing a single efficient Examining Board, has been acknowledged and acted on; in Ireland, it has been acknowledged by two bodies, and virtually so by a third; while in Scotland it has not been acknowledged in any case.

Without anticipating the decision of the Council, the Committee believe that the time has now come when the Council should set this question at rest by expressing a decided opinion upon it.

[We must defer to next week the remainder of the Report, which relates to teaching.]

Since the Report was drawn up, returns have been received from some of the bodies which had not previously furnished them.

The University of Edinburgh calls for a Royal Commission, in case the Council or Her Majesty's Government should think it advisable to entertain further changes, so as to make themselves acquainted with the facts of the case and with the opinions of the heads of the medical profession, before proceeding to institute measures which the Faculty cannot help regarding as of dubious utility, and fraught with danger to the public interests.

The Royal College of Surgeons of Edinburgh believes that any forcible attempt to form a single Board, at the expense of the Universities and Corporations, is not only unnecessary, but would be injurious by crippling, or, it may be, destroying them; a result which would rather tend to retard than promote the progress of the profession. To warrant

such sweeping changes as have been in some quarters proposed in the mode of granting licences to practise, it would be necessary to show that great abuses exist in the present system; but the College denies that such is the case, and is satisfied that the alterations which it has proposed are quite sufficient to meet existing defects. It honestly believes that the grievous injury certain to be inflicted on those Corporate Bodies which have ever upheld the educational advancement, independence, and dignity of the profession, would more than counterbalance the doubtful advantages theoretically claimed for a universality of examination and licence.

The University of Aberdeen says that the scheme of combination will at once sweep away, as licences, the whole of those qualifications to practise, by the possession of which the members of the medical profession in the three kingdoms are now recognised by law, and by which they are known to the public to be members of that profession.

The Senate of the Queen's University in Ireland state that they are not at present prepared to concur in recommending the three Examining Boards, shadowed forth in Section 22 of the Report, as the best step for the improvement of medical education; and they are of opinion that, previous to any further legislation, it would be desirable that full inquiry should be made by a Royal Commission.

## BRITISH MEDICAL ASSOCIATION: ANNUAL MUSEUM.

THE following circular has been issued by the local Committee appointed to make provision for the Meeting of the Association, at Newcastle-upon-Tyne.

Newcastle-upon-Tyne, Feb. 24th, 1870.

DEAR SIR,—In reminding you that the Annual Meeting of the British Medical Association will be held in Newcastle-upon-Tyne, in August, commencing on Tuesday, the 9th, we wish more particularly to direct your attention to the Annual Museum, which the Local Committee as most anxious should be well furnished with new objects of interest and instruction. To this end we ask for your kind cooperation, and beg to express our hope that you will be able to contribute one or more Specimens, such as:—

1. New Instruments and Appliances in Medicine, Surgery and Midwifery.
  2. New Drugs and Preparations.
  3. New Books, English and Foreign.
  4. Pathological, Physiological, Anatomical, and Microscopical Specimens.
  5. Photographs, Drawings, Casts, and Models of Pathological Specimens.
  6. Models of New Inventions, relating to Public Health, etc.
  7. New Preparations of Food, etc.
- Rooms will be provided at the Newcastle Infirmary, for the Museum, which will be opened on Tuesday morning, August 9th, and closed on Friday evening, August 12th.

All the objects intended for exhibition must be addressed, "Care of Stanley Peacock, Esq., Infirmary, Newcastle-upon-Tyne," be delivered on or before Monday, August 2nd, and be removed on or before Monday, August 15th.

Every object must be accompanied by a written or printed description, together with a short reference, for insertion in the Catalogue.

Adequate space and the necessary fittings for properly exhibiting the objects will be provided; but all expenses connected with packing and carriage, and all risk from injury or loss, must be borne by the exhibitors.

Intending exhibitors are requested to apply to Dr. Banning, Gateshead-upon-Tyne, for any information that they may require, and to inform him, as early as convenient, what they intend to exhibit, and how much space they are likely to require.

Exhibitors who may prefer personally delivering their Specimens, are earnestly requested to forward a short description, on or before Monday, August 2nd, in order that the Catalogue may be complete.

We remain, dear Sir, yours faithfully,

EDWARD CHARLTON, M.D., President-elect, British Medical Association;

G. H. PHILIPSON, M.D., Hon. Sec., Northern Branch, British Medical Association;

R. J. BANNING, M.D., Hon. Sec., Museum Sub-Committee of Local Executive Committee.

BEDFORD GENERAL INFIRMARY.—The annual report shows an excess of income over expenditure (for the first time since 1863) of £168. The Infirmary Sunday Collections have increased from £185 in 1860 to £416 in 1869.

## REPORTS OF SOCIETIES.

## ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, FEBRUARY 8TH, 1870.

EDWARD MERVON, M.D., in the Chair.

*Action of Various Substances on Urine.* By F. B. NUNSELEY, M.D., YORK.—The author had made upon himself experiments as to the Action of Citrate and Acetate of Potash, of Spiritus Etheris Nitrosi, and of Oil of Juniper, on the Urine in Health. The method pursued was to estimate the water, urea, and solids of the urine each day for about twenty-eight days, during the middle twelve days of which the medicine was taken, the days before and after being medicine-free. Citrate of potash, taken to the extent of from ten to eighteen drachms in twenty-four hours, increased the water by 24 ounces, and diminished the urea by 84 grains, and the solids by 60 grains. The acetate of potash, in daily doses of from 24 to 3½ drachms, exerted a similar influence in a somewhat less degree. The spiritus etheris nitrosi (10 to 18 fluid drachms in twenty-four hours) slightly increased the water, and diminished the urea by 54 grains, and the solids by 122 grains. The oil of juniper (30 to 40 minims in twenty-four hours) slightly increased both the urea and the solids.

*Swallowing a Plate with Artificial Teeth.* By L. S. LITTLE, Esq.—A woman was admitted into the London Hospital, who, two days previously, during an epileptic fit, had swallowed a gold plate, to which some artificial teeth were attached. This produced so much irritation that no food had since been retained; and as the foreign body could readily be felt in the stomach by means of an ivory-tipped probang, Mr. Little passed an ordinary oesophageal cone-catcher, and, after several attempts, succeeded in hooking the plate, and drawing it up as far as the pharynx, where it lodged. With some difficulty it was removed from this situation, and the patient recovered without a bad symptom. The plate, which had sharp projecting extremities, measured one inch and three quarters in length, by one inch and a quarter in width, and fixed to it were three incisor teeth, one canine, and one bicuspid. The author advocated attempts at extraction in similar cases.

Mr. FOLLOCK mentioned a case in which a similar foreign body had been ninety-three days in the stomach, and was ultimately rejected by vomiting. He described some experiments tending to show that a plate with sharp extremities would not be likely to pass either the pylorus or the ileo-cæcal valve; although a larger smooth plate would pass both with facility.—Mr. CURLING referred to the vomiting as an effect of a foreign body that rendered the case urgent, and that justified the attempt at extraction.

## ON CERTAIN MORBID CHANGES IN THE NERVOUS SYSTEM, ASSOCIATED WITH DIABETES.

BY WM. HOWSHIP DICKINSON, M.D. CANTAB., F.R.C.P.

The details of the examination of the organs in five diabetic subjects were laid before the Society, and the pathological changes in the brain and cord illustrated by a series of drawings, representing their naked-eye and microscopic appearances. The results obtained were briefly these. Peculiar morbid changes were constantly found in the cerebro-spinal system. In all the alterations were of the same nature, and for the most part in the same situations. The earliest alteration recognised was a dilatation of the arteries. This was followed by a degeneration of the nervous matter at certain points external to them. An extension of the degenerative process occasioned destruction and excavation of the tissue around the vessel. Cavities were thus produced, often large enough to be seen without the microscope; they contained blood-vessels, extravasated blood, grains of pigment, and the products of nervous decay. Finally, the contents appeared to become absorbed, so that simple vacuities were left.

The changes occurred in constant association with arteries. They were found in every part of the spinal cord and encephalon, attaining their greatest development in the medulla oblongata and pons Varolii. The excavations were frequently in connection with folds of pia mater, and were often disposed with lateral symmetry. Several spots were affected uniformly in all the cases examined—namely, the olivary bodies, the vicinity of the median plane of the medulla, the grey matter of the floor of the fourth ventricle, and in particular a spot just internal to the origin of the facial nerve. This point presented a remarkable sameness in all the cases, a large excavation lying generally on both sides in connection with a process of pia mater. Another spot, which in four of the five cases presented a considerable cavity, was found near the front of the pons, in the median line, also in connexion with the pia mater. The

optic thalami and corpora striata were involved to a slight extent. The septum of the ventricles, and the white matter of the convolutions, displayed the alterations in a remarkable manner, as also did the corpus dentatum of the cerebellum. The changes especially affected the white matter, though the grey matter at the floor of the fourth ventricle and of the spinal cord were exceptions to this statement. The cells of the grey matter were generally perfect. The deterioration was not general, but was limited to the vicinity of the arteries. Such parts of the sympathetic system as were examined—namely, the upper cervical and semilunar ganglia—were apparently natural. The only constant change found in the viscera was epithelial accumulation in the liver and kidneys.

It would seem from the foregoing observations that diabetes is associated with an organic change, which might be briefly described as a destruction of the nervous matter along the arteries of the brain and cord. The association of the morbid action with the blood-vessels suggested that it may be connected with the state of the blood. The blood in diabetes is altered by the presence of sugar, but several considerations militated against the explanation that to this the deterioration of tissue is due. The veins and capillaries appeared to take no share in the morbid process, though equally permeated by diabetic blood, which, in the capillaries at least, is brought into more intimate relation to the tissues than in the arteries. Besides, the blood traverses the whole body without producing in any other organ an analogous failure of nutrition. On the other hand, the following considerations were in favour of the supposition that the nervous alterations are antecedent to and productive of the glucosuria. No organic change has been found elsewhere to which the saccharine state of the urine can be attributed. The alterations in the brain are, in their nature and situation, exactly such as physiology has shown to be capable of producing diabetes. Further alterations similar in kind, though differing in distribution, belong exclusively to the nervous system, occur quite independently of diabetes. Dr. Lockhart Clarke had, since most of the preceding observations were made, described the lesions in general paralysis of the insane, and shown that, though differing somewhat in situation, they are of the same nature as those here described. The conclusion that diabetes is primarily and essentially a nervous disease accorded with all that was known of its natural history. The urine often becomes saccharine in consequence of injuries of the head, apoplectic seizures, intracranial tumours, and other sources of cerebral irritation. Several kinds of irritation, if acting in the right situation, give rise to a similar change in the urine, though often temporary, and for the most part unaccompanied by the serious symptoms which characterise what may be termed "idiopathic" diabetes. Diabetes in its ordinary "idiopathic" form, though sometimes hereditary, and, often taking its origin in causes not within our knowledge, continually results from circumstances which exert a depressing or otherwise injurious action upon the nervous functions; such as mental disturbances, rage, grief, anxiety, and toil, and the various forms of dissipation. Causes of this nature may readily give rise to modifications of circulation in the nervous centres. The foregoing observations concurred in leading to the belief that diabetes essentially belongs to the nervous system, a consideration which may have a practical issue in modifying the treatment of the disease.

Dr. LOCKHART CLARKE bore testimony to the faithfulness with which the appearances had been described. They were precisely similar to those which he had met with in a case of general paralysis, and of which he had given an account in the last number of the *Journal of Mental Science*. As far as he knew, nothing like them had been described before. In his case, which was a typical one of general paralysis, the brain resembled Gruyère cheese, or crumb of bread. The blood-vessels in the brain were surrounded by the so-called perivascular sheaths, and these were contained in large channels in the brain-tissue. The structure of the perivascular sheaths underwent some thickening, and they had then been supposed, by Rokitsanski and others, to be an exudation; but they were natural structures. The cavities were not new formations in the brain, but were left by the destruction of the vessels and their sheaths. Dr. Dickinson had not referred to the mental state of his patients. In his (Dr. Lockhart Clarke's) case the cells of the convolutions were much altered, had undergone degeneration, and were loaded with pigment-granules. He had also found in a case of diabetes, degeneration of the floor of the fourth ventricle, and erosion of the calamus scriptorius, with destruction of the nuclei of the vagus. It is very remarkable that there were cavities at the roots of the facial nerves, and in his case he had found the same.

After some remarks from Mr. Thomas Smith, Mr. Brooke, Dr. W. Ogile, and Dr. Hare,

Dr. DICKINSON replied to the various speakers. He said that in his patients the mental faculties had been weakened, but not otherwise impaired; and that the cells of the convolutions were everywhere natural. The cavities he described were irregular in form, eroded, and contained



entangled vessels. In paralysis, he believed that changes of the cells were usually found, and that the lesions were chiefly in the pons Varolii and the anterior part of the convolutions. In his cases, the lesions were universally distributed, but were most abundant in the medulla oblongata.

## ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.

SATURDAY, FEB. 19.

JOHN LIDDLE, Esq., in the Chair.

MESSRS. FRASER of Bromley exhibited and explained a model of a new Disinfecting Apparatus lately patented by them. It consists of a brick oven occupying a space of eight feet square, in the lower part of which is a covered furnace with flues. A closed truck or carriage is provided, with shelves, racks, and doors. Infected articles are shut up in this at the door of the sick house, and both articles and truck are thence wheeled bodily into the chamber of the apparatus, and are together submitted to the process of disinfection. The vapours given off are made to pass and repass through the furnace until they are consumed, all communication with the external air being cut off during the process of disinfection. The articles are thus never removed from the truck until they are brought back to the owner.—Dr. WOODFORD made a report of the experiments made in presence of himself and Mr. Liddle. They had succeeded in getting a temperature of  $273^{\circ}$  inside a bed operated upon, the temperature outside it being of course considerably higher, yet without injuring the bed. In other respects, also, the apparatus seemed to work well.

Dr. E. BALLARD read a paper on Suggestions made by Mr. James Lewis for National Sickness Returns. The system proposed had been put in practice by him in his own district. He considered the simpler the schedules the better. He agreed that the returns ought to be made weekly, but thought the returns ought first to go to the local health-officer, to be of use in the prevention of disease.—Mr. JAMES LEWIS (of the Registrar-General's department) agreed with Dr. Ballard that the health-officers ought to see the returns first, and to facilitate this he thought that a summary only need be sent to the central officer. If the Poor-law medical officers and the public institutions sent in returns, he thought sufficient data would be obtained. The necessary machinery for a central officer already existed in the Registrar-General's office.—Dr. RICHARDSON urged that the returns should be national and complete, not partial only. He proposed that the Poor-law medical officers should send their daily sheet to the central officer, to save time and labour.

A paper by Dr. GEORGE BUCHANAN, on Professor von Pettenkofer's views of the Relation of Subsoil Water to Enteric Fever, was read by the Secretary. From investigating the circumstances connected with the cholera epidemic in Bavaria in 1854, Professor von Pettenkofer arrived at the conclusion that cholera diffused itself with the greatest facility where there was a porous soil saturated in its lower parts with water, and at the time when this water was rapidly falling, after having risen to an unusual height. In confirmation of this, Professor von Pettenkofer quoted the experience of Macpherson in Calcutta, who found that cholera was more prevalent in hot and wet, than in hot and dry seasons. Dr. French's experience at a station on the Ganges was likewise quoted as confirmatory. A similar connection between soil water and enteric fever was also detected by Professor Buhl. Taking the fact, then, of such a connection as established, Dr. Buchanan proceeded to consider the mediate states operating in the production of the relation of soil-water to disease. Here Professors von Pettenkofer and Buhl ceased, he said, to afford assistance. After examining the evidence which led Pettenkofer to think that it was not by pollution of wells that the subsidence of soil-water came to have its relation to cholera and fever, Dr. Buchanan thought the evidence brought forward told in the opposite direction. The towns adduced by him and Professor Buhl were such as derived their water from wells liable to contamination, and not from without. Again, this water, with which Pettenkofer only concerns himself in these instances, because it is there present in the soil, does actually form the drinking supply of the population, and is of the most dangerous quality. So far from being satisfied with general statements that the distribution of fever and cholera has not, in the cases mentioned, coincided with the distribution of bad drinking-water, Dr. Buchanan considered that very strict proofs are required to show that this coincidence has not existed. For the question is of two diseases which are more than any other communicable by excremental matter in drinking water; and it is just when soil water is sinking that wells sunk in porous soil will furnish impure supplies. Dr. Buchanan thought that even on a *a priori* ground, the presumption is, until the contrary is shown, that the coincidence of cholera and enteric fever with sinking soil-water is directly operative through the drinking-water supplied by wells. Not

content, however, with this method of reasoning, Dr. Buchanan adduced facts. He had lately to investigate an outbreak of enteric fever at a village in Essex. There were eleven wells in the village, but he found that out of the 45 cases of fever among a population of 200, 42 persons had drunk out of one particular well. All the wells had been equally affected by the sinking of the soil-water, but the well in question happened to be only thirty-five yards from the privy into which the stools of the first indigenous case were thrown without previous disinfection. If the water of this well had not been drunk, in all probability the sinking of the soil-water would not have produced fever in this village. As further corroboration, Dr. Buchanan detailed the results of certain investigations entrusted to him a few years ago respecting the changes in public health in connection with various sanitary works in English towns. This experience furnished him with numerous instances of towns where, a water-supply from external sources having been previously furnished, works which had for one effect a considerable lowering of soil-water were undertaken without causing any outbreak of enteric fever. Dr. Buchanan accounted for this by showing that the towns in question were so circumstanced that their drinking-water could not be affected by these drainage operations. While admitting, therefore, Professor von Pettenkofer's thesis that subsidence of soil-water is a condition favourable to the epidemic prevalence of enteric fever, Dr. Buchanan would add the qualification, "where the supply of drinking-water is derived from the soil on which the town stands." The same, he considered, was presumably the case with cholera.—The lateness of the hour would not allow any discussion on the contents of the paper; but a cordial vote of thanks was passed to Dr. Buchanan for his valuable information.

## CLINICAL SOCIETY OF LONDON.

FEBRUARY 11TH, 1870.

JAMES PACET, Esq., F.R.S., President, in the Chair.

Dr. GEE communicated a paper by Mr. Arthur Andrews upon a case of Scarlet Fever intercurrent during Nephritis. The patient, a healthy young man, had incurred acute nephritis from exposure. For eleven days his urine was reduced to twelve or fourteen ounces in the twenty-four hours, and highly albuminous. It then became suddenly more copious and less albuminous, and the quantity of albumen then daily lessened, till, on the forty-third day, there was only a trace. Next day, scarlet fever set in, and the urine immediately became almost black from the presence of blood, and highly albuminous—characters which gradually gave place to those which it presented before the visit of the fever. On the fourteenth day, the albumen, which had disappeared for five days, returned, and gradually increased day by day till the quantity was considerable. On the eighty-fifth day from the onset of the nephritis, and the forty-second day from the beginning of the scarlatina, the urine was still moderately albuminous. The points of interest were the sudden and abundant hæmorrhage on the occurrence of scarlatina; the rapid diminution of the hæmaturia until, on the ninth day of the fever, the urine was not albuminous; the recurrence of the albuminuria at the period when the urine of uncomplicated scarlatina became albuminous for the first time, and its continuance from this period. The hæmaturia resembled remarkably what is called proxymal hæmaturia, so far as its intensity, onset, and cessation were concerned.—Dr. GREENHOW asked if the urine was examined, as a comparison had been drawn between this and intermittent hæmaturia, which presents peculiar characters, no blood-corpuscles being as a rule found. He considered that the most important symptom in intermittent hæmaturia was the oxaluria, which he had always found present.—Dr. GEE said that blood-corpuscles were found. The interesting feature of the case, however, was the sudden disappearance of the colouring matter of the blood.

Dr. BURDON SANDERSON communicated a case of Angina Pectoris for Dr. Lauder Brunton. The patient, a man aged 26, was in the Clinical Wards of the Infirmary, Edinburgh, during four months, under the care of Professor Bennett. He had had seven attacks of acute rheumatism, and had suffered from symptoms of disease of the heart for several months. When admitted, he presented the physical signs of aortic obstruction and regurgitation with hypertrophy of the left ventricle, and suffered during the whole of the time that he was in hospital from severe paroxysms of pæcordial agony, the pain extending from the chest to the right side of the neck and the right arm. These attacks occurred mostly during the night, each lasting one or two hours; they were not relieved by aconite, digitalis, or by stimulants, but the patient was considerably benefited by small bleedings. During an attack of acute rheumatism, the pain entirely disappeared. Six weeks after admission, treatment by inhalation of nitrite of amyl was commenced, a

few drops only being employed at a time. The pain was relieved, or rather ceased, as soon as the characteristic symptoms of the physiological action of the drug manifested themselves—*i.e.*, flushing of the countenance and amplification of the pulse. On many occasions, the effect of the remedy was observed with the aid of the sphygmograph. The tracings showed (1) that the arterial expansion is much diminished and the arterial tension correspondingly increased during the paroxysm of angina, the smallness of the pulse being due to its hardness; and (2) that, under the influence of nitrite of amyl, the arterial tension is diminished and the expansive movement increased by the direct influence of the compound in relaxing the muscular walls of the arteries. Dr. Brunton concluded that nitrite of amyl is of great value as a means of affording immediate relief in all cases in which pain is due to arterial spasm. Before communicating the case, Dr. Sanderson gave a short account of certain physiological researches on nitrite of amyl lately made by Dr. Brunton in Professor Ludwig's laboratory, which have just been published in the *Leipzig Transactions*. The purpose of these researches was to determine the action of nitrite of amyl on the circulation by exact experiments on animals. Rabbits were employed for the purpose. The results of the inhalation were recorded in each instance on the cylinder of the kymograph. They showed (1) that the effect of the drug is to diminish the arterial pressure; (2) that this diminution occurs as distinctly in animals in which the vaso-motor nerves have been paralysed by section of the spinal cord in the cervical region as in the natural condition; (3) that nitrite of amyl does not diminish the work done by the heart in a given time, although it increases the frequency of its contractions; and, consequently (4), that the nitrite does not exercise its influence on the nervous system, but on the contractile walls of the blood-vessels, diminishing the arterial pressure by diminishing the resistance to the circulation. A question of great importance still remained to be determined experimentally—that of the action of the drug on other involuntary muscular fibres, as, *e.g.*, those of the intestine. If it act in the same way as on those of the vessels, it is likely to be as valuable for the relief of multitudinous pains which depend on intestinal spasm as for those of angina.—Dr. SANDERSON also exhibited sphygmographic tracings showing the effect of nitrite of amyl on the normal pulse.

Dr. ANSTIE communicated a Case of Angina Pectoris relieved by Nitrite of Amyl. The patient was a gentleman aged about 50, of a highly nervous temperament, a sufferer for the last twenty years from spasmodic asthma, and very liable to facial neuralgia. Between four and five years since, he began to suffer from severe and frequently recurring attacks of angina pectoris, and his life was for a long time in much danger. By the use of sulphuric ether in large doses, and of considerable quantities of alcoholic stimulants, the attacks were diminished in frequency and violence; but they recurred at intervals, whenever the patient was much fatigued or excited in the course of his professional work. In December last it was determined to try the nitrite of amyl, and, on the recurrence of the next anginal spasm, the sufferer took one long and powerful inspiration through one nostril from a half-ounce bottle of the drug. After a pause of a few seconds, the characteristic flushing of the face and sense of fullness in the head were induced, and the patient instantly passed from agony into a state of perfect calm repose. The experiment has been several times repeated on the recurrence of the heart-pang, and always with complete success; and the patient has been able to entirely dispense with the disagreeable necessity of taking large and frequent doses of ether, and also greatly to reduce his allowance of stimulants. There has also been much less trouble than formerly from asthma, and he has obtained far more natural sleep at nights. The angina, although very severe, appears to be purely neurotic; no cardiac change, or at most a small amount of dilatation, can be discovered by the most minute physical examination. From some further observations, Dr. Anstie believed that nitrite of amyl is a relaxer of spasm in all involuntary muscular fibre, and that it would be particularly useful in colicky affections. He would not, however, advise its use by aged persons or others who might be likely to have commencing degeneration of the minute vessels of the brain, for fear of apoplectic accidents.—Dr. FARQUHAR referred to the marked and immediate benefit which he had seen to result from the administration of the nitrite in a patient in India, who suffered from excruciating spasmodic abdominal pain. He mentioned a second case of a similar nature, in which it answered equally well.—Dr. POWELL did not understand the part of Dr. Brunton's paper in which it was stated that the sympathetic nerve had no part in the action of the remedy.—Dr. SILVER remarked that the effect might be produced by the depressor of the heart. He thought that belladonna should have been tried, as it had an antagonistic action to digitalis, which had been used unsuccessfully in this case.—Dr. ANSTIE had tried belladonna in one case unsuccessfully.—Dr. SIMMS had used a mixture of chloric ether and alcohol with good re-

sults in similar cases.—Dr. ANSTIE objected to mixtures, especially as they injured the vital power.—Dr. SANDERSON, in answer to Dr. Powell and Dr. Silver, remarked that the depressor acts only by reflex action, and, therefore, when the cord is cut, its action is out of the question. When the cord is cut, depression of the whole vascular system takes place; but, in Dr. Brunton's experiment, the heart's action was, notwithstanding this, still more depressed.—Dr. BEUMLER thought that nitrite of amyl might be found of use in hæmiana, in which spasm of the arteries probably takes place, and not relaxation.

Mr. PAGET described the case of a lady who had suffered from Ichthyosis of the Tongue for a year, when she consulted him. The patches occupied the papillæ, and showed no indications of cancer. Four months afterwards, however, they became thickened and indurated, and soon presented appearances of well-marked ulcerated epithelial cancer. There was hereditary cancerous tendency in the family.—Dr. SIMMS referred to M. Hardy's statement that the disease was often associated with psoriasis and gout.—Mr. HULKE remarked that, in the case which he had brought before the notice of the Society last session, there was no history of these diatheses.

## PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, FEBRUARY 2ND, 1870.

RICHARD QUAIN, M.D., President, in the Chair.

Mr. BALMANN SQUIRE exhibited two cases of Elephantiasis Græcorum. Both patients, although born in tropical climates, were of European descent. One, a girl, aged 13, was born in Trinidad, where she remained until eleven years old; the disease first appearing in her at the age of eight years. The other, a boy, aged nearly sixteen, was born in Calcutta, where he remained till the age of nine; the disease not appearing in him until he had been two years in this country. In both patients the disease was most developed on the face, where the patches were tubercular, and, moreover, more decidedly anæsthetic than elsewhere; it was less developed on the limbs, where the patches were merely flat stains, and less abundant than on the face, and still more scanty on the trunk, where the patches were also flat stains. In both cases the eruption first appeared on the limbs; and in both, also, the parents of the patients had resided many years in the native country of the patient, previously to his or her birth. The cases threw some light on the remarkably obscure etiology of "the leprosy of the Greek writers." It had been much debated whether the disease was the result rather of diet, of climate, or of hereditary diathesis. In these two cases, climate appeared to be the chief cause. Reference was made by Mr. Squire to a recent paper of Mr. Hutchinson's, in the *Medical Times and Gazette*, which was illustrated by Bideknapp's leprosy-map of Norway and Sweden. Mr. Squire dissented from Mr. Hutchinson's view that the geographical distribution of leprosy in Norway was determined by diet, *viz.*, a fish-diet, but supported the "gulf-stream theory." In the West Indies, where pigs are plentiful, the disease is commonly attributed to a pork-diet. In the present cases, hereditary predisposition was not an essential in the causation of the disease. Prolonged subjection to the influence of certain climatic conditions appeared to be the prime cause of the disease; and it was not unreasonable to attribute the prevalence of the disease in Norway to the convection, so to speak, of the essential conditions of the West Indian climate, by the medium of the gulf-stream, to the shores of Norway.—Dr. TILBURY FOX observed that, in the early stage, leprosy had been mistaken for syphilis, but the latter does not produce a stain of any great extent.

Mr. SQUIRE also exhibited a case of the so-called Spurious Ichthyosis, or the Sebaceous Horny Acne of M. Hardy. This rare disease, although resembling ordinary ichthyosis closely in appearance, differed from it in several important particulars. In the first place, it was much more localised; in the second, it was much more abruptly circumscribed; and, lastly, it was not a congenital disease. He proposed, as the best designation for this cutaneous affection, the term "accidental" ichthyosis, by way of distinction from the ordinary congenital ichthyosis. He thought this preferable to the term "spurious," inasmuch as the adjective which he proposed, conveyed definite information respecting the history of the disease; he preferred it also to "sebaceous horny acne," since it was not altogether clear that the disease was essentially a sebaceous disease.—Dr. HILTON FAGGE asked if Mr. Squire had examined the skin in ichthyosis microscopically. He had been led to doubt that it was due to sebaceous secretion. He considered it due to plates of epidermic scales placed one over the other.—Dr. TILBURY FOX said that in some sebaceous matter was found; in others, fat.—Mr. SQUIRE had not examined the cases microscopically.



In Dr. Bristowe's cases, some were of a sebaceous character, others merely epidermic.

Mr. PICK read a report on a case of Lympho-Sarcoma of the Anterior Mediastinum, recently exhibited at the Society.

Dr. HERMANN WEBER introduced the Question of the Dependence of Tuberculosis on the Existence of Caseous Deposits in the Body. He communicated the case of a man who had died from tubercular meningitis, six months after having had typhoid fever; the *post mortem* examination showed the cicatrices from the typhoid affection of the intestines, enlarged caseous mesenteric glands, and the phenomena of tubercular meningitis, and of miliary tuberculosis of the lungs and the pleura. Dr. H. Weber then discussed the connection between the caseous mesenteric glands and the tuberculosis, as cause and effect. After having given a short sketch of the views of Dittrich, Buhl, Virchow, Niemeyer, and C. E. Hofmann, he mentioned that in all the cases of tuberculosis of the serous membranes, which had come under his own observation during the last five years, viz., eleven cases of tubercular meningitis, and four of tubercular peritonitis, caseous deposits were found in the body; and he added that the dependence of tuberculosis on the previous existence of caseous affections in the body had become so impressed upon him, that, in the last three cases of tubercular meningitis which had occurred to him, he had founded his diagnosis almost entirely on the history of previous affections likely to leave behind caseous products, as of catarrhal pneumonia, pleuritis, and measles. In five out of the eleven cases of tubercular meningitis, the caseous deposit existed in the lungs; in two in the pleura; in one in the mesenteric glands after typhoid fever; in one in the cervical glands after scarlet fever; in one in the same from impetigo capitis; and in one in a scrofulous knee-joint. In all the four cases of tubercular peritonitis, the caseous masses existed in or near the abdominal cavity, viz. in the mesenteric glands, the kidneys, the ovaries, and the lumbar muscles. In some of the cases the tubercles were most abundant, and of greater size and age, in the immediate neighbourhood of the caseous focus; but in others the adjacent tissues were almost or quite free, whilst remote parts, as the meninges of the brain, the pleura, and the lungs, were the seat of tubercles, showing that the disease need not spread by contiguity, but may, at once, be carried to distant organs.

The author alluded to the importance of the experiments on artificial tuberculosis, especially those by Villemin, Simon, Sanderson, Wilson Fox, and Walderburg, and requested the members of the Society to examine how far the following propositions be correct, viz.—“That miliary tuberculosis is produced by the introduction into the circulation (generally through absorption) of minute corpuscular elements from caseous and allied pathological products, and by the migration of these elements to numerous points of different organs, there giving rise to the formation of nodules and further changes.”—Dr. Wilson Fox said that his experiments, chiefly on the rodents, agreed mostly with those of German pathologists. The presence of caseous matter in a gland is an impression of a past attempt at tuberculosis.

Dr. BURDON SANDERSON exhibited a number of specimens illustrative of M. Chauveau's experiments on the Artificial Production of Tuberculosis by Feeding on Tubercular Matter. The animals were heifers and one young bullock kept under perfect conditions. The material was pounded up in water, and they were fed from once to four times, and examined thirty-one to sixty-three days afterwards. The lesions found were the following. In the trachea, the mucous membrane was the seat of minute granulations, similar to those of miliary tubercle in man, under the epithelium in the neighbourhood of a mucous gland, and passing down the duct, but not affecting the gland itself. In the lungs, there were subepithelial granulations in the course of the smallest tubes; secondly, granulations outside the bronchial tubes; and thirdly, ordinary nodules, infiltrated grey tubercle. In the intestine there were minute granulations in the submucous tissue, but also others in the villi, and in the liver under the surface of the organ. The most important fact in these experiments was that bovine animals are liable to a tubercular disease which is besides hereditary. The granulations can be seen to commence where there has been adenoid tissue. M. Chauveau supports the opinion that tubercle originates from pre-existing adenoid tissue.—Dr. MURCHISON referred to a case which he had recently brought before the notice of the Society, in which rapid tubercular disease followed a simple ulcer of the duodenum. The glands in the neighbourhood were enlarged.

Dr. LANGDON DOWN exhibited photographs of Furrowed Nails. The affection followed a severe illness, as did white spots on the nails. The latter he had often seen in starved children. There was a furrow representing each attack of illness.

Mr. MARSH exhibited a large Congenital Cystic Tumour of the Cheek which he had removed from an infant. The child made a good recovery. Referred to Committee.

Dr. BEIGEL exhibited an Aneurism of the Arch of the Aorta from a woman who died rather suddenly from suffocating paroxysms. There was a smaller sac on the upper part of the arch, communicating with the enlarged aorta by a small aperture. The upper part of the sternum was almost entirely absorbed by the pressure of the aneurism.

Mr. DE MORGAN showed a Malignant Tumour of the Thigh removed by amputation from a man who a month previously felt a giving way in the part. It commenced a couple of inches above the condyles. In the upper part were numerous cysts; while the lower part was fibrous, and encased in calcareous matter. Microscopically, it appeared to be made up of cells without any intercellular tissue, and also many with calcareous matter within. Some parts had the appearance of spindle-shaped sarcoma. Mr. De Morgan also related a similar case in a woman who died of pyæmia. There appeared to be in these cases latent disease of the bone prior to the accident. If encephaloid cancer as a primary disease exists, the operation should, he considered, be made through the joint.

## MEDICAL SOCIETY OF LONDON.

MONDAY, FEBRUARY 14TH, 1870.

PETER MARSHALL, Esq., President, in the Chair.

THE Secretary read notes of a case of Diffused Abdominal Aneurism sent by Dr. G. ELLIOTT of Hull. The patient, a sailor, was admitted into the Hull Infirmary suffering from pain in the right side of the abdomen, lumbar region, thigh, and testicle. A few days afterwards, a pulsating tumour about the size of a goose's egg appeared beneath the angle of the tenth rib. From this time, until death two months afterwards, the tumour gradually enlarged, until it extended from the inferior angle of the scapula to the crest of the ilium, and measured from the spinous processes of the vertebrae to the opposite border rather more than fourteen inches. The *post mortem* examination showed the right kidney lying on the surface of the tumour; the vena cava also ran in front of the tumour. The psoas muscle was much infiltrated with blood, and all the tissues behind were disintegrated. The last rib was completely separated, and the tenth and eleventh were partly eroded. Considerable absorption of the first and second lumbar and of the tenth and eleventh dorsal vertebrae had also taken place. The opening into the aneurismal sac was immediately behind the coeliac axis. The aorta for five inches above that point was much dilated, and contained patches of calcified deposit.—Dr. SANSON related a case in which the patient lived fourteen days after the bursting of an aneurism, epileptic convulsions occurring at intervals. The patient was kept during one of these attacks twenty-four hours under chloroform.—Mr. BARNES mentioned a case in which an epileptic convulsion took place immediately before death from abdominal aneurism.

Mr. WELLS read notes of a case of attempted Suicide by Drinking Chloroform. Happening to be on the spot, Mr. Wells gave half an ounce of ipecacuanha wine and cold water. Vomiting immediately took place. He repeated the dose, and also gave milk, strong coffee, etc. Symptoms of collapse came on; the Marshall Hall and Silvester's methods for artificial respiration were resorted to, and lastly the electro-galvanic current was applied to the heart; the patient ultimately recovered.—Dr. SANSON considered electro-galvanism successful only when applied to the phrenic nerve.—THE PRESIDENT was not very sanguine as to the success of electro-galvanism.—Dr. C. KIDD said that great accuracy and gentleness were required in applying the current; success was only attained by its affecting the phrenic nerve.—Dr. ROUTH had seen artificial respiration sufficient for recovery in three cases; in three others the galvanic current applied to the spine and heart set up respiration.—Mr. GANT mentioned the case of Dr. Glover, who died from taking an overdose of chloroform. The stomach was paralysed, and galvanism failed to restore life, though twelve hours elapsed before death took place.—Mr. WEEDEN COOKE considered position of great importance. The patient ought not to be placed in the sitting posture too rapidly.

Mr. WEEDEN COOKE read a paper on Lupus, illustrated by drawings. After some remarks on the recent lectures by Mr. Erasmus Wilson and Dr. Tilbury Fox showing the oncoming of a more natural system of arrangement, the author took as his guide in the division and definition of the disease, the standard set up by Biett and Cazenave, reducing all forms of lupus to three—Lupus superficialis, Lupus exedens, and Lupus hypertrophicus—the rodent ulcer of Paget and Hutchinson. The first form might generally be found associated with scrofula; the second could not be said to be grounded upon any special diathesis. It was a local defect of nutrition probably founded on embolism of the neighbouring vessels, but having a systemic origin which had yet to be defined. The third species was commonly associated with heart and lung disease, and appeared in persons of a melancholic temperament,



with slow circulation. Some of these forms of lupus might be seen in persons having a history of syphilis, but there was no reason to look upon them at all as cause and effect. Two cases were mentioned showing some resemblance to keloma, there being a fibrous condition of skin with tubercles, which have grown into pendulous tumours. These had been cured by *icraturo* and chloride of zinc, and ultimately a cure effected. Some cases of lupus superficialis had been cured by lemon-juice and cod-liver oil, with the external application of a solution of bichloride of mercury. In the early stage of lupus exedens, the disease had also been cured by application of lint saturated with chloride of zinc. The author did not consider that either lupus exedens or lupus hypertrophicus had any association with epithelioma or other forms of cancer. He had never been able to detect in the exudations from these ulcers any of the cells of epithelioma; neither was there in lupus the outgrowth of new tissue characteristic of cancer. Quotations from Brodie, Paget, and Hutchinson were given in support of this view of the absolute distinction between lupus or rodent ulcer and cancer. The paper concluded with a *résumé* of the treatment of lupus, both topically and constitutionally, advocating much the saturated zinc lint as a manageable caustic; and, although not disregarding the use of arsenic as a constitutional remedy, preferring iron and cod-liver oil in most cases, and fresh lemon-juice especially in all.—Dr. TILBURY FOX agreed with Mr. Cooke in most points, but not as regarded diathesis in connection with skin-disease. He also ignored the term syphilitic lupus.—Mr. DE MÉRIC did not think that Mr. Cooke had dwelt sufficiently upon the cure of the disease. He should have liked to hear whether any relapses had occurred in the cases mentioned. He had treated his cases chiefly by nitric acid.—Dr. BARNUM related a case of lupus exedens which he reduced by lunar caustic from the size of a five-shilling piece to a mere speck; but it afterwards became as large as before. The patient was admitted into the Glasgow Infirmary, where Professor Lister cut the piece out, and the patient has had no return of the disease.

## HARVEIAN SOCIETY OF LONDON.

THURSDAY, JANUARY 3RD, 1870.

W. F. CLEVELAND, M.D., President, in the Chair.

MR. DE MÉRIC read a paper on Induration in Syphilis. The author cautioned his hearers as to the danger of being hasty in diagnosis respecting recent lesions on the parts of generation. He believed chancre, when *bona fide* syphilitic, to be simply the first sign of the contamination of the organism. This chancre was almost always indurated; and, therefore, it was interesting to discuss the four following points. 1. What is known of the histology of the indurated mass? 2. The peculiarities of the latter according to locality; 3. Whether this kind of induration can be distinguished from other kinds; and 4. Whether syphilis may exist without it. Mr. de Méric treated these points rapidly, showing—1. That our knowledge as regards the nature of the induration was as yet imperfect; and 2. That very striking distinctions existed as to shape and feel of the induration according to locality. The author alluded especially to the indurated stratum, said to form the base of those well-known chancres which are observed on the skin of the penis. This parchment-induration, as it has been called, he had often sought in vain, and thought it rather problematical. Such chancres, however, he had always seen followed by secondary symptoms. Mr. de Méric inquired, in the third place, whether mistakes were liable to occur as to distinguishing syphilitic induration from simple oedema and ordinary infiltration; very simple rules for avoiding error being pointed out. The important subject of the complete absence of induration in the initiatory symptoms of syphilis was then discussed. From cases quoted, it was shown that this induration may be completely absent; and that exceptional instances have been noted by the author where no evident initiatory symptom could be made out. Mr. de Méric concluded his paper by some remarks on the therapeutics of induration, mercury being the chief agent used.

Dr. MORTON brought forward the case of an Anencephalous Foetus, which he had recently met with.

Dr. GIBSON exhibited the Uterus and Ovaries of a patient who died suddenly from syncope.

BRISTOL MEDICAL SCHOOL: DISTRIBUTION OF PRIZES.—First prize, Mr. W. T. Benham; Second prize, Mr. H. Waldo; Certificate of honour for Practical Anatomy, Mr. F. G. Blake.

THE CARDIFF BOARD OF GUARDIANS have voted £70 to Mr. Granger for discharging the duties of the late Dr. Fennell's district, in addition to his own, for three months, during the illness of the latter.

## ASSOCIATION INTELLIGENCE.

### WEST SOMERSET BRANCH.

The spring meeting of the above Branch will be held at Doucli's Railway Hotel, Taunton, on Thursday, March 17th, at 5 P.M.; H. J. ALFORD, M.B., President, in the Chair.

Gentlemen intending to be present at the dinner, or to read papers after, are requested to give notice to the Honorary Secretary.

W. M. KELLY, M.D., *Honorary Secretary*.

Taunton, February 21st, 1870.

### SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

The next meeting of the above Branch will be held at the Saracen's Head Hotel, Ashford, on Thursday, March 17th.

Gentlemen desirous of reading papers, are requested to communicate with the Honorary Secretary without delay.

ROBERT L. BOWLES, M.D., *Honorary Secretary*.

Folkestone, February 22nd, 1870.

## CORRESPONDENCE.

### COMPLIMENTARY ADDRESSES FROM PUPILS TO THEIR LECTURER.

SIR,—In consequence of the scandals which arose from the offering of complimentary addresses and presents by the pupils of Trinity College to some of their lecturers and teachers, the following decree was passed by the Provost and Senior Fellows of Trinity College in 1820, and afterwards confirmed into a law of collegiate discipline by the College visitors in the year 1830.

"The Provost and Senior Fellows do strictly and absolutely prohibit the students of every description from offering any complimentary presents or addresses, or doing any act which may, directly or indirectly, involve the discussion of the conduct of the Fellows or Officers of the College."

This decree is still the existing law of the College, and students or professors violating it may naturally expect the consequences of their act.

I am, etc., SAMUEL HAUGHTON, *Medical Registrar*.

### THE PELLICLE AND THE PARALYTIC SYMPTOMS IN DIPHTHERIA.

SIR,—The object which I had in view in suggesting that more careful observation would probably show that there is an epidemic croup with pellicular formation, differing as to cause, symptoms, and course, from diphtheritic croup, would be lost sight of, if I did not correct what appears to be a misapprehension of Dr. G. Johnson's. In noticing that in the latter there are paralytic phenomena, as compared with spasmodic in the former, I meant during the attack, as well as in sequel. The spasmodic phenomena of whooping-cough are consecutive to the inflammatory stage; but I am not aware that any consecutive paralytic symptoms have been noted in the kind of epidemic croup to which I refer, such as come on in diphtheria. Further, I have come to the conclusion that the paralytic action of the diphtheria-poison proper takes effect from an earlier stage than that to which Dr. Johnson refers, and is shown by the state of the blood-vessels of the part attacked, as well as by the production of pellicle.

My attention was particularly called to this point by what I noted in a well marked case of nasal diphtheria (diphtheritic coryza) in which there was copious hæmorrhage without pellicle, although this was seen on the throat. I may be mistaken on this point, and Dr. G. Johnson may not have misunderstood me; but there can be no harm in emphatically directing attention to the fact, which is, I think, of the greatest interest, and not usually, if at all, noticed by writers, that the palsy of the palate and the spinal palsies are due to the same cause as a vaso-motor palsy (with, sometimes, anesthesia), which coincides with the pellicular stage.

The pellicular product of diphtheria differs, I think, from that seen in the other kinds of membranous croup, and which has not, therefore, disappeared with the witches. I think that we have much to learn as to the origin of these plastic formations, whether seen in plastic bronchitis with tube-casts, which is often chronic, in follicular inflammation of

the intestines, or even in renal diseases. I do not pretend to say that these are due to a specific cause; but I think that there is a cause as yet not indicated for the product, and that the pathological question is well worth careful investigation, in connexion with that which is common to these peculiar diseases and to diphtheria. I would add, however, that diphtheria-croup may be severe and fatal without the formation of any pellicle—a suppurative inflammation, with oedema of the glottis, taking its place. I do not offer details in proof, for they have no space, and I no time. I am, etc., T. LAYCOCK.

Edinburgh, February 19th, 1870.

#### SUPERANNUATION OF POOR-LAW MEDICAL OFFICERS.

SIR,—You are aware that it is Dr. Brady's intention to move for leave to bring in, early in March, a Bill for the superannuation of Poor-law medical officers, of a similar character to that which he carried last session on behalf of our Irish brethren.

With the view of providing Dr. Brady with facts to be used for supporting this measure, I shall be obliged if you will allow me to appeal, through your columns, to the Poor-law medical officers generally for information of cases which have fallen under their notice, showing how medical men have been constrained by circumstances to cling to their appointments long after their power to discharge their duties efficiently has ceased, through age or bodily infirmity. That such cases are very numerous there can be no doubt, though for a very obvious reason they are not much talked about.

Any information which I may receive will be deemed confidential; i.e., the facts related will be used by Dr. Brady and some other of our parliamentary friends, but the identity of the individuals to whom they refer will not be revealed. This observation is the more necessary, as few gentlemen would care to own publicly their unfitness for continuing in office, though they would be very thankful to retire if they were assured of a moderate superannuation allowance.

As there is no time to spare, I shall hope to be favoured with communications on the subject as soon as possible. I may mention that the Council of the Poor-law Medical Officers' Association will petition the House of Commons in favour of Dr. Brady's Bill; and I hope that their example will be followed by medical officers generally.

I may possibly appeal to your kindness next week to give place to a suitable form of petition for general use. I would also trust that Poor-law medical officers will not fail to make oral or written appeals in support of the measure to those members of both Houses, with whom they may be personally acquainted, without delay. I am, etc.,

33, Dean Street, Soho.

JOSEPH ROGERS.

#### ON EAR-COUGH.

SIR,—As the comments on my paper, entitled "Remarks on Ear-Cough, and its mode of production," have at length ceased, it seems desirable that some reply should be made by me to the criticisms which they contain.

The recent researches of Dr. Lockhart Clarke on the intimate structure of the base of the brain are rendered doubly interesting from the light thrown by them on the physiology of this affection. Mr. A. Fleischmann's letter in the *JOURNAL* of the 8th ult. contains the following observations:—"The fact that the effect (that is, the production of cough on titillation of the auditory canal) is not constant may, I think, be explained by the fact that the vagus does not always send off an auricular branch. An analogous case is a supply of a branch of the nasal nerve to the conjunctiva, which explains why the stimulus of a strong light will excite a stertoration."

My dissections, referred to in the paper above named, prove that the vagus has nothing whatever to do with the auditory canal, which receives its nervous supply from the auriculo-temporal branch of the fifth cranial nerve and that the auricular branch of the vagus is invariably distributed to the posterior part of the pinna. It sometimes happens that the terminal filaments of the fifth nerve do not perforate the cartilaginous lining of the auditory canal, but lose themselves between its osseous and cartilaginous walls. Variations in the susceptibility to impressions of those branches of that important cranial nerve which supply this tube may possibly be in this manner accounted for. With reference to the production of a stertoration as the result of a flash of sun-light, and Mr. Fleischmann's explanation of this reflex phenomenon, we may very naturally inquire whether, in persons known to have been subject to this peculiarity, a branch of the nasal nerve has ever been traced into the conjunctiva. I have always been inclined to think that, in these cases, the retina rather than the conjunctiva is the recipient of the sensory impression.

If Mr. Bash (Ear-cough, *BRITISH MEDICAL JOURNAL*, January 15th, 1870) will add the words placed below in italics to the passage in my paper that he considers to be inconsistent with others which follow it, he will doubtless comprehend the sense intended to be implied. "I should not have presumed to name it (*viz.*, ear-cough) were I not pretty sure that this kind of cough had hitherto escaped description, and even recognition, in our most popular text-books on the practice of medicine and on pulmonary affections." I beg to express my thanks to this gentleman for directing my attention to the sentence in the third edition of Dr. Billing's book on the *Principles of Medicine*, referring to the sympathy between the auditory canal and the larynx, as this exception to the rule laid down by me serves to prove it. In my search for information on this subject, I examined only the earliest editions of that useful work, which contain no allusion whatever to ear-cough, this affection being only mentioned in the third and subsequent editions.

The remarks of the medical men already named and of Dr. Ritchie, which have appeared in the *BRITISH MEDICAL JOURNAL*, as well as those contained in the private letters which have reached me, afford corroborative evidence of the importance of a sympathy with which every practitioner should be conversant. As the addition to our professional literature of a more complete and detailed account of ear-cough than can be concentrated into a single paper appears to me expedient, I shall be glad to receive communications from those of my brethren who may have any observations to make regarding this and analogous reflected phenomena. Unless a wish be expressed to the contrary, the statements thus furnished me will, if utilised, be authenticated by the addition of the name of the writer.—I am, etc.,

CORNELIUS B. FOX, M.D.

Scarborough, February 1870.

#### RICKETS IN LOWER ANIMALS.

SIR,—In an article of your *JOURNAL* of the 5th inst. on comparative pathology, allusion is made to me in a foot-note. I must confess I was in error when I wrote, some years ago, that rickets attack only animals who live on animal food. At the time when I made my experiments on puppies, I had a correspondence with one of the most scientific veterinary surgeons, and he assured me that he had only observed rickets in animals living on animal food. But I have since made inquiries and experiments which have convinced me that, besides food, there is another cause which produces rickets, not only in certain animals of the granivorous order (pigeons, poultry, but also in children. At the hospital I have seen numbers of children in whom I would not ascribe rickets to faulty diet, but only to wet and damp. To convince myself, I kept several pairs of pigeons, as experiment could only be made on such animals as remain a certain time on their nest; puppies and kittens soon quit their beds. Pigeons are the most proper subjects for such experiments. After about sixteen days the old ones do not remain in the nest, but still feed the young ones in it. At that period I kept the nest damp by syringing some tepid water daily into it. Of the two young pigeons which I selected for the experiment, one died four days afterwards; but the other remained alive on the nest for six weeks, and, when I took it out, it showed all the signs of rickets. It lived three months, and was fed by the old ones. When it began to walk with the greatest difficulty, its legs were bent, one much more so than the other; the same we observe in the human species. Afterwards, I killed the young pigeon, and I am still in the possession of the specimen.

I am, etc.,

HENRY DICK.

Wimpole Street, February 1870.

#### CROUP AND DIPHTHERIA.

SIR,—The letters which have recently appeared on the connexion between diphtheria and croup, etc., by Dr. George Johnson, Dr. Laycock, Mr. Squire, and others, together with your editorial remarks on "undiscovered exanthems" have been read by me with the greatest possible interest; for I cannot but conclude that the general tendency of the discussion is to support the theory of the nature of diphtheritic diseases which I ventured to set forth in a series of contributions to the *JOURNAL*, now six years ago. In the contributions alluded to, and afterwards in my little book on *Diphtheria and Diphtheritic Disease*, I attempted to show and to explain, *inter alia*, that croup, in common with all miasmatic diseases, was liable to be associated with, and complicated by, the diphtherial sign; "that the essential characters of diphtheria, as a true epidemic," or indeed as a specific disease, "to be classed with whooping-cough, measles, scarlatina, typhus, had never been satisfactorily shown;"\* and that probably, during the prevalence of

\* The quotation is from Dr. Laycock's letter in the *JOURNAL* of Feb. 1864.

unhealthy seasons, there existed several unrecognised diseases of the fever-class, which, owing to the absence of positive marks, were, for the present, incapable of definition or of being named.

According to my theory, the pathognomonic sign of the so-called specific disease, diphtheria—false membrane, exudation, formation, or by what other name we please to designate it—is but an external complication, which at certain times, such times being noted for extensive prevalence and malignancy of epidemic diseases generally, manifests itself on parts of the tegumentary or mucous surfaces undergoing pathological change; and, further, that the name “diphtheria” cannot, with any approach to precision, be applied to one acute specific disease like scarlatina, but rather ought to be reduced to the rank of adjective, qualifying whatever disease the general symptoms may show the patient to be for the time labouring under. Should these views be correct, we find no difficulty in speaking of “diphtheritic croup,” “diphtheritic sore-throat,” etc.; and that such phrases have of late become more general, is very satisfactory, and silently indicates a modification of opinion regarding the nature of the disease under consideration. Only in last week’s JOURNAL, a virulent epidemic at Ibrailla on the Danube is spoken of as “diphtheritic sore-throat”—a term which, had diphtheria established itself as one of the acute specific diseases, ought no more to have been used than, had the epidemic been scarlatinal, it should have been designated “scarlatinal sore-throat.”

Subsequent experience has tended in my own mind only to confirm the reasoning and opinions which I have feebly attempted to promulgate, and I leave with confidence their ultimate verification to time and experience.

I am, etc., J. WEST WALKER.

February 1870.

## OBITUARY.

F. A. TIPPLE, ESQ., M.R.C.S.ENG., L.S.A.

WE have to record the death of Mr. Tipple, of Erith, Kent, on Monday morning. He had just returned home from visiting his patients, and sat down in apparently good health to converse with his wife. Almost immediately, Mrs. Tipple heard a gurgling sound in his throat, and, on looking up from her work, found that her husband was dead. Mr. Tipple had an extensive local practice, and was much esteemed and respected both in his professional and in his private character.

## MEDICO-PARLIAMENTARY.

HOUSE OF LORDS.—Thursday, February 17th.

**METALLIFEROUS MINES BILL.**—Lord Kinnaird moved the first reading of a bill relating to metalliferous mines, which was founded on the report of a Royal commission appointed in 1862, and which reported in 1864. Though there were several acts of parliament relating to coal-mines, there never had been any special act passed relating to metal mines. He believed that arose in a great measure from the fact that every now and then we were startled by some very great destruction of life arising from an explosion in a coal-mine, while in metal-mines, though the accidents were greater in number and the mortality far greater, yet no great number of men fell victims at one time; and thus legislation for metal-mines had hitherto escaped observation. While coal-miners were healthy men, living from 35 to 45 years of age. He died off, like rotten sheep, of decay, at from 35 to 45 years of age. He did not propose to carry out all the recommendations of the commissioners in this bill. The nature of accidents in coal mines differed very much in different parts of the country. In the neighbourhood of Newcastle, accidents generally arose from fire and explosion in mines; while in Wales and elsewhere, accidents occurred not so much from explosions as from a fall in the roof, owing to the geological formation of the coal. Similar differences were found in metal mines at different places; and it would, therefore, be impossible to frame any rules which would be applicable to all cases. Special rules would, therefore, be prepared by the owners or workers of mines, and be approved by the Secretary of State for the Home Department. One recommendation contained in the report of the commission was, that the agents or viewers should make a daily report in writing as to the state of the workings. That would be of great advantage and a great safeguard. There was another bill before parliament relating to coal-mines; and her Majesty's government would consider the question whether a Minister of Mines should not be appointed, or some board constituted to which all questions relating to mining might be referred. The bill was read a first time.

HOUSE OF COMMONS.—Monday, February 21st.

**MINES REGULATION AND INSPECTION BILL.**—Mr. Secretary Bruce, in moving the second reading of this Bill, stated that its object was to consolidate the existing acts relating to the management of mines, and to embody the principal amendments in the law recommended by the select committee. Past legislation on the subject had gradually diminished the annual sacrifice of human life caused by colliery accidents. Thus, whilst in 1850 the death-rate was one for every 67,000 tons of coals raised, from 1864 to 1868 it was one for every 93,000 tons, and for 1868 one for every 103,494 tons. After explaining the provisions for the education of the persons engaged in the collieries, he said that another provision was, that no young person above 12 and below 16 years old should be employed underground for more than twelve hours a day, and that out of that time an hour and a half should be set apart for meals and rest. As to boys employed on the mine, but not underground, it was proposed that the Workshops Regulation Act should apply to them. The effect of this would be altogether to prevent the employment of women as well as of any children otherwise than during the hours stipulated by that act. With reference to the portion of the bill which related to the question of safety, provision was made for supplying a certain amount of air and ventilation to every coal and ironstone mine; and in case of accident the burden of proof that the supply of air and the distribution of ventilation was sufficient would rest upon the owners. The second reading was agreed to, and the bill ordered to be committed on Friday, March 8th.

**MEDICAL ACTS AMENDMENT.**—On the motion of Sir J. Gray, leave was given to bring in a bill to amend the Medical Act of 1858, and the acts amending the same, so as to secure a more direct representation of the profession on the Medical Council, and so to increase the powers of the Council as to ensure that no person can be enrolled on the register of practitioners who does not previously demonstrate that he possesses a practical acquaintance with the duties of the several branches of the profession.

Thursday, February 22nd.

**ST. LUKE'S HOSPITAL.**—Colonel Bartlett asked the Secretary of State for the Home Department whether his attention had been called to a report of the Lunacy Commissioners on the condition of St. Luke's Hospital for Lunatics, and whether he was prepared to take some action with regard to that charity, either through the Commissioners in Lunacy or by some special commission, so that the objects for which the charity was endowed might be properly carried out.—Mr. Bruce observed that the Hospital of St. Luke had been the subject of criticism by the Commissioners in Lunacy for the last twenty years. They reported in 1851 that the present site was most objectionable, and that the structure of the building was unfitted for the purpose of an asylum; and further, that no amount of expenditure could render the structure a proper building. Since then they had repeatedly reported in a similar way. Improvements had, however, been made. Under this state of things it was very perplexing, and he might almost say vexatious, to find these things stated in the general reports of the Lunacy Commissioners. As to the state of the inmates of the asylum, however, they reported that they found, with few exceptions, the patients in a desirable state, and that there were none suffering from undue excitement; that their appearance expressed the kindness with which they were treated, and that throughout their appearance was very satisfactory. He had no doubt that the criticisms of the commissioners were generally correct. He was also informed that it was the desire of the managers to submit to a most searching inquiry; but it did not seem to him that there would be any advantage from this. The Lunacy Commissioners could only be expected to report in the same language as they had used during twenty years; and as to the appointment of a commission, application had been made by the trustees to the Lord Chancellor, who had informed them that he had no power to issue such commission. He (Mr. Bruce) also had such power. It had been frequently suggested that they should sell the property and remove into the country, but the property was not theirs, and was only held under lease, and therefore they were not in a condition to sell it. It appeared to him, therefore, that the only mode of proceeding would be by an act of parliament, and he could not say that the government were prepared to adopt this course.

**ADULTERATION OF FOOD.**—Mr. Mount obtained leave to introduce a bill to amend the Adulteration of Food and Drink Act (1860), and to extend its provisions to drugs. The hon. gentleman explained that the measure was the same as the one introduced last session.

A MEDICAL BOTANIST has been fined £5 at the Oldham County Court for describing himself as a “chemist and druggist,” not being registered as such.



## MEDICAL NEWS.

**APOTHECARIES' HALL.**—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, February 17th, 1870.

Carter, George Canning, Brighton  
Gnomie, George Augustus, Burnham, Essex  
Pike, William Royston, St. Thomas's Hospital

The following gentlemen also on the same day passed their first professional examination.

Grant, Richard Farleigh, Guy's Hospital  
Huggins, Samuel Tillcot, St. Bartholomew's Hospital  
Steele, Russell, University College

**NAVAL MEDICAL SERVICE.**—The following are the names of the successful candidates who passed the recent competitive examination for admission into the Naval Medical Service, held at Chelsea, between the 7th and 12th February, in the order of merit in which they passed.

Ryan, John, Cecilia Street School, Royal College of Surgeons, King and Queen's College of Physicians, Dublin  
Robertson, John Allan, M. B. Aberdeen, Edinburgh University  
Sweetnam, William Francis, M.D. Queen's University, Ireland, Queen's College, Cork  
Bale, Henry Adney, Middlesex Hospital, Royal College of Surgeons, London  
Sweetnam, Jas. Long, M.D. Queen's University, Ireland, Queen's College, Cork  
Trenthick, Alexander Blood, M.D. Queen's University, Ireland, Queen's College, Cork  
Isaac, William Deacon, Queen's College, Cork, and Edinburgh  
Sandham, William Sale, Queen's College, Cork, and Edinburgh

**INDIAN MEDICAL SERVICE.**—The Military Secretary presents his compliments to the Editor of the **BRITISH MEDICAL JOURNAL**, and begs to enclose, for publication, a list of the candidates for Her Majesty's Indian Medical Service who were successful at the competitive examination held at Chelsea on the 7th February last. Twenty-three candidates competed for ten appointments; twenty were reported qualified. [Maximum number of marks, 3,400.]

Order of merit.	Names.	No. of marks.	Order of merit.	Names.	No. of marks.
1.	McConnell, J. F. P.	3,415	6.	Shibbop, C.	1,675
2.	O'Brien, J.	3,413	7.	Laing, J. A.	1,670
3.	McConnell, J. O'M.	3,413	8.	Cook, H. D.	1,672
4.	Reid, J.	3,413	9.	Peterson, R. A.	1,590
5.	MacKenzie, G. P.	3,400	10.	Weir, J. S.	1,580

## MEDICAL VACANCIES.

The following vacancies are declared:—  
**PALLINASLOE UNION**, Co. Galway—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Kiltormer Dispensary District: March 4th.  
**ERKINGHAM**, Parish—Five District Medical Officers: applications, March 7th; election, 9th; duties, 25th.  
**BRISTOL ROYAL INFIRMARY**—Surgeon.  
**BUCKINGHAMSHIRE GENERAL INFIRMARY**, Aylesbury—Resident Surgeon and Apothecary: applications, March 8th.  
**CLANNAM AND ROCKTOWN**, Co. Donegal—Medical Attendant to the Constabulary.  
**COTTON HILL LUNATIC ASYLUM**, Stafford—Assistant Medical Officer.  
**COVENTRY AND WARWICKSHIRE HOSPITAL**—Surgeon.  
**DARFORD UNION**, Kent—Medical Officer for the Bexley District.  
**DURHAM**—Surgeon to the County Hospital and the County Prison.  
**DURHAM CITY**—Medical Officer of Health.  
**GENERAL HOSPITAL**, Birmingham—Resident Surgical Officer: March 18th.  
**GLASGOW NEW OPHTHALMIC INSTITUTION**—Assistant Surgeon.  
**GLINDALE UNION**, Northumberland—Medical Officer and Public Vaccinator for the Lowick District: applications, March 9th; election, March 10th.  
**GOOLE UNION**, Yorkshire—Medical Officer and Public Vaccinator for the Reedness District: applications, March 9th; election, March 10th.  
**HELSTON UNION**, Cornwall—Medical Officer for the Helston District and the Workhouse.  
**HOLSWORTHY UNION**, Devon—Medical Officer for District No. 4: applications, March 10th.  
**HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST**, Brompton—Resident Clinical Assistant: applications, March 5th.  
**INISHOWEN UNION**, Co. Donegal—Medical Officer for the Clonnamny Dispensary District.  
**KIRKPATRICK-DURHAM**, Kirkcudbrightshire—Parochial Medical Officer.  
**KIRKEBY MOORSIDE UNION**, Yorkshire—Medical Officer for the Union and the Workhouse.  
**LONDON FEVER HOSPITAL**—Physician; Assistant Resident Medical Officer.  
**LONGTON COTTAGE HOSPITAL**—Medical Officer.  
**LOUDOUN**, Ayrshire—Medical Officer and Public Vaccinator for Darvel: applications, March 1st.  
**MAGHERAFELT UNION**, Co. Londonderry—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Maghera Dispensary District: applications, March 7th; election, March 8th.  
**NEWPORT (MONMOUTHSHIRE) INFIRMARY AND DISPENSARY**—Resident Medical Officer: applications, March 1st; duties, April 25th.

**NORTHERN HOSPITAL**, Liverpool—June 1st House-Surgeon.  
**PEMBROKE UNION**—Medical Officer and Public Vaccinator for District No. 1.  
**ROYAL ALBERT ASYLUM FOR IDIOTS AND IMBECILES OF THE NORTHERN COUNTIES**, Lancaster—Medical Superintendent: applications, March 11th; duties, May 1st.  
**ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL**, St. George's Circus, Southwark—Two Surgeons: applications, Feb. 28th.  
**SANDSTING**, Shetland—Parochial Medical Officer.  
**SOUTHEAST**, Argyleshire—Parochial Medical Officer.  
**STOKE UPON TRENT UNION**—Medical Officer for the Longton District.  
**STRABANE UNION**, Co. Tyrone—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Strabane Dispensary District: March 24th.  
**TAUNTON UNION**, Somersetshire—Medical Officer and Public Vaccinator for the Bishop's Lydeard District: applications, March 12th; election, March 17th.  
**THORNBURY UNION**, Gloucestershire—Medical Officer for the Almshouse District: applications, March 10th; election, March 11th.  
**TRIM UNION**, Co. Meath—Medical Officer and Public Vaccinator for the Trim Dispensary District: March 8th.  
**WALLS**, Shetland—Parochial Medical Officer.  
**WHITEHAVEN AND WEST CUMBERLAND INFIRMARY**—Consulting-Surgeon.

## MEDICAL APPOINTMENTS.

Names marked with an asterisk are those of Members of the Association.  
\*CHAMBERS, Thomas, Esq., elected Consulting Surgeon-Accoucheur to the Western Dispensary, Westminster, 27th Dr. Eastlake, deceased.  
\*DAVIES, Thomas, Esq., appointed Resident Medical Officer to the Public Dispensary, Leeds.  
\*LUDLOW, E. M. B., elected House-Surgeon to the Bristol Royal Infirmary.  
\*THOMPSON, Joseph, Esq., appointed Consulting-Surgeon to the Nottingham Dispensary, 27th Dr. Massy, resigned.  
\*WATKINS, E. T. M.D., appointed Consulting-Accoucheur to the Bloomsbury Lying-in Charity.  
\*WILLIAMS, J. Evelyn, M.B., appointed House-Surgeon to the Liverpool Northern Hospital, vice Howard Orfer, Esq., resigned.

## BIRTHS.

BARRY.—On February 17th, at Twickenham, the wife of \*D. P. Barry, M.D., late Staff Surgeon-Major, of a daughter.  
PENNINGTON.—On February 23rd, at Warrington, the wife of \*A. F. Pennington, Esq., Surgeon, of a son.

## MARRIAGES.

\*BRACEY, Charles J. M.D., of Birmingham, to Edith, eldest daughter of John SHUTE, Esq., Glenavon House, Clifton, on February 17th.  
\*LITTLE, Edward Moore, Esq., Surgeon, to Louisa, second daughter of the late Robert Davis Little, Esq., of Chippenham, Wilts, at Sutton Benger, on February 17th.  
\*PART-HUGH, THOS., L.K.Q.C.P.I., Birmingham, to Elizabeth Sarah, eldest daughter of Nathaniel Part-Hugh, Esq., of Stroud, Gloucestershire, on February 22nd.

## DEATHS.

BELL.—On January 23rd, at Edinburgh, Jane, wife of R. C. Bell, M.D., late of Chiche. CRAWFORD.—On February 12th, at Cambridge Street, aged 4 months, Clara F. M.; daughter of Sir Thomas Crawford, M.D.  
GRAY, Dundas McQueen, M.D., late of the H.E.I.C.S., Bengal, at the Great Western Hotel, London, on February 14th.  
LILFE.—On February 13th, at Epsom, aged 65, Mary, wife of W. T. Lilfe, Esq., Surgeon, late of Newington Butts.  
PROUDFOOT.—On February 13th, at Milnthorpe, Westmorland, aged 72, Elizabeth, widow of Thomas Proudfoot, M.D., of Kendal.  
\*KEITHEN, John, Esq., Surgeon, at Shotley, Northumberland, aged 58, on February 18th.  
\*WALKER.—On February 18th, at Peterborough, aged 6 months, Jessie Charlotte, the infant daughter of \*T. J. Walker, M.D.

**THE LATE DR. CROKER.**—The Governors of the Hospital for Incurables, Dublin, have resolved to place a life-size portrait of the deceased in the Board Room of the Hospital.

## BOOKS, ETC., RECEIVED.

Homeopathy in Southampton. A Letter addressed to G. Atherley, Esq. By R. W. W. Griffin, M.D. Southampton: 1870.  
Guy's Hospital Reports. Edited by C. Hilton Fagge, M.D., and Arthur E. Durham. Third Series. 101 xvi. London: 1870.  
Handbook for Nurses for the Sick. By Elizabeth Peitch. London: 1870.  
On the Morbid Appearances met with in the Brains of Thy Insane Persons. By B. F. Tuke, M.D., and W. Rutherford, M.D. Edinburgh: 1870.  
On Polypus of the Rectum. By A. G. Miller, M.D. Edinburgh: 1870.  
Stammering and Stuttering: their Nature and Treatment. By J. Hunt, F.S.A., F.R.S.L., F.A.S.L. Edited by the Rev. H. F. Rivers, M.A., F.R.S.L. Seventh Edition. London: 1870.  
Suggestions for National Returns of Sickness. By James Lewis. London: 1870.  
The Thirty-Fifth Annual Report of the Glasgow Maternity and Dispensary.  
On Colour-Tests as Aids to Diagnosis. By J. Day, M.D., M.R.C.S.E. Melbourne: 1870.  
The Thirty-Second Annual Report of the Suffolk Lunatic Asylum.  
Map of the Geographical Distribution of the Medicinal Substances contained in the British Pharmacopoeia of 1837. By a Lecturer on Materia Medica.  
On the Water and Baths of Neuenahr. By R. Schmitz, M.D. London: 1870.  
Transactions of the Pathological Society of London. Vol. x. London: 1869.  
General Regulations and Bye-Laws of the Bury Medical Society.

## OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY.....Guy's, 1 P.M.—Westminster, 2 P.M.—National Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.

WEDNESDAY.....St. Bartholomew's, 1 P.M.—St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—St. Thomas's, 1 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2 P.M.

THURSDAY.....St. George's, 2 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.

FRIDAY.....Westminster Ophthalmic, 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.—East London Hospital for Children, 2 P.M.—Hospital for Women, 9 A.M.

SATURDAY.....St. Thomas's, 9 A.M.—St. Bartholomew's, 1 P.M.—King's College, 1 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.—East London Hospital for Children, 2 P.M.—Hospital for Women, 9 A.M.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY—Medical Society of London, 8 P.M. Mr. Henry HARRIS, "A Case of Severe Injury to the Hand by the Explosion of Gunpowder: the saving of the greater portion of the Hand and the restoration of an Artificial Thumb;" Dr. Walter Croft, "On the Etiology of the Disease of the Urinary Organs," "On Sulpho-cyanides in the Blood and in the Urine."

TUESDAY—Royal Medical and Chirurgical Society, 8.30 P.M. Anniversary.—Anthropological Society of London.

WEDNESDAY—Obstetrical Society of London, 8 P.M. Adjourned Discussion on Dr. Braxton Hicks' paper on "Functional Diseases." Baron Paul von Sieyewitz, M.D., "Two Cases of Eclampsia successfully treated by Chloral;" Dr. Routh and Dr. Rogers, "Cases of Bilocular Uterus;" Dr. Brunton, "Two Cases of Twins in which, while the First Child presented naturally, there was Placental Presentation with the Second."

THURSDAY—Harveian Society of London, 8 P.M. Dr. W. E. Teevan, "On Functional Derangements of the Male Genital Organs."—Royal Society.—Chemical Society.—Linnæan Society.—Pathological Society of London, 8 P.M. Mr. Gay, "Gangrene of Femoral Vein, with Perforation of the Artery;" Dr. H. Weber, "Tubercular Metastasis in connection with a Caseous Formation;" Mr. Hulke, "Subperiosteal Hematoma of Orbit;" Dr. Langdon Down, "Paralysis with apparent Muscular Hypertrophy;" Mr. Carr Jackson, "Disease of Knee-joint;" Dr. Robinson, "Aortic Aneurysm."

FRIDAY—Western Medical and Surgical Society of London, 8 P.M. The President (Mr. J. R. Lane), "On the Modern Treatment of Syphilis."

## NOTICES TO CORRESPONDENTS.

AN Letter and Communications for the Journal, this addressed to the Editor, 37, Great Queen Street, Lincoln's Inn Fields, W.C.

CORRESPONDENTS not answered, are requested to look to the Notices to Correspondents of the following week.

THE PURCHASERS.—To insure attention, it is requested that all orders sent to the Office for extra copies of the JOURNAL, be accompanied with stamps for the amount. WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

INTERMARRIAGE OF COUSINS. The legal issue of New Hampshire U.S. have passed an Act which renders illegal the intermarriage of first cousins. It is to take effect in six months after its passage.

## RETURNS OF SICKNESS.

SIR,—In the article on Returns of Sickness, which appeared in the number of the BRITISH MEDICAL JOURNAL for February 12th, 1870, there is no reference made to the weekly returns of disease published by the Manchester and Salford Sanitary Association, which, with the exception of one Children's Hospital and two Dispensaries, include the whole public practice of the two towns, and extend over a period of ten years. The same sources of information have been made use of during the whole of that period, no new institution or disease returning did not appear in the earlier numbers, having been added to the list only when the greatest care has been taken to enable a fair comparison to be drawn between the returns of any two or more periods.

The returns, as they stand, are most valuable—one decennial period affording data for many inferences on the course and causes of disease, more especially of epidemics. I can safely assert that the inaccuracy inseparable from statistics of any magnitude has, under the management of the Association, been reduced to a minimum; a paid secretary having been employed during the whole period over which the statistics extend, and the returns from the various hospitals and poor-law institutions the disease-returns for each succeeding week; and the completeness of the returns made, and the readiness with which they have been supplied, rendered the results of the medical profession.

The disease-returns from eleven charitable institutions in St. Marylebone, London, commenced by Dr. Dundas Thomson more than ten years ago, and carried on after his death by Dr. Whitmore, and those from the like institutions in Birmingham and Preston, have also been overlooked in the above-mentioned article; the only instance quoted being that of the more recent returns of Newcastle.

As the omissions must have been unintentional, I am sure you will have no objection to insert this letter. I am, etc., JOHN ROBERTS, M.D.,

Honorary Secretary to the Manchester and Salford Sanitary Association.

NOTICE TO ADVERTISERS.—Advertisements should be forwarded direct to the Printing-Office, 37, Great Queen Street, W.C., addressed to Mr. RICHARDS, not later than *Thursday*, twelve o'clock.

W. B. S. S. S. I. We fear that you have been legal timely. Your competitor, who resorts to the disgraceful practices you mention, is justified by his diplomas in assuming the titles which he does, and also in selling drugs. Such practices rarely succeed in the end; rogueship is, after all, only circuitous folly.

SINGLE B. (York).—We shall be happy to receive the communication.

## VENTILATION AND COMFORT OF THE SICK-ROOM.

SIR,—Both these objects may be materially promoted by the simple expedient of hanging a curtain over the doorway, and keeping the door more or less open. In very severe weather, a second curtain, hung inside from the top of the open door to the door-post, will make the arrangement complete. The temperature of the room is then not so much preserved, but rendered more uniform; it does not become too hot, and it is prevented from becoming cold. In pulmonary and bronchial cases it is almost indispensable; it is also highly useful in scarlatina, and, indeed, almost every case that confines to the room. I am, etc.,

Five Hours, Clapton, 16th February, 1870.

D. DE BERDT HOVELL.

DR. M. J. O'CONNOR.—We are always ready to correct errors into which we may have inadvertently fallen, and to make the *amende honorable* to those whose statements or opinions we can be shown to have misinterpreted. But your letter, as it stands, is not suited for the JOURNAL; first, because it is too long; secondly, because, in its language, it goes too far beyond what is necessary for the refutation of a supposed error; and, thirdly, your letter will write more briefly, and the correction of any mistakes which you believe to have been made in our notice of the case, your letter shall be inserted.

MORTALITY FROM ZYMOTIC DISEASES IN ENGLAND AND IRELAND.—The President of the Poor-Law Medical Officers' Association, in his late address, made some startling statements with reference to the mortality from zymotic diseases in England and Wales as compared with Ireland. The population of Ireland is to that of England about as 1 to 4. In 1864, the deaths from small-pox in the same countries were as 1 to 1.5; in 1865, as 1 to 1.1; in 1866, as 1 to 1.0; in 1867, as 1 to 1.0; in 1868, as 1 to 1.0; in 1869, as 1 to 1.0; in 1870, as 1 to 1.0. In the last six months, only one death from small-pox has occurred in Ireland, and that was an imported case. From *Lancet*, 1870.

M.D. (Calcutta).—The notorious La'Mert was struck off the list of members of the College of Surgeons, and also from the *Register*. The Council of the College, at its last meeting, had intended drawn to the assumption of the titles. There will be no difficulty in proving him by your local ethical association. Jordan was convicted, and fined £20.

## PHYSICAL DIAGNOSIS OF PNEUMONY.

SIR,—Through your columns, I would respectfully desire to call the attention of my brethren to a diagnostic point which, as far as I know, has hitherto escaped record. A crepitus is heard frequently in pneumonia at the beginning and often for long after acute action has passed, which, apart from the diagnostic feature now described, is, I believe, for the time being, indistinguishable from that pertaining to the early stages of pneumonia. Suppose such a case. Examine him sitting or standing, and with the hands on the chest, and the arms extended. In the former position, you will hear the crepitation, in the latter you will not; whereas, in pneumonic crepitus, position will make no difference. I am, etc.,

Belfast, Feb. 17th, 1870.

GEORGE FREDERICK WALES, M.D.

R. L. E. (Harewood).—We think that the authorities of the school have no jurisdiction in the matter, and can only take cognizance of the schoolmaster, so far as it concerns themselves. They have no power to investigate such a charge as that you bring, and no right to attempt to do so. If school authorities were accustomed to meddle in such affairs, they would get into endless difficulties.

We are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest.—The Indian Medical Gazette, Feb. 23rd; The New York Medical Gazette, Feb. 21st; The Parochial Critic, Feb. 23rd; The New York Medical Record, Feb. 21st; The Boston Medical and Surgical Journal, Feb. 23rd; The Madras Mail, Dec. 14th; The Gardener's Chronicle, Feb. 21st; The Glasgow Daily Herald, Feb. 18th; The Brighton Observer, Feb. 18th; The Lincoln Journal, Feb. 15th; The Wellington Journal and Shrewsbury News, Feb. 14th; The Brighton Daily News, Feb. 14th; The Brighton Times, Feb. 14th; etc.

## COMMUNICATIONS, LETTERS, ETC., have been received from:—

Dr. Murchison, London; Dr. Gull, London; Dr. Fenton, Bakersfield; Mr. Stoward Edge, Exeter; Mr. H. Morris, Redditch; Dr. F. M. Pierce, London; Mr. J. H. Southey, Ripley; Mr. J. Cartwright, Leintwardine; Dr. G. F. Wales, Belfast; An Old Subscriber; J. S., Brighton; A Country Doctor as well as a Surgeon; Dr. T. Prigden Teale, Leeds; Mr. Draper, Dublin; Dr. H. Maudsley, London; Mr. S. B. Farr, Andover; Mr. J. B. Barnes, London; Mr. Evan Evans, Bridgewater; Mr. E. G. Gilbert, London; Mr. R. K. Prichard, Taibach; Dr. W. Colles, Dublin; Mr. Nunn, London; Dr. 1 amilton; Dr. Hadden; etc.

## LETTERS, ETC. (with enclosures from:—

Sir James V. Simpson, Bart., Edinburgh; Dr. A. Wynn Williams, London; Dr. T. Laycock, Edinburgh; Mr. T. Bryant, London; Dr. T. J. Walker, Peterborough; Mr. Savory, London; Dr. A. M. Inglis, Worcester; Dr. J. Roberts, Manchester; Dr. B. W. Foster, Birmingham; Dr. Paul, London; Dr. Bäumler, London; Dr. Routh, London; Dr. Althaus, London; Dr. J. W. Moore, Belfast; The Registrar-General of England; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; Mr. J. H. Storer, London; The Registrar of the Medical Society of London; Dr. W. H. Day, Andover; Mr. E. A. Browne, Liverpool; Dr. J. Hardie, Harpurhey; The Secretary of the Pathological Society; Dr. Gervin, London; Messrs. Maw, Son, and Thompson, London; The Secretary of the Western Medical and Surgical Society of London; Dr. W. M. Kelly, Taunton; The Secretary of the Harveian Society; Dr. Maphor, Dublin; Mr. Thomas Flower, Guildford; Mr. W. M. Renton, Shadley Bagges; etc.

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# EXTRACT FROM A LECTURE ON THE MORBID ANATOMY OF ACUTE ENDOCARDITIS.

By GEORGE JOHNSON, M.D., F.R.C.P.,

Physician to King's College Hospital; Professor of Medicine in King's College,  
London; &c.

I WILL now describe and explain to you the anatomical characters of acute endocarditis.

The lining membrane of the heart, when inflamed, becomes red, either uniformly or in patches. The surface, deprived of its natural polish, feels more or less rough. The membrane becomes opaque, thick, and soft, and can be stripped or scraped off in patches; its tissue sometimes cracks, and then fibrous coagula form on the margins of the resulting fissures.

Fibrous concretions or wart-like vegetations form on the free surface of the membrane, sometimes in patches, here and there, in the interior of the auricle or ventricle; more commonly on the mitral or aortic valves; much less frequently on the tricuspid valves; with extreme rarity, if ever, on the pulmonary valves. These fibrous vegetations are often scattered over the surface of the valves, both mitral and aortic; but they are commonly most abundant near the margins of the valves, forming bead-like fringes on the margins of the mitral valve, and often, as Sir Thomas Watson particularly points out, a double festoon on each semilunar valve, the fibrine being collected most abundantly at the line of junction between the thinner and thicker portions of the valve.

It should be observed that the vegetations are usually confined to the under or cardiac aspect of the aortic valves, and that they rarely occur on the upper or arterial surface. I will presently give you what seems to be the explanation of this fact.

Sometimes, though rarely, rheumatic inflammation leads to ulceration and destruction of one or more of the semilunar valves. The ulcerative process may extend into the contiguous muscular tissue, and it may even go so far as to perforate the septum of the heart. Sir Thomas Watson relates one case in which this occurred, and another in which an abscess as large as a hazel-nut had formed in the septum immediately opposite the disorganised valve. The hearts of these two patients are on the table. Both patients were young women—one aged 21, the other 22. Both were admitted for a first attack of rheumatic fever. Both had acute pleurisy, and endocarditis, without pericarditis. One died in three weeks; the other, a month after admission.

Sometimes large and firm coagula are found in the cavity of the auricle or ventricle.

One of the accidents of endocarditis is the rupture of one or more tendinous cords of the mitral valve, rendered brittle by the inflammatory process. The broken ends of the cords then become covered by warty vegetations.

Some interesting questions relating to the morbid anatomy of endocarditis we will consider now, before passing on to the symptoms.

1. Why are the morbid changes so often limited to the left side of the heart? To this question the reply is, that arterial blood probably contains the morbid element of acute rheumatism, which is the most frequent cause of endocarditis, more abundantly than does the venous blood; and the morbid arterial blood, by its contact with the endocardium of the left cavities, acts as an irritant, and thus excites inflammation. An experiment of Dr. Richardson's affords support to this explanation. He injects a solution of lactic acid into the peritoneum of a dog. The result is endocarditis, with fibrous deposit on the tricuspid valve. The acid absorbed by the veins first comes into contact with the right side of the heart, and there excites disease; and a bellows-sound is heard on auscultation over the heart.

2. What is the origin of the fibrous vegetations? Why are they so often found on the valves alone? and why especially on the margins of the valves? Some pathologists, and amongst others Mr. Simon (*Lectures on Pathology*, p. 55), deny that these vegetations are of inflammatory origin. Mr. Simon's theory is, that they are fibrous precipitations from an overcharged solution of fibrine; the valves encrusting themselves with fibrine, just as a stick in certain streams coats itself with a calcareous envelope. And he explains the preference of these vegetations for the left side of the heart by the fact that arterial blood is more prone than venous blood to precipitate its fibrine, either from containing more of it, or from containing it in some more separable form. Mr.

Simon supports his theory by the results of experiment. By means of a very fine needle, he passed a thread transversely through the artery and vein of a living dog, leaving it there, so that it might cut the stream. The thread was allowed to remain during a period of from twelve to twenty-four hours. The vessels experimented on were the femorals, the carotids and jugulars, the aorta and cava, in different animals. The result was, that the thread, where it traversed the artery, presented a considerable vegetation on its surface, sometimes as large as a grain of wheat, always of pyramidal shape—its base attached to the string; its apex in the direction of the blood-current. Mr. Simon remarks upon this: "In the artery, one might say that the thread whipped the blood, just as one whips blood in a basin to get the fibrine out of it; but with this trifling difference, that, instead of the rod beating the fluid, the fluid ran over the rod, and precipitated its fibrine there." In the vein, the thread seemed to operate only obstructively, never coating itself with fibrine, but sometimes delaying or stopping the circulation with a voluminous black clot, chiefly collected on that side of the thread most remote from the heart.

Mr. Simon's theory, supported as it is by his ingenious experiments, contains a very important element of truth; but it is not the whole truth with regard to the pathology of endocarditis. I feel sure that he is right in his opinion that the fibrinous vegetations are chiefly, if not entirely, a deposit from the blood, and not solely or chiefly an exudation from the inflamed lining membrane of the heart. Admitting with Mr. Simon that acute rheumatism is a disease in which there is an excess of fibrine in the blood; in which, too, "almost certainly there are other conditions besides quantity, making the fibrine easy of precipitation" (p. 57)—I maintain that the immediate cause of the fibrinous deposit, which constitutes the vegetations of endocarditis, is the altered physical condition of the lining membrane, which results from its being inflamed.

There are facts and experiments which afford much support to this proposition. The fibrine of the blood has a tendency to coagulate on any parts of the interior of the vascular system which have become roughened or otherwise structurally changed. Thus, in the interior of an aneurism, the fine laminated coagula form layer after layer. In one series of experiments, designed by the late Dr. F. W. Mackenzie to illustrate the pathology of phlegmasia dolens, he first excluded the blood from the jugular vein of a living dog; then he irritated the lining membrane by the application of a solution of nitrate of silver. When the blood was readmitted, it speedily coagulated throughout the entire tract of the vein so treated." (*Medico-Chir. Trans.*, vol. xxvii, p. 201.) This affords a striking illustration of the influence exerted by inflammation of the lining membrane of the vascular system in causing coagulation of the blood.

In Mr. Lister's Croonian Lecture on the Coagulation of the Blood, he adduces facts and arguments in opposition to the theory that ammonia is the essential cause of the blood's fluidity, and shows that the contact of a foreign body will determine the coagulation of the blood when the escape of ammonia would have been impossible. Thus blood coagulates on a coil of wire in the carotid of a horse. It coagulates in capillary tubes immersed in ammonia. He also found that blood coagulated on parts of vessels which had been inflamed by contact with ammonia.

The explanation of the fibrinous vegetations, therefore, appears to be this. The endocardium is inflamed and thickened, and its surface consequently roughened by exudation. Upon the surface so roughened, the fibrine becomes deposited, and agglutinates in wart-like masses. The valves are a favourite seat of these fibrinous deposits from the blood, because their streamward surfaces and their margins are continually exposed to the friction of the blood-current; so that, if the whole interior of the ventricle and the surfaces of the valves were uniformly inflamed and roughened by exudation, the vegetations would be more abundant over the valves, on account of the mechanical facilities which there exist for the coagulation and deposit of the fibrine.

If, as I have before suggested, the contact of the morbid blood with the endocardium is the exciting cause of the inflammation, it is obvious that the orifices of the heart and the valves, in proportion as they are more exposed to this morbid influence than the general surface of the cavities of the heart, are in the same degree more liable to be the seats of inflammation.

Sir Thomas Watson explains the double festoon of fibrine on each semilunar valve by supposing that the exuded lymph is mechanically pressed away from the thinner portions of each valve, where the two surfaces come into contact when the valves are closed; and consequently the lymph is "heaped up in a ridge along the boundary lines of contact, just as a thin layer of butter on a board would be displaced and heaped up in a little curvilinear ridge by the pressure of one's thumb." It is probable that a deposit on the under or cardiac aspect of the thinner margins of the valves might be displaced by the pressure of

the opposed surfaces; but this theory does not explain the absence of fibrinous deposits on the upper or arterial aspect of the valves. I believe that the distribution of the fibrinous vegetations on the semilunar valves is explained by the fact that the thicker, fibrous, and more rigid portion of each valve has its margin and its cardiac surface projected against the onward current of blood, and thus receives a more abundant deposit of fibrine.

My explanation of the fibrinous vegetations is essentially the same as that given by Rokitsansky (*Pathological Anatomy*, vol. iv, p. 222), who says that, in the great majority of cases, the vegetations are only in part to be regarded as inflammatory products. The lower layer alone can be considered as an exudation; whilst the greater number have been formed in a secondary manner by a deposit of fibrine from the blood.

As fibrine is thus deposited upon surfaces roughened and structurally changed by inflammation, so in like manner fibrinous vegetations are apt to occur on the margins of any fissure of the endocardium, on the torn extremities of a papillary tendon, on the margin of an acute aneurism of the heart, on the inner wall of a chronic aneurism of the heart, and, beyond the heart, on rough and uneven spots on the inner surface of the vessels. In each of these cases, the deposit of fibrine is determined by the blood coming into contact with an abnormal surface.

Sir Thomas Watson mentions a curious fact which bears upon this subject. In one of Dr. Hope's experiments, performed with the view of ascertaining the cause of the second sound of the heart, the aortic valves of an ass were held back by a wire passed into the vessel. The animal had previously been rendered insensible by a narcotic, and the circulation was kept up by artificial respiration. Upon the final cessation of the heart's motions, the organ was removed from the body, and examined; when the valve that had been mechanically injured was found studded with wart-like masses of fibrine. The brief duration of this experiment precludes the possibility of an inflammatory exudation. It is manifest that the mechanical injury of the surface of the valve had the same influence in causing a deposit of fibrine, as the inflamed membrane has in the case of endocarditis.

The facts to which I have referred indicate with sufficient clearness the manner in which warty vegetations are formed during the progress of acute endocarditis. The lining membrane of the heart is physically changed by the inflammatory process; and, as a result of this, fibrine is deposited upon the altered surface, as it is deposited upon a foreign body, such as a thread or a wire, introduced within the vessels; and the fibrine is deposited most abundantly on those parts of the anterior of the heart which, being inflamed, are also most exposed to the friction of the stream of blood, especially the margins of the valves and their streamward surfaces.

A knowledge of the fact that these wart-like masses of fibrine are mechanical deposits from the blood, having no organic union with each other or with the tissues beneath, renders intelligible the readiness with which the fibrinous concretions become detached from the valves, and carried away by the stream of blood, thus giving rise to the various phenomena of embolism.

## ON THE TREATMENT OF CERTAIN FORMS OF UTERINE CANCER.\*

By C. H. F. ROUTH, M.D.,

Senior Physician to the Samaritan Free Hospital for Diseases of Women and Children; Consulting Physician for Diseases of Women to the West London Hospital for Diseases of the Chest; etc.

**CASE IV.** *Fibro-carcinoma of Anterior Os; Removal by Ecraseur; Subsequent Destruction by Bromine; Apparent Recovery.*—E. E., aged 43, married, was admitted under my care on July 29th, 1868. She had had two children, the oldest sixteen years old. She had been ill twelve months, and had been subject to bleeding for several years; but last year had a flooding every three months, lasting a week. The clots were sometimes very red, and at other times quite black. She looked very anæmic. She was not aware that any of her relatives suffered from similar womb-disease or breast-complaints. The catamenia began at 12, and had been regular from that period, and always painless. It was the loss of blood which made her apply for medical attendance.

**Examination.**—The uterus was freely moveable. The sound penetrated to the normal distance, but was followed by blood. The anterior os was prolonged to the size of a fig. **Felt** inferiorly, it appeared as if it were a polypus projecting from the os; but superiorly it was continuous with the uterine substance. The inferior os was rough and irregular. Examined by the speculum, it was found very vascular, of a

bluish colour, and covered with vessels. It had very much the appearance of fungus hematomas.

On consultation with Drs. Savage and Rogers, it was decided to use first the *écraseur*, and then bromine. Brandy and an acid mixture were freely given. The hæmorrhage after the use of the *écraseur* was very great; and solution of persulphate of iron had to be freely used, which led at first to considerable contraction of the canal. When the bromine was about to be applied, the catamenia came on. It was subsequently used, however, when this ceased. The pain produced by it for several hours was so intense, that it had to be removed. It was applied twice, and the parts assumed a healthy state when the sloughs came away. The mucous membrane healed over, and she left the hospital apparently cured.

**CASE V.** *Fibro-carcinoma of Inferior Os, with probable Syphilitic Taint, of several Years' Duration; Removal by Ecraseur; Subsequent Destruction by Bromine; Cure.*—Mrs. P., aged 42, consulted me on July 9th, 1868. She had been married thirteen years. She had a miscarriage at first, then three healthy children, in 1857, '58, and '60. During the pregnancy of 1860, she had some external sores, which prevented her from sitting down comfortably. Couleuvres only were applied. The child was born healthy, but had an eruption on the pudenda three weeks after birth, and died in a month. She herself was afterwards attended for sores internally, said to be ulcers of the womb, for which caustic was applied. In about eight months afterwards, a baby was born at seven months; and she had three following successively "as quick as she could," at seven months. Two of these were born alive, but died almost directly. One was still-born, and was said to have been dead a fortnight; but she did not see it. She had a miscarriage three years ago, and again a few weeks since. In November 1867, she had a sore throat and several holes in the palate, so that she could scarcely speak; these lasted till May. She got better. She never knew that her husband had ever had any specific disease, or that she had caught anything in a dirty water-closet. Her husband, questioned privately and closely, admitted having had syphilis twenty years ago, but never since; and there seemed no room to doubt his story.

This lady was suffering with the usual uncomfortable sensations of womb-disease—backache; bearing-down pains; copious leucorrhœa, sometimes very offensive. On examination, the uterus was found large, hard, moveable, and firm; and from the lower lip projected a growth very suspicious in appearance, and very hard, continuous with the lower lip, and apparently extending into the uterine substance. After some days, I removed this growth with the *écraseur*; and applied, as soon as I could, the bromine several times. The ulcer produced would not heal, and occasionally exuded offensive discharges, bleeding freely on touch, but having a hard base. After about six applications of the bromine in the course of two months, all followed by deep sloughs, I injected into the hardened base a solution of bromine. It gave intense pain; but, when the slough came away, the excavated ulcer healed readily, and she made a perfect recovery. I have since learnt that she has had a healthy child.

The remedies used in this case were, first arsenic, then iron, and occasionally small doses of mercury. The latter was used to correct any remaining taint of syphilis, if present.

**CASE VI.** *Cancer of Womb; Destruction by Bromine and Hydro-fluoric Acid; Temporary Recovery.*—F. E., aged 38, was admitted under my care on December 11th, 1867. She had been married nine years to her present husband; two years before, to another husband. She never was a very healthy person; never had any children. She had had hæmoptysis. She was now very weak and nervous; could not eat, but could drink port wine, which she thought had strengthened her. Menstruation had been regular up to the last three months; but it had since occurred on only one day at the utmost. On the 9th, she had great pains over the uterus and chest, and vomited a great deal of blood, which relieved her. Vomiting was not uncommon with her, but was not usually blood. For three months she had had a discharge, not at first offensive, but so now; it was sometimes bloody, and sometimes green. Dr. Wynn Williams, a week before her admission, diagnosed cancer. She had a sensation of quivering in the womb, and felt very weak. The catamenia were present. She was ordered quinine and perchloride of iron. On December 23rd, the catamenia having ceased, she was examined. The uterus was not fixed. The cervix was irregular, ulcerated, and jagged; it was hard, bleeding on touch. The odour was cancerous. Bromine was applied. On January 1st, 1868, the slough had not yet come away. She had very little pain. There was some discharge of sanious bloody pus. The odour was offensive. A weak bromine injection was used. On January 5th, there was improvement, and the bromine was again applied. On the 8th, the sloughs had all come away. The parts looked healthy. Patches of mucous

\* Continued from page 204 of last number.

membrane, quite healthy, were beginning to appear. The bromine injection was repeated. On the 10th, the parts were ordered to be dressed twice a day with a piece of cotton dipped in weak bromine solution. On the 16th, the mucous membrane was extending. Strong hydrofluoric acid was applied, precisely as the bromine; it gave great pain, which persisted for hours. It was kept in twenty-four hours. On removal, the whole ulcerated surface and adjoining mucous membrane were found quite white. Weak bromine solution was applied as an injection. Hot fomentations internally, with pieces of cotton dipped in water as hot as could be borne, were applied, to hasten the separation of the slough. This did not come away for a week; and the wound then did not appear so deeply excavated as by the bromine, but the separation was accompanied with great fetor. Bromine was then again applied. The healing process resumed; and she left the hospital greatly better, but with the wound not completely cicatrised.

[To be continued.]

## CLINICAL MEMORANDA.

### CASE OF GANGRENE.

By HENRY DODD, M.R.C.S.L., Rillington.

THE following case presents several points of interest; and is, I think, worthy of record, and proves the wonderful effect of carbolic acid in checking disease and relieving pain. It is noteworthy, too, in this case, that there was no detectable disease of the heart; the disease, I consider, being due to the degeneration of the tibial and plantar arteries.

H. L., aged 61, stout and robust, had been very healthy with the exception of a tingling sensation in the feet, more particularly when ascending a hill; this he had suffered from for two years. The present attack began about the first week in December 1866, two months before I was called in. Previously to my attendance, and up to the very day, he had been treated by medical men as suffering from gout. I found him exceedingly weak; he had received no relief, and his sufferings were great. At the time of my first visit (January 20th, 1867), I found the great toe of the right foot gangrenous up to the metatarsophalangeal joint. I at once ordered him to be kept in a recumbent position, so as to equalise the circulation, and used strong stimulating applications, such as creosote, turpentine, and over these charcoal-poultices locally, and gave him internally a pill composed of quinine, camphor, and opium; and wine, brandy, and as good food as he could possibly take, were ordered. The gangrene continued extending up the foot, with considerable pain. I then tried cotton wool and oiled silk; but all the remedies applied did not mitigate the pain nor seem to check the disease, until May of the same year, when a line of demarcation formed at the ankle-joint, and the diseased portion separated on the 4th of June, and left the lower end of the tibia and fibula exposed, but healthy. I at once removed the ends of the bones by forceps, so as to allow the soft parts to cover them. The patient, who at this time was fearfully reduced, gradually recovered his strength, and was able to take drives occasionally and attend to his business—in fact, he became very stout, the stump healed, and presented quite the appearance of a neat amputation after healing. In August of the same year, the great toe of the left foot also showed symptoms of mortification, which gradually proceeded upwards, until January of the year following. I considered it a good case for the trial of carbolic acid, and applied it with glycerine (one part of acid to three of glycerine). The effect was very satisfactory; the pain was at once mitigated; and, I believe, the disease was forthwith checked, for a line of demarcation was formed (one month after the application of the acid) at the junction of the metatarsophalangeal bones. This occurred three months after the commencement of the attack in the foot. The patient, during the attack, was not much reduced, I believe owing, in great measure, to the relief from pain caused by the application of the carbolic acid. The surface left still remains unhealed, notwithstanding the usual remedies have been tried—the various metallic salts, ointments of various kinds—but all without the least beneficial effect. The peculiar feature in this case is, that the patient has always been a most abstemious man, careful in his eating and drinking; he had none of the affections which generally occur in gangrenous people; no falling off of the hair, or decay of teeth; in fact, he was a man who had always enjoyed remarkably good health; and I firmly believe that, had carbolic acid been applied in the first attack, the immense amount of horrible pain would have been mitigated, and the disease checked earlier in its course.

## REVIEWS AND NOTICES.

GUY'S HOSPITAL REPORTS. Vol. XV. Edited by C. HILTON FAGGE, M.D., and ARTHUR E. DURHAM. Churchill: 1870.

THIS is a goodly volume of 640 pages, well illustrated, and full of original matter of the best kind. We wish that our space would allow a full discussion of each paper. We must, however, chiefly confine ourselves to a brief summary of a few points.

The absence of annual statistics of cases treated in the hospital, such as are found in the *St. Bartholomew's* and in the *St. George's Hospital Reports*, is to be regretted. Their place is supplied to some extent by the papers of Mr. Birkett and Dr. Steele. It would be well if information as to the causes of all the deaths, in the form of a list or a tabular statement, were always given.

*Statistics of Subclavian Aneurism.* By ALFRED POLAND.—It is impossible for us to do justice to the very valuable collection of cases which Mr. Poland has furnished. We note, however, the following points. The paper consists chiefly of tables in which are collected the principal facts recorded of 119 cases of subclavian aneurism, collected from all available sources. In the first series, they are arranged according to the mode of treatment adopted. In thirty-six cases, no treatment has been put on record; and in three of them a spontaneous cure resulted. In twelve cases, the patient was either bled or some internal remedy was given; seven of these were cured. In four cases in which compression of the sac was used, recovery followed. In two cases in which the sac was injected, death resulted. Manipulation in four cases was followed by recovery in two of them. In eight cases an operation was attempted and not completed, and in one of these a cure (possibly from manipulation) followed. In fifty-one cases, the ligature was resorted to. The third part of the subclavian was ligatured in twenty-one instances, and there were nine recoveries; the first part in ten, and all the patients died. The innominate was tied twelve times without success. In four cases, various arteries were tied; only one recovered. In another four cases, Brasdorf's operation was adopted, and death followed in all. Recovery followed in two cases in which amputation at the shoulder-joint was resorted to. The consideration of the bearing these statistics have on the question of treatment is reserved for a future contribution, which Mr. Poland has in preparation.

*Remarks on Syphilis and Chancre.* By J. COOPER FORSTER.—These remarks embrace the results of Mr. Forster's experience for the most part in the ward devoted to venereal cases in Guy's Hospital. He thinks there is but one poison. He believes it possible to have syphilis absorbed by a mucous membrane, if there be the slightest abrasion, without a well marked hardening necessarily following the wound. All cases of soft chancre are treated by the local application of caustic (nitric acid); hard chancres, generally with mercury. In phagedæna, treatment by opium is spoken of highly.

*The Physiology of Binocular Vision.* By JOSEPH TOWNE.—This is a continuation of a most important series of papers furnished to former volumes.

*Cataract of the Tympanum.*—By JAMES HINTON.—Mr. Hinton continues his series of cases in which he has adopted the practice of perforating the membrana tympani. The present paper deals with five cases. In all of them, the result was favourable.

*Diseases of the Upper and Lower Jaws.* By THOMAS BRYANT.—Forty-six cases are detailed; and four plates of illustrations, in addition to wood cuts, are given. One plate represents a nevus of the upper lip in a young woman, before and after operation; another shows the result of a plastic operation for scar of the cheek, etc.; the third plate illustrates a case of osteochondroma of the upper jaw in a man; and the fourth, the naked-eye and microscopic appearances of the tumour.

*The Torsion of Arteries.* By THOMAS BRYANT.—Coloured illustrations of the condition of arteries after the use of torsion, and copied from models, are given. Each model represents a different mode of closure of the artery. Mr. Bryant thinks that the artery should not be twisted so many times as is very generally done. The internal coat becomes too much split up, and not valvular, as it should be. This is especially the case with diseased vessels, which should only be twisted twice, as a rule. Small vessels may be twisted till the end comes off, without bad results; but it is dangerous to do this with the larger ones.

*Some interesting cases of scleriosis (Addison's Keloid).* are first narrated, and then Dr. Fagge passes on to the subject of ichthyosis. Doubts are expressed as to whether there are any forms of ichthyosis to which the epithet sebaceous ought to be applied. In all the cases in



which the author has made a microscopic examination of the crust, he has found it to be composed of epidermic scales, arranged in conical masses, chiefly on the surface of the papillæ. Writers have generally assumed that the epidermic cells were actually increased in number. The author inclines to the opinion that they are abnormally adhesive and tenacious, and resist the influences which ordinarily remove the superficial layers of the cuticle. Attention is particularly directed to the association of imperfect development of the body generally with the occurrence of ichthyosis. This association has not hitherto received much notice on the part of dermatologists. Some very interesting cases bearing on the diagnosis of pemphigus are related. One is a case of scabies resembling pemphigus. One case of pemphigus showed marked results from the treatment by arsenic. Dr. Fagge proposes the name "rhinoderma" for a rasp-like condition of the skin which is not unfrequently met with, and which depends on the presence of horny accumulations in the mouths of the hair-follicles. The disease is not confined to the hair-follicles, but exhibits itself as a scaly eruption in other parts. Dr. Fagge agrees with Mr. Wilson as to the advisability of making use of the name "lichen planus" to indicate an eruption of flat-topped papules, which many dermatologists would call guttate psoriasis. It is, in fact, often associated with psoriasis. Three cases of molluscum contagiosum are given, with sketches of the microscopic structure of one of the tumours. Cases of favus are related, showing the value of the treatment by epilation. In some remarks on this disease, Dr. Fagge points out the presence of a number of tubes of fungus in the substance of the hairs. This has not hitherto been noticed by writers on favus. The importance of removing hairs thus filled with fungus is sufficiently evident. Figures of hairs containing tubes are given.

*A New Method of Treating Gonorrhœa by Injections.* By ARTHUR E. DURHAM.—This consists in the use of a bottle-syringe with a nozzle so constructed that the injection, instead of going out through an aperture at the extremity straight on, is made to come out in a direction from behind forwards.

Mr. BAILEY gives a concise account of the *Changes in the Fundus of the Eye in Cases of Glaucoma*, and plates of coloured illustrations are added to the paper.

*On some Affections of the Nails.* By C. HILTON FAGGE, M.D.—In cases in which the nails have been attacked with favus, the author has found the mycelium in the substance of the nail, not on its under-surface. A case of parasitic disease of the nails only is related—one of the first cases on record discovered during life. Some remarks are made on cases of psoriasis of the nails, and on syphilitic affections.

*The Results of Amputations of Portions of the Limbs.* By JOHN BIRKETT.—The cases extend over a period of seventeen years, and the total number of operations was 175. Of four cases of double amputation, one only survived. Deducting these double ones, we have 167 operations on the same number of patients.

#### Amputations of the Thigh (73).

	Recoveries.	Deaths.	Total.
Injury—Primary.....	4	5	9
" Secondary.....	2	8	10
Total for injury.....	6	13	19
Disease.....	44	10	54

Of the five deaths (primary), two resulted very quickly "from the injury". Three of the eight (secondary) deaths resulted from the injury. Deducting these five deaths due directly to the accidents, we have fourteen amputations—seven primary, and seven secondary. Of the primary, four were cured; of the secondary, only two. No case of injury to the femur recovered. The recoveries from secondary amputation were in young people.

The amputations for disease of the knee were thirty-two in number. Three of these died, and twenty-six recovered. Of the latter, twelve were above twenty years of age; of the former, all six were in adults.

#### Amputations of the Leg (43).

	Recoveries.	Deaths.	Total.
Injury—Primary.....	12	6	18
" Secondary.....	4	6	10
Total for injury.....	16	12	28
Disease.....	11	4	15

#### Amputations of the Arm (26).

	Recoveries.	Deaths.	Total.
Injury—Primary.....	7	6	13
" Secondary.....	5	5	10
Total for injury.....	12	11	23
Disease.....	3	3	6

Two of the deaths after secondary amputation through the humerus were due to tetanus.

After twenty-five operations through the ulna and radius, there were only two deaths. Fourteen of the operations were for injury; thirteen were primary; and of the patients, one died. Eleven were for disease, and one died.

Of the 167 single operations, a cure followed in 114 cases; in fifty-three, death followed—a mortality of 31.73 per cent. Of these fifty-three, ten were considered to have died directly from the injuries received. In twenty-two, it was proved that visceral disease existed at the time of the operation. In fifteen, there was probably disease. Two patients died from tetanus; one from the shock of the operation. In three, the tissues were healthy.

The author sums up by endorsing a remark of Dr. Chevers, that "the chances of death after operations appear to depend almost entirely upon the previous state of each patient's constitution."

*Analysis of Patients in Hospital, 1861-1868.* By J. C. STEELE, M.D.—Twenty-two per cent. of all the deaths from accidents followed burns or scalds. Out of a total of 408 cases of burn, 58 per cent. died.

Thirty-seven per cent. of the deaths were due to railway accidents, and the proportion is on the increase.

The total number of amputations was 305, with a mortality of 119 (39 per cent.) We have selected the following to compare with Mr. Birkett's statistics.

(We must call Dr. Steele's attention to an evident mistake (page 631), which caused us some astonishment at first. The number of deaths in females is given as seventy-one, instead of seventeen.)

#### Amputations of the Thigh (1861-1868).

	Recoveries.	Deaths.	Total.
Injury—Primary.....	12	12	24
" Secondary.....	5	12	17
Total for injury.....	17	24	41
Disease.....	45	24	69

#### Amputations of the Leg.

	Recoveries.	Deaths.	Total.
Injury—Primary.....	18	20	38
" Secondary.....	8	7	15
Total for injury.....	26	27	53
Disease.....	38	9	47

Of the primary amputations of the thigh (in the two series), about one-half have recovered. There were sixteen recoveries, and seventeen deaths. Of the secondary cases, there were seven recoveries, and twenty deaths. Of the amputations for disease, eighty-nine recovered, and thirty-four died (rather more than one-fourth).

Two cases of primary amputation through the knee-joint recovered; one case of secondary amputation died; one case for disease recovered.

Of four cases of excision of the hip, three recovered. Of eight cases of excision of the elbow, seven recovered. There was only one case of excision of the knee (in a male), and the patient died.

Of fourteen cases in which the femoral artery was ligatured for aneurism, death resulted only once (pyæmia).

#### Herniotomy.

	Recoveries.	Deaths.
Inguinal—Sac opened.....	18	2
" Not opened.....	6	1
Femoral—Sac opened.....	3	28
" Not opened.....	0	12

Of the inguinal (sac opened), the mortality was rather less than half in the males. Curiously, two females recovered. When the sac was not opened, the mortality was less than one-fourth in the males; one female recovered.

Of the femoral (sac opened), the mortality was 59.7 per cent.; four out of seven males died. When the sac was not opened, the mortality was 42.8; there was no male patient.

Four out of five operations for umbilical hernia terminated fatally. The single recovery was in a male.

[To be continued.]

## NOTES ON BOOKS.

*The Body and its Health* is the title of a little book published by Dr. MAPOTHER of Dublin, for the use of primary schools. It is well adapted for its purpose, and contains much important information. It contains numerous graphic illustrations, and the author has clearly done his best to divest his language of technicalities and learned words. It is well adapted for the instruction of children and others, and might with advantage be put into the hands of nurses and of any who have to do with the care either of the sick or of infants.

# THE GENERAL MEDICAL COUNCIL ON EDUCATION AND REGISTRATION.

SPECIAL SESSION, 1870.

Thursday, February 24th.

Dr. PAGET, the President, took the Chair at 2 P.M. All the members were present, with the exception of Dr. Christison.

The President made some introductory remarks, of which we gave an outline in last week's JOURNAL.

Committees on Business, Finance, and the Registration of Medical Students and the Returns from the Bodies in Schedule A of the Medical Act, were appointed.

## COMMUNICATION FROM THE LORD-PRESIDENT OF THE PRIVY COUNCIL.

Medical Department of the Privy Council Office, Feb. 2, 1870.

Sir,—I am directed by the Lord-President of Her Majesty's Council to state to you that, since his recent interview with the Executive Committee of the General Medical Council, and with the assistance of such information as you were then good enough to lay before him, he has given further and most careful consideration to the question of an amendment of the laws relating to the medical profession.

The Lord-President, as you are aware from the letter which, by his Lordship's direction, I had the honour of addressing to your official predecessor, Dr. Burrows, on the 14th of May last, would have the greatest pleasure in finding himself able to co-operate with your Council in any course tending to promote the development of the medical profession, but could not, on the part of Her Majesty's Government, bring before Parliament any Bill purporting to be for amendment of the Medical Acts, unless he believed it substantially to cover all the ground where amendment of those Acts is called for, and likely in consequence to be for some time a settlement in that branch of legislation.

Now, the Lord-President's further consideration of the system under which candidates are at present admitted to legal qualification for practice, has greatly increased the misgivings with which his Lordship expressed himself on that subject in his former communication to your Council; and the Lord-President thinks it certain that no new legislation could have in it a fair prospect of permanence, or could, even for the time, be satisfactory to the profession and the public, unless it effected, or promised to effect, some very considerable improvement in that system.

That examinations for admission to the Medical Register are held by many mutually independent, and in great part competing, Corporations; and that each Examining Board has its own separate set of conditions for admitting candidates to examination, is the system which now exists under supervision by your General Council; and, whereas the Lord-President's former communication adverted to some of the evils which are prevailing under that system, other evils incidental to it, and the obstacles which, in the present state of the law, delay such evils from being remedied, are abundantly shown in papers which you have communicated to his Lordship, and in other representations which have reached him.

The Lord-President doubts whether the present system, under any practicable kind of supervision, can either work satisfactorily for medical education, or can provide adequate and uniform security for those great public interests which are concerned in the efficiency of the medical profession.

His Lordship is persuaded that doubts like these could not fail to be pressed in any Parliamentary discussion of the Medical Acts—doubts, particularly, whether the conditions under which candidates are admitted to examinations, with a view to minimum qualification for practice, ought not to be expressed in a single code of regulations common to all Examining Boards of the United Kingdom; and whether similarly a more or less consolidated examining authority ought not to be substituted for the many separate Examining Boards which now act under your General Council in giving admission to the Medical Register.

The Lord-President believes that opinions adverse to the present system are very generally entertained in the body of the medical profession by persons who may be regarded as competent and impartial observers; and that some of the most important public bodies concerned with the constitution of the profession have recorded resolutions in a like sense,

and are even endeavouring to amend the working of the system by voluntary arrangements with one another.

The Report, moreover, which you brought under the Lord-President's notice, as recently made by your Council to a Committee specially appointed to consider the subject of medical education, expresses itself in terms so unqualified as to an urgent necessity for consolidation of examining authorities, and as to the general grounds on which that necessity rests, that the Lord-President regards this question as presumably ripe for decision.

The recommendation of that Education Committee of your Council is, that "leaving to the Universities and Corporations full liberty to deal as they please with their honorary distinctions and degrees, the Medical Council should endeavour to effect such combinations of the Licensing Boards included in Schedule (A) as may form a conjoint Examining Board for each division of the Kingdom, before which every person who desires a licence to practise should appear, and by whom he should be examined in all subjects"; and your Executive Committee (referring to the possibility that such consolidations might not be adopted on mere recommendation) represents to the Lord-President that "in the opinion of many members of the Council, the Medical Act is deficient in not granting compulsory power to effect such amalgamations of Examining Boards as may seem desirable."

Accordingly, in view of all the circumstances, the Lord-President would not be willing to submit to Parliament any proposals for amending the Medical Act in such minor respects as were touched by the Council's Draft Bill of last session, unless he were, at the same time, in a position to propose larger improvements in the present system. But if it be the wish of your Council that legislation in this large sense should be asked for—particularly such legislation as your Executive Committee seems to have in view—the Lord-President would hope to be able to propose to Parliament a Bill to give effect to such intentions. The Lord-President, therefore, directs me to request that you will have the goodness to take the sense of the Council on this question. And I am also to state to you that his Lordship would have little hope of carrying any measure in this next session of Parliament, unless he were enabled to introduce it without any considerable delay.

I am, Sir, your obedient Servant,  
(Signed) JOHN SIMON.

To the President of the General Council, etc.

DR. RISON BENNETT moved, DR. STORRAR seconded, and it was resolved—"That the Lord-President's letter be entered on the minutes, and that the consideration of it take precedence of all other business to-morrow."

It was resolved, on the motion of DR. ALEXANDER WOOD, seconded by DR. ANDREW WOOD, that the Council should meet the next day at one o'clock.

A Communication from the King and Queen's College of Physicians in Ireland was then read. It suggested, as a previous step to introducing a Bill for the amendment of the Medical Acts, the appointment of a Royal Commission, to obtain evidence from the Medical Council and the members of the profession generally. The communication was ordered to be entered on the minutes.

Communication from the President and other Officers of the Medical Reform Union.—The following letter was read.

7, Waterloo Street, Birmingham, Feb. 21st, 1870.

Mr. President and Gentlemen,—When we had the honour of being received by you as a deputation, in July last, to present a memorial from the members of the medical profession, concerning the amendment of the Medical Acts, 5200 registered practitioners had signed that document. Four thousand five hundred and twenty-four signatures have since been added to it, so that, at present, the number of assents is 9724—a considerably larger number, we have reason to believe, than has ever been appended to a similar document in the history of the medical profession.

The events of the last few months have proved that our memorial represents the feelings and wishes of the medical profession throughout the United Kingdom, in a still greater degree than is implied by the number and character of the signatures.

At the close of your late session we were favoured, through your Registrar, with copies of the Report of your Committee appointed to consider the amendment of the Medical Acts; and we had intended submitting to you some observations on that Report on the approach of your ordinary session.

It having come to our knowledge that a special meeting of your Council has been convened to consider matters intimately bearing on the proposed amendment of the Medical Acts; and it being evident from your Committee's Report, already referred to, and from the resolutions of your Council (July 12th, 1869), founded on that Report, that

the prayer of your 9,724 memorialists, whom we are deputed to represent, has not yet produced the desired effect upon you, we are anxious to rectify any existing misapprehension which may be possibly due to the brevity of the explanations offered on your invitation at the personal interview of 7th July last.

We take this opportunity of tendering our sincere acknowledgments of the patience and courtesy with which our remarks were listened to by your Council at the interview just referred to. We deemed it inadvisable to add to the length of your sittings by speeches, and we were under the impression that the memorial was so clearly, though tersely, expressed, that the wishes of your petitioners could not be misunderstood.

Under existing circumstances, we respectfully beg your attention to an explanatory statement.

The present system of granting licences to practise finds so few defenders, that the prayer of your memorialists for its abolition can scarcely fail to be successful. We deem it necessary, however, to call your attention to the fact that your petitioners not only pray that an end be put to the present system of examinations for licences to practise, which distracts students, fails to protect the honour of the medical profession, and is opposed to scientific unity and to the best interests of the public; but your petitioners furthermore pray that the one legal qualification to be hereafter granted to candidates for admission into the medical profession, shall only be granted on proof being given, by a high standard of examination, that the applicant for the licence does really possess a competent scientific and practical knowledge of medicine and surgery.

We are convinced that any alteration of the present system would fail to satisfy our 9,724 memorialists if it aimed at protecting and consolidating the interests of the Corporations which now grant licences to practise, in preference to promoting the real interests of science, of the profession, and the public; we hold these interests to be identical, and we submit that they have hitherto suffered very seriously, in consequence of the line of action pursued by several of the Licensing Bodies.

We beg to quote your Resolutions Nos. 3 and 4, of July 12th ult., on the Report of your Medical Acts Amendment Committee.

"3. That, having carefully considered the objects of the Medical Act of 1858, and the constitution of the Council appointed under that Act to carry out its objects, the Council are of opinion that, for the purposes of the existing Act, the present Council is essentially well constituted."

"4. That the Council are of opinion that, if the Legislature should think proper to invest the Council with extensive powers and fresh duties, by which the profession at large would be brought under the direct influence of the Council, then in that case the profession at large should have more direct influence in the appointment of members of Councils."

You agree with your petitioners in thinking that the existing Medical Acts need amendment; and even if it be conceded that, for the purposes of the existing Medical Act, the present Council is essentially well constituted, it does not follow that the present constitution would be adequate to carrying out the objects of an amended Act. It is generally conceded that the present Council is defective in power; and we take your Resolution, No. 4, to be an admission of the justice of our prayer, that provision be made in a new Act of Parliament for the representation on the Council of the general body of practitioners of medicine and surgery, who are for the most part, at present, deprived of any professional franchise.

At present the Corporations are dominant in the Council. We feel that we are giving expression to the wishes of the memorialists when we urge that an amended Medical Act should give full power to the Medical Council to govern the Corporations as well as the profession. Such a Council could only command the respect of the profession and the country, by being representative of the profession, and responsible to Government and to public opinion.

We are not unmindful of the good which the Medical Corporations have wrought; and we shall be glad to see an amended Medical Act, so framed as to enable them to devote their resources to the advancement of science and to the lasting interests of the profession. Our present duty is to convey to you, respectfully, but very candidly, the conviction of the memorialists, that in framing an amended Medical Act the first interests to be considered are the interests of the public and of the profession.

Should you desire any further explanation of the object and intention of your memorialists, we shall be happy to furnish it.

We forward a duplicate of this communication, with a copy of the memorial, requesting that you may do us the honour of forwarding them to the Lord-President of Her Majesty's most Honourable Privy Coun-

cil on the first occasion of your communicating with his Lordship touching the amendment of the Medical Acts.

We have the honour to be, Mr. President and Gentlemen,  
Your very humble Servants,

JELL FLETCHER, *President of the Medical Reform Union.*  
SAMPSON GAMGEE, *Vice-President.*  
ARTHUR OAKES, *Treasurer.*  
D. C. LLOYD OWEN, *Secretary.*

To the General Medical Council of the United Kingdom.

Dr. EMBLETON moved, and Dr. QUAIN seconded—"That the communication from the Medical Reform Union be entered in the minutes."

Dr. FLEMING moved as an amendment, and Dr. A. SMITH seconded—"That the Registrar be instructed to inform the Memorialists that their communication has been received and read to the Council."

The amendment was lost; the original motion was carried.

*Report of the Education Committee.*—A portion of the Report, referring to Examination and the Formation of Conjoint Examining Boards, was given at p. 217 of last week's JOURNAL. The following is the remainder of the Report.

*Teaching.*—In the absence, at present, of sufficient detailed criticism on the Educational matters discussed in the Report of the Committee of last year, it is impossible to recommend the Council to take complete action in this matter. But there are four points on which there is sufficient unanimity of opinion, and on which, therefore, the Council might at once proceed to legislate. If this be done, a very substantial improvement in medical education would be made.

1. The Committee on Education recommend that written class Examinations should be enforced in all cases, and that the certificate of attendance on Lectures should bear evidence of this. The Society of Apothecaries of London has already acted upon this, and has ordered that after June, 1870, this regulation shall be enforced on all who seek its licence. As this order will affect all the English schools, and as the system of written class Examinations is already in use in several of the Scotch and Irish schools, it is evidently desirable that the Council should give fuller scope to the recommendations of its Committee and recommend that from and after the commencement of the Winter Session of 1870, this custom shall be put in force in all schools, and shall be certified by the teachers on the certificates of attendance.

2. The Committee on Education likewise recommended that every student should be obliged to serve the offices of clerk and dresser. This was done with a full knowledge that a rearrangement of hospital duties would have to be made, but with a conviction that the practical instruction of an hospital should be made available to all, and that, if it is not done, it is impossible that the great body of students can acquire even the rudiments of practical hospital work. The College of Surgeons of England has had for some years a regulation of this kind; and the Society of Apothecaries of London has now ordered that after June, 1870, any candidate for its licence shall have served for at least six weeks the office of clerk.

A very competent authority has pronounced this Recommendation of the Committee on Education to be the most important in their whole Report; and in the belief that this is true, and considering that like the former order of the Society of Apothecaries, it must now be carried out in all the English schools, it is recommended that the Council should make it current throughout the United Kingdom.

3. The Committee on Education advised that the teaching of Therapeutics should be separated entirely from that of Pharmacy, and should form the subject of a later course. Although this point has not been fully discussed by the Licensing Bodies, yet, as it has been advocated by every teacher of Materia Medica, whose replies are in the Appendix to the Education Report, and is supported by Dr. Christison and Dr. Aquila Smith, as well as by many of the teachers of the principles of medicine, there can be no doubt that it would be an essential improvement, and should be carried into effect without delay.

4. The last point on which the Council can now properly take action is more connected with examinations than method of teaching, yet has a close bearing upon this.

The Clinical Examination in Medicine and Surgery is now carried out by so many Licensing Bodies, and is so good a test of practical knowledge, that the Council ought to make it imperative. It is believed that this proposition will command general assent in and out of the Council, and there is therefore no occasion to enter more fully into the argument in its favour.

As the early Session of Council has rendered it impossible to put on record the replies of all the Licensing Bodies to the Education Report, it will be desirable to reappoint the present Committee in order that a final Report, disposing of all the other matters now necessarily left untouched, may be made at a future Session of Council.

(Signed) E. A. PARKES, *Chairman.*



The foregoing Report was drawn up on the 16th of February; after that date Reports were received from the Royal College of Surgeons of England, the Universities of Edinburgh, Aberdeen, and Glasgow, the Royal College of Physicians of Edinburgh, the Royal College of Surgeons of Edinburgh, and the Queen's University in Ireland. These documents arrived at last late a date to be referred to in the Report.

Dr. PARKES moved, and Mr. HARGRAVE seconded—"That the Report be received and entered on the minutes; and that the Appendices, and the Reports which arrived after the Appendices were printed, be distributed to the members of Council."

Dr. ALEXANDER WOOD moved as an amendment, and Sir DOMINIC CORRIGAN seconded—"That the Report as now laid before the Council is necessarily incomplete, as it does not include documents which have been received since it was drawn up, and that it be remitted to the Committee for the purpose of being brought down to the present date." This amendment was negatived.

The following amendment was then moved by Dr. RUMSEY, and seconded by Dr. ALEXANDER WOOD—"That the Report be continued on the programme until Friday, when it should be taken up in connection with the Lord-President's letter, and that power be given to the Committee to make any alterations and additions that may appear to them necessary."

The amendment was negatived. The motion was then put to the vote and carried.

*Expenditure of the Council.*—A joint Report of the Executive and Finance Committees on the best means of lessening the expenditure of the Council was then read, and, after discussion, was adopted in the following form.

"The Executive and Finance Committees, appointed July 10th, 1869, jointly to consider and to report on the best means of lessening the expenditure of the Council, having carefully examined into and considered the several items of expenditure, beg leave to make the following remarks and recommendations in respect to some of the principal charges.

"*Meetings of General Council.*—The joint Committees recommend that the duration of the Annual Session of the General Council be limited by standing order to six days; the remaining business, so far as delegated by the General Council, to be transacted by the Executive Committee; the meetings of the Executive Committee for that purpose being held immediately after the termination of the Session of Council."

"*Printing.*—*The Register.*—The duty of publishing the Register occasions a large yearly expense to the Council. The net cost of the Register and Quarterly Lists (after deducting moneys received) was last year £394, 3 3 6. The 2,000 copies supplied to Government cost more than is paid for them by 1s. 5d. per copy. The Committees recommend that the Executive Committee, with the Treasurers, consult with the Comptroller of Her Majesty's Stationery Office, with the view of reducing the expense. They also recommend that only one Supplementary List be published annually, viz., at Midsummer, instead of the four Quarterly Lists.

*Reports.*—The Committees recommend that Chairmen of Committees be directed to give, in most cases, in abstract only, the various documents and other evidence on which their reports are founded; it being understood that in all cases the original documents will be preserved for reference; and that Reports drawn up when the General Council is not sitting be printed only by direction of the President and Treasurers.

"*Minutes, etc.*—A considerable saving has been effected in the printing of the Minutes and the Annual Volume by the operation of the financial recommendations of last year. Nevertheless, those expenses are still very large. The Committees therefore advise that the Business Committee and the Council be vigilant in limiting as far as possible the quantity of documentary matter to be printed in the Programmes and the Minutes.

"The Committees are of opinion that the printing of the volumes of Minutes should be under the direction of the Executive Committee."

*The List of Examining Bodies,* whose Examinations fulfil the conditions of the Medical Council, which had been prepared by the Examination Committee, was laid before the Council and approved of. It was the same as the List of last year, except that the following notice was inserted at the head of the List, viz.:—"A Degree in Arts, of any University of the United Kingdom, or of the Colonies, or of such other Universities as may be specially recognised from time to time by the Medical Council, may be accepted, provided always, that the Examination for the Degree has included all the subjects recognised by the General Medical Council."

*The Queen's University in Ireland, and Preliminary Examinations.*—A correspondence between Dr. F. Hawkins, Registrar of the Medical Council, and Mr. Stoney, Secretary of the Queen's University, was read. It arose out of a resolution passed by the Council last year, directing Dr. Hawkins to call for the Report of the Committee of the

Queen's University to which the Report of the Medical Council on the Visitation of Examinations was referred. A Preliminary Report of the Medical Committee of the Queen's University was included in the correspondence. The substance of the Report was as follows.

"The amendment of the Medical Curriculum of the Queen's University in any particular in which it may be deemed susceptible of improvement, will demand a further and careful consideration of the Committee, and their conclusions will be laid before the Senate at the further meeting.

"The Medical Committee are meanwhile strongly of opinion that a simple Preliminary Examination, adapted as it must be to the early age at which students commence their professional career, is not of itself an adequate guarantee of extra professional knowledge. They consider a further course of study in Arts essential to secure the full advantages of the liberal as well as the professional education which should be required from candidates for degrees in a University. This principle the Queen's University has consistently and steadily acted upon, and its requirements have always been in excess of those of the General Medical Council.

"The Committee further recommend that the Secretary inform the General Medical Council that the Senate are engaged in revising the whole scheme of Medical Education and Examination, and that the question of holding a Preliminary Examination prior to the commencement of medical studies, will obtain their careful consideration.

"Correct copy. (Signed) G. JOHNSTONE STONEY."

Dr. STORRAC moved, Dr. PARKES seconded, and it was resolved—"That the letter of the Registrar addressed to the Senate of the Queen's University, dated 27th July, 1869, together with the communications from the University in reply thereto, be entered on the Minutes."

*The India Medical Service.*—Returns, received from the India Office, of Examinations for Commissions in the Medical Department of the Indian Army, were laid before the Council.

Dr. ARJOHN moved—"That the Returns from the India Office of Examinations for Medical Commissions be received and inserted on the Minutes."

Dr. ALEXANDER WOOD complained that the returns had been used for purposes very different from those for which they were originally intended. Members of Parliament and other persons had attacked the medical education and examination of the country, on the ground that a number of persons had been passed by the licensing bodies who were not received by the public services; but many of those persons were not received simply because there was no room for them. An analysis of the tables had clearly demonstrated that they were comparatively useless as tests of the examination of other bodies. They had been used at the Council table, in the House of Commons, and elsewhere for that purpose, notwithstanding the proofs that had been given that they were not calculated to subserve that end. He thought that the tables ought not to be published unless they were accompanied with fuller explanation than had previously been given.

Dr. AQUILLA SMITH suggested that it would be sufficient simply to keep the returns as records.

Dr. ARJOHN thought it was extremely important that the returns should be printed and circulated.

Sir D. CORRIGAN seconded the motion. The returns had been called for by the Council in order to ascertain, by the manner in which the students passed the examinations, what licensing bodies were not sufficiently strict. It was found that men had been admitted who could not write English or read a prescription. The test which the returns afforded had been a crucial one; and it revealed the astounding fact that some of the students who had obtained licences were ignorant of English and Latin, and did not know anatomy. Instances had been pointed out in which the whole examination consisted of a dialogue between the President of the Examining Board, the Secretary, and the student. An objection had been made to the publication of the returns, on the ground of their not being sufficiently explanatory; the number of vacancies having, in some instances, exceeded the number of candidates. He believed that many years ago such was not the case. [Dr. PARKES: Sometimes it was so; sometimes it was not.] If the returns were defective, it was the fault of the Council, because when they received the returns they should have written to the Board, and inquired as to the number of vacancies and the number of candidates.

Dr. ANDREW WOOD said that, having asked for the returns, he thought the Council was bound to publish them. He repudiated the notion that the Examining Boards of the Army and Navy and the India Board, however respectable they might be, ought to be regarded as infallible, and that it should be taken for granted that they were always right, and the Boards of the Licensing Bodies always wrong. He was glad that one defect had been pointed out—namely, that no mention was made of non-admissions owing to an insufficient number of situations. No doubt, however, there had been cases in which persons had passed

the Examinations of the Licensing Bodies who were not up to the mark. He could not admit that the Medical Boards of the Army and Navy were superior to all the Universities and all the Licensing Bodies.

The PRESIDENT said he intended to vote in favour of the motion for entering the returns on the Minutes, notwithstanding his desire to economise the printing. In the first place, he thought that the Council, having asked for the returns, was bound to print them. In the next place, though he agreed in the view that the returns were not infallible, yet they were very serviceable as a rough test of the Examinations which the Council was called upon to supervise; and, so far from being a matter of shame to the Corporate Bodies, they were just the reverse. In 1865, the percentage of candidates who had failed to pass the Army Board, on the ground of incompetence, was 37; in 1866, it was 27; in 1867, it was 18; and in 1868, 13. In the case of the Navy Board, the result was curiously similar; the percentage of failures from incompetence being, in 1865, 57; in 1866, 42; in 1867, 28; and in 1868, 22. He did not assert that the percentage of failures, 22 in the navy, and 13 in the army, was altogether satisfactory; but it was satisfactory to observe that the returns showed a steady and considerable improvement. Only two reports had been received from the India Board. In the report of last year, the proportion of candidates declared to be incompetent was 21 per cent.; the proportion in the present return was only 2½ per cent.

After some remarks from Dr. ALEXANDER WOOD, the motion for entering the returns on the Minutes was adopted.

*Visitation of Examinations.*—A Report of a Visitation of Examinations at the Queen's University in Ireland, by Dr. Leet, was read. It stated that at the Examinations held in October, 1869, there were thirty-one candidates present; and that the Examinations were similar in character, and were conducted after the same manner as stated in his former Reports, but with the important difference that the candidates for the Degree of M.D. were examined at the bedside of patients in the South Dublin Workhouse Hospital, while the candidates for the Degree of M.Ch. were examined at the College of Surgeons on cases of Surgical disease. There was great need of a stricter rule regarding Preliminary Examination.

Mr. HAWKINS moved, Dr. EMBLETON seconded, and it was resolved—"That the Report of Visitation of Examinations at the Queen's University in Ireland be received and entered on the Minutes."

*Sir John Gray's Bill.*—Dr. ANDREW WOOD moved, and Dr. QUAIN seconded—"That the Registrar of the Council address a letter to Sir John Gray requesting that he will kindly furnish the Medical Council with copies of his Bill for the Amendment of the Medical Acts, this evening."

The following Amendment was moved by Dr. BENNETT, and seconded by Dr. RUMSEY—"That the President be requested to apply to the Lord President of the Privy Council with a view to obtain a copy of the bill introduced by Sir JOHN GRAY."

The Amendment was carried, and having been put as a substantive motion, was agreed to.

*Friday, February 25th.*

DISCUSSION ON THE LETTER FROM THE LORD PRESIDENT OF THE PRIVY COUNCIL.

The communication from the Lord President of the Privy Council, read on the previous day, was taken into consideration.

Dr. PARKES said that, in the letter sent by the Lord President of the Privy Council, attention was directed to the formation of consolidated Examining Boards. The Council would therefore have to express an opinion on the matter, and on the proposal made last year by the Education Committee. It would be necessary to give reasons for carrying out a plan of consolidated examinations. The mode of licensing to practise permitted under the Act of 1858 was faulty in four points: 1. In the inequality of the examinations entitling to licence; 2. In the competition allowed to exist between the Examining Boards; 3. In the possibility of insufficiently educated men obtaining qualifications; 4. In the impossibility of exercising proper supervision and regulation of the Examinations.

On the first point, the inequality in the mode of examining, he would say very little; as every one could satisfy himself by a perusal of the Reports of Visitations. Much had indeed been done towards reducing the diversities which prevailed; but still there were diversities existing. And there was also an inequality of standard in the examinations of the same Board from year to year; for instance, the percentage of rejections by one board in successive years had been 20, 3, and 9 or 10.

Secondly, there was a competition between the boards, which might be, and was, injurious. On this point he had to bring forward some

facts which, he hoped, might be found capable of another explanation than that which he gave them. His facts would be derived from his personal observation and from an examination of the reports of the Committee on the returns from the Examining Boards. As an examiner of candidates for the public medical services, he had for some time been struck with the fact that many gentlemen educated in one part of the United Kingdom obtained their qualifications in another part. In the examinations in 1867-8 and the early part of 1870, he had found that, of 200 candidates educated in Ireland, 36 had graduated wholly or partly in Scotland; and, of those educated in England, about 13½ per cent. sought their licences in Edinburgh. He had inquired into the cause of this; and various reasons had been given. Sometimes, he was told, it was a matter of convenience, on account of the time at which the examinations were held; sometimes, the license of a College was taken in the interval between the first and second University Examinations; in a small minority of instances, he was told that the candidates chose the examination which seemed the easier; in other cases, cheapness of fees was the recommendation; in other instances, again, he had been told by the candidates (educated in Ireland) that they had been desirous of seeing Edinburgh and having Scotch diplomas. In an examination a few days ago, he had found that, of 22 candidates educated in Ireland, 6 had graduated in Edinburgh. The reports of the Committee on the returns from the Licensing Bodies, contained in two columns the numbers of admissions and of rejections—the sum of these giving the numbers of applicants. An examination of these reports had showed him that two boards in England and one in Ireland were being subjected to a very serious competition. He would remind the Council that up to 1858 the Society of Apothecaries was the only body that could give licences to practise in England, but that since that time all the boards had the power of licensing; also, that the yearly number of students had increased rather than diminished. Taking first the Society of Apothecaries, he found that in 1862 there were 246 applicants for the licence; in 1863, 314; in 1864, 296; in 1865, 280; in 1866, 243; in 1867, 284; in 1868, 223; giving a diminution of 117 in 1868 as compared with 1862. According, however, to returns which had been furnished by Mr. Cooper, the numbers were 312 in 1862 and 261 in 1868. He did not know how to reconcile these numbers; but in either case there was a diminution. He had thought it possible that this might be accounted for by the licences instituted by the Royal College of Physicians in London; but the returns from this body did not explain the difference. In the returns from the Royal College of Physicians of Edinburgh there was a great increase in the number of licences. The returns might include a few fellowships; but these would not make any material difference. Taking the single licences together with the joint licences of the two Edinburgh colleges, he found that the numbers of applications were: in 1863, 160; in 1864, 248; in 1865, 261; in 1866, 271; in 1867, 292; in 1868, 406. He could not say that the candidates who might have been expected to go to the Apothecaries' Hall went to the Edinburgh College of Physicians; but the increase must be accounted for in some way, and there was not such an increase in the number of students in Scotland as would explain it. Again, the College of Surgeons in England was also suffering from the competition. In 1862, the number of applications was 531; in 1863, 538; in 1864, 488; in 1865, 423; in 1866, 420; in 1867, 405; in 1868, 377—giving a decrease of 154 in the last as compared with the first of these years. What had become of the deficiency? In the Royal College of Surgeons of Edinburgh, the numbers for the same six years were, 132, 167, 155, 158, 184, and 153. In the Faculty of Physicians and Surgeons of Glasgow the numbers were, 78, 101, 125, 96, 74, 93, and 87. The College of Surgeons in Ireland showed the following numbers for 1862 to 1868: 149, 174, 131, 115, 106, 101, 116; or, taking the means of the first three and last three years, a reduction from 151 to 108. The King and Queen's College of Physicians held its own; there was, perhaps, a slight increase. Assuming that the diminution of applicants at the Apothecaries' Hall was chiefly to be accounted for by the increased number of licences in two other colleges, he thought that the Council should examine into the cause of displacement. Some candidates might prefer a license from a College of Physicians to one from the Apothecaries' Society; but why did they not go to the London College? Cheapness would not explain the matter; for the Apothecaries' license was cheaper than that of the Edinburgh College of Physicians. Did students go to the Edinburgh College because the examination was easier? It would be difficult to prove it; and he hoped that the representatives of the Edinburgh College would be able to show that this was not the cause. Moreover, the visitors had reported favourably of the examinations at the Colleges in Edinburgh. There must be one of two things: either the examination of the Society of Apothecaries was too searching, and unnecessarily deterrent; or the standard of the College of Physicians in Edinburgh was too low and was improperly attractive. It had also been stated that candidates

rejected by one Licensing Body were immediately admitted by other boards; but he did not know to what boards this applied. The present condition of licensing required serious consideration. The Act of 1858 was admirable in providing reciprocity of practice; but it was faulty in not ensuring equality of examinations. It must either have been framed as a compromise; or those who drew it up could have had no proper insight into the state of the profession or any statesmanlike foresight as to the probable action of the examining boards. What would such bodies as the College of Surgeons and the Apothecaries' Society be likely to do? Would they submit to gradual extinction? No; they would either lower their standard of qualification—and no effort of the Council would prevent it; or they would, very rightly, call for a modification of the Act of 1858. It was manifest that under that Act a wrong course was being followed; and a change must be made.

Some strong remarks had been made on the preceding day, to the effect that the examining boards for the public services were not the proper supervisors of the qualifications granted by the licensing bodies. But they had never placed themselves in this position. It was the Medical Council which had made these returns the test of the licences. On a former occasion, in 1864, he had 'brought forward evidence, from his experience as an examiner for the public service, to show that some corporations admitted candidates not properly educated. Since that time, there had been a diminution of incompetent men who presented themselves at the Army Board. It was not the worst men that presented themselves for the public services. In nine cases out of ten, candidates intending to enter these services went to tutors or grinders, who, if they were hopelessly unlit, kept them back. There could be no doubt, however, that there had been a great improvement during the last six years; he no longer met with the great errors in English spelling and composition which were formerly common. The action of the Medical Council with regard to preliminary education had done much to effect improvement in this respect. Good had also been done with regard to professional education; but still the evil was not eradicated, and under the present system it could not be removed. At the last examination which he conducted, two or three of the candidates were so bad that he could not conceive how they had ever passed the examinations of other boards. They were so ignorant, that he would rather have left our soldiers and sailors altogether without doctors than have entrusted them to such men. Thus, in spite of all the care of the Council, it was not possible to keep incompetent men out of the profession.

Fourthly, if medical education were to be regulated by the Council, it must be done chiefly through the examinations. There had been a great increase in clinical work since the clinical examinations were instituted. He would say nothing of the holding of half-qualifications; as he believed this would soon come to an end.

How should a joint Board of Examiners be formed? The proposal to form such a Board had given rise to various opinions. Some of the Scotch examining bodies condemned it as "subversive" and "revolutionary". Again, a portion of the medical press regarded the plan proposed as only a means of saving the corporations—as merely a make-believe. The proposal, however, was neither revolutionary nor a make-believe, but was eminently conservative, while it also pointed to an organic change of a most important character. What was it that was desired? Two things especially. First, it was necessary to thoroughly reform the present system, and, at the same time, to avoid adding another board to those now existing. Any proposal that the Government should form a new board separate from all others, was faulty and would increase the complication; moreover, although there might be no doubt that good examiners would be appointed under the present Government, there was no certainty that this would always be the case. The formation of a Government Board would bring us to the German system, under which the University degrees were being lowered in public estimation, and the state-examination was gaining the foremost place. Could the Medical Council form a Board? It would do wrong if it did not support the corporations. These ought not to be discouraged; and it would be an unfortunate event for the profession if they were injured. As to the Colleges of Surgeons and Physicians in London, and no doubt also some of the colleges in Ireland, had they not done wrong, merely in consequence of the circumstances in which they were placed? and had they not tried to do right? and were they not actually now of the greatest benefit to the profession? He would regard any plan which injured the corporations as detrimental to the profession at large. The Council should aim at consolidating the examinations by the corporations, not at superseding them. In the second place, it was requisite to get good examiners; and he believed that this could be done only by entrusting the choice of examiners to those bodies which included many teachers, old and young. Could, for instance,

any one doubt that the College of Surgeons was the most fit body to choose examiners in surgery? or that the College of Physicians was the most fit to select examiners in medicine? Then came the question, from what bodies should the examining board be formed. The Education Committee at first proposed consolidation of the colleges and societies alone; but afterwards suggested that all the bodies named in Schedule A should be included. At one time, he thought this wrong; but he now believed that the introduction of the university element was very important. There was no practical difficulty in the conjoined action of the colleges and universities; and the proposal had been assented to by those in England. If conjoined boards could be formed, it would be the greatest improvement in medical licensing that had been made in our time. He would ask the members of those universities who feared that their privileges would be injured, to look on the profession as a whole, and to see whether they could not reconcile their own interests with the public good. If they could not, the public good must be promoted, even though university interests were sacrificed. He moved:—"That, full liberty being left to the Universities and Corporations to deal as they please with their honorary distinctions and degrees, an Examining Board should be formed in each of the three divisions of the kingdom, and that every person who desires to register any of the qualifications recognised in Schedule (A) of the Medical Act, shall be required, previously to such registration, to appear before one of these Boards and be examined on such subjects as may be required by the Medical Council. Any distinctions or degrees he may wish to take, to be in addition and optional."

Dr. STORRAR seconded the motion.

Mr. CÉSAR HAWKINS supported the motion. It had been thought by some that it was proposed to form a new Board in addition to those already existing for the purpose of examining candidates and placing them on the Register. It was, however, intended that registration should be carried on under the existing qualifications; the proposed recommendation by a conjoint Board being merely a preliminary to registration. Every candidate for admission to the profession would have to present himself to that Board; and having obtained the qualification, might register himself as he pleased. The plan proposed left full liberty to the corporations. The Council would find it more easy to deal with three Boards than with nineteen. For instance, the College of Surgeons had established examinations on the dead subject. This it could easily do; but it would be very expensive and difficult for many of the Boards to do this. The reports of visitations showed that very few followed this mode of examination, but the Council could scarcely have reported those who failed to do so to the Privy Council. If, on the other hand, there were three Boards only, they could be dealt with much more easily. The Council, too, would have nothing to do with the diplomas and licences of the several Boards; only with the manner in which members of the profession were admitted. The formation of a very different class of examiners would also be facilitated. He had long wished that the Court of Examiners of the Royal College of Surgeons should be constituted in a very different manner from that which exists at present. Some of the examiners had never been teachers of anatomy or of surgery; and yet they were required to examine in these subjects. In the Board proposed to be formed, it would be possible to select the best men for each subject. He must say that the selection of examiners by the Royal College of Physicians had been very good. He believed that the formation of conjoint Boards would get rid of the accusations made against the corporations, and of the necessity of discussing in the Council the examinations of separate bodies. He thought that the union of the Colleges in Scotland had not operated for the benefit of the community. The numbers of applicants for the double qualification had diminished, while those for the single qualifications had increased.

Dr. ANDREW WOOD said that he had sent to Edinburgh for returns which would show that the College of Surgeons there instead of having, as Dr. Parkes stated, increased in the number of applicants, had in reality fallen off. As to the main question, he had been placed in a very difficult position since he came to London. Dr. Parkes's proposal was very different from that which had lately appeared in the medical journals. He had made an analysis of the various plans proposed. First, there was a Government Board or system analogous to the Staats-Examen; to this he objected. Secondly, it was proposed to have a conjoint Board, such as was sketched out by Dr. Parkes; the examination by which was to be followed by the candidate attaching himself to a college or university. This resembled the plan proposed in Mr. Headlam's first bill; and, at the same time, it was agreed to by the corporations. The present Act was passed as a compromise in spite of the corporations and universities. Thirdly, it was proposed by some to have a conjoint Board which should examine at the various colleges and universities at the option of the candidates. Fourthly, it was suggested



that one conjoint Board should be formed of the corporations. Fifthly, it was proposed that there should be one conjoint Board of the corporations and another of the universities. In Scotland, the Boards had not had the letter of the Lord-President of Council before them; there had been no opportunity of consulting the corporations on the letter. He was now, however, prepared to recommend to his college the approval of Dr. Parkes's proposal, which, he believed, would secure uniformity in the mode of admission to the profession, while the existence and welfare of the corporations was preserved. Whatever might have been the *laches* of the corporations, he must say that, if they were destroyed, this country would be deprived of institutions for the possession of which it was envied by other countries. He would support the motion.

Dr. RISDON BENNETT considered that the excuse for inaction offered by the Scotch bodies was not sufficient. All the licensing boards had received copies of the report of the Education Committee, and had been asked their opinions on the formation of conjoint boards. The Royal College of Physicians in London, on receiving the communication from the Education Committee, at once took it into consideration, and proceeded to make arrangements for co-operation with the other licensing bodies; and they intended, if successful, to offer their scheme to the consideration of the boards in Scotland to Ireland, and to ask their co-operation in carrying out the plan. On conferring with the College of Surgeons and the Apothecaries' Society and the English Universities, great unanimity had been found; and, by degrees, the difficulties which presented themselves disappeared under discussion. The College had drawn up a scheme; he was not authorised to lay it formally before the Council, but he could explain its general character. The Universities had acted very graciously; they had agreed that the candidates for their degrees should first appear before the conjoint board, after which they should pass such further examinations as were thought necessary for a degree, and pay a fee of five guineas to the University. It was proposed that the examiners should be appointed by the several Boards and the Universities. This was obviously the proper plan; for who could be so fit to nominate examiners in surgery as the College of Surgeons, in medicine as the College of Physicians, and so on? The two London Colleges had approved of the scheme. The Universities had not officially given their sanction; but their representatives had approved the proposal, and there was reason to believe that it would be approved by the Universities. With the Society of Apothecaries, certain difficulties had arisen, which had not yet been overcome. The success which had so far attended the proposal to form a conjoint Board for England showed the practicability of forming similar Boards in Scotland and Ireland. There might be greater difficulties than in England, but he could not believe that they were insurmountable. He would vote in favour of the Council having power to carry out the plan of conjoint Examining Boards.

Mr. COOPER said that the parts of the plan proposed by the College of Physicians ignored the interests of the Apothecaries' Society. It was proposed that the Society should appoint examiners in pharmacy and medical botany. Since 1815, the Society had examined in other subjects—medicine, anatomy, etc., and had honestly and impartially done its duty. The examinations were very searching; and many unfit candidates were rejected. Many of those rejected by the Apothecaries' Society went to other Boards—a state of things which ought not to exist. It was impossible for the Apothecaries' Society to agree to the plan, unless some great modification were made.

Mr. HARGRAVE said that the College of Surgeons in Ireland approved of the plan of conjoint Examining Boards.

Dr. ARJOHN said that the University of Dublin desired that there should be one examination for the whole kingdom; but no conclusion had been arrived at as to the manner in which the Board should be appointed.

Dr. HUMPHRY thought that reform might be effected without any spoliation. The only mode of making the examinations satisfactory was by appointing a common Board. It was most undignified that students who were rejected by one examining body should be allowed immediately afterwards to pass at another. Nor was it consistent with dignity that the examinations should be watched over by members of the Council. He thought it most unfortunate that students should look to medical and surgical degrees according to the facility with which they might obtain one or the other. The Council of the College of Surgeons was prepared to change its mode of appointing examiners, in accordance with the necessity of the present case. The scheme proposed required to be supplemented by the supervision of the three Examining Boards.

Dr. FLEMING referred to the large number of rejections by the Scotch Boards. He believed that the difference of the fees explained the large number of students who flocked to Scotland. The scheme proposed would, he thought, answer very well for Scotland. He would suggest

that a licence to practise medicine and surgery should be given, with the title of Licentiate in Medicine and Surgery; and that it should in addition bear the name of the country in which it was taken. The candidate might then take any other diploma which he thought proper.

Dr. ALEXANDER WOOD said that his opinion had undergone considerable modification since he came to London; but he considered that, if the Council took any important step now, great surprise would be created. There should be delay, to enable the several bodies in the different divisions of the kingdom to consider the matter. He repudiated the statement that Scotland set its face against amalgamation; it had shown an example in amalgamation years ago. The Scotch bodies had not yet had an opportunity of considering the new state of matters. He regretted that, at a time when it was of importance to conciliate all the bodies, Dr. Parkes should have introduced elements of discord and should have sought to excite the jealousy of England and Ireland against Scotland. It was ungenerous to attempt, on mere conversations with students, to depreciate the character of the Scotch examinations. The reports of the visitors of the examinations, and the proportion of rejections in the tables published in their minutes, showed that their examinations were as strict as any in the kingdom. The influx of students into Scotland was to be accounted for by changes introduced by the Medical Act—especially the abolition of exclusive privileges; and he did not wonder at the license of a College of Physicians being preferred to that of the Apothecaries' Company. Besides, the curtailment of the graduating power of St. Andrew's, largely resorted to by English students, had sent an increased number to Edinburgh, and the double qualification to be had only in Scotland had proved an undoubted attraction. He admitted that the number of examining boards was an evil, and that, if they were reduced to three, the Medical Council would more easily superintend them; but the reduction might not be so good a thing as was thought. He asked the Council to pause before they formed an opinion on the matter, and not to go to Parliament without consulting with the Scotch colleges. There should be a delay of two months to consider the matter. He moved as an amendment:—"That the proposal to establish a General Examining Board in each division of the kingdom is a very important one, and may seriously affect the interests of ancient universities and corporations, the maintenance of which in unimpaired efficiency is of importance to the interests of the medical profession.—2. That no opportunity has yet been given to these universities and corporations to consider the suggestions in the letter sent by authority of the Lord-President of the Privy Council to the President of the General Medical Council, and therefore that the representatives of these bodies in the General Medical Council cannot be prepared, in this stage, to agree to any proposals for forming such a Board, and this Council would deprecate any hasty legislation on so important a subject."

Dr. AQUILA SMITH seconded the amendment.

Dr. QUAIN said that the question was now reduced to very small proportions: viz., whether the Council should decide or postpone. It was very important to decide at once on the matter laid before them by the Lord-President of the Privy Council. If this were not done, there would be given a ground for the accusation that the Medical Council met for nothing. By negating the proposal made, or postponing a decision on it, the Council would lose their only hope of improving medical legislation. They had been throughout impeded by the defects in the Medical Act; and now they had an opportunity, never before offered, of having those defects amended. If the Council did not now decide to do something, it would be done for them. It was not necessary at present to discuss the construction of the Council; all that was proposed was, that they should approve the principle of the combination of the corporations into one board for examination.

Dr. MACROBIN thought the proposal laid before the Council a very fair one. But, as the representative of two of the Scotch Universities, he felt a difficulty in agreeing to the formation of general examining boards, without consulting his constituencies. He asked for time for consultation between the universities and corporations. If this were not done, much opposition would arise in Parliament.

Dr. RUMSEY thought that a more satisfactory reply could be given to the Lord President's letter, if there were a little delay. Dr. Parkes's logic had failed him when he said that a board appointed by Government would be inferior to an amalgamated board. If the power of the Government to form a good board were doubted, then the Medical Council itself was as capable of forming an examining board as were the corporations. It had been suggested that the licensing power of corporations was at present quite distinct from the qualifying power; but he thought that this was the only country in which the licensing and qualifying powers were combined in the same bodies. The government in past times had sold its rights to the corporations; he did not

say that it should be asked to resume them, but the question was an important one for consideration.

Dr. ALLEN THOMSON would make some remarks on Dr. Alexander Wood's proposal for delay. Some time ago, a strong opinion was expressed in the Council that half qualifications ought not to be allowed, and the Education Committee recommended the formation of joint examining boards. But the exact nature of the proposal had not been clearly shown; and now, for the first time, explanations were given. The recent excellent Report of the Executive Committee had not, as far as he was aware, been placed before the examining boards; and he thought that by delay the Council would arrive at much greater unanimity on the subject of the Lord President's letter—a question involving the interests and perhaps the existence of the various bodies. He knew that some of the bodies had been unfavourable to the proposal; but the remarks made in its favour in the Council would have considerable influence with them.

Dr. STOKES remarked that the principle was described in the Report of the Education Committee, which had been sent to all the licensing bodies. It could not be said that these were taken by surprise.

Sir DOMINIC CORRIGAN could not admit that the Council was bound to give a categorical reply—yes or no—to the Lord President's letter. The members of the Council were not there in their individual capacities, but as representatives of the bodies sending them. He could not give a vote on the Lord President's proposals until the Queen's University in Ireland had an opportunity of considering them. If Dr. Parkes' proposal were carried, every licensing body which did not approve of it would oppose it in the House of Commons. The Queen's University was in favour of appointing a Royal Commission; he had proposed this himself in the Council and had been beaten on two occasions, but he did not despair. He considered that Dr. Parkes' proposal was one which, if adopted, would have the effect of sweeping away the charters and Acts of Parliament possessed by the universities and corporations. The hour of six having arrived, the debate was adjourned.

*Saturday, February 26th.*

Dr. PAGET, the President, took the chair at one o'clock. The debate on the letter from the Lord-President of the Privy Council was resumed.

Sir DOMINIC CORRIGAN could not find the unanimity described by Dr. Bennett as existing between the English Corporations and Universities as to the formation of a conjoint Board. The Universities had not yet given their consent; and the representative of the Apothecaries' Society had denounced the scheme. As far as he knew, the Colleges of Physicians and Surgeons had alone agreed to it. There had not been time to consider the Lord-President's letter. It had been received by the President of the Council only a few days ago; and it was sent to the members of Council in such a way that they could not show it to their constituents. He could not understand whether it was intended that a candidate should be examined by the conjoint Board before or after obtaining his licence from other bodies; or how the fees were to be arranged. If the conjoint Boards were instituted, there would be three in addition to the nineteen already existing; and men would seek qualifications where they could obtain them with least expense. The proposal was to him utterly unintelligible. Dr. Flening had proposed the establishment of licences for England, Scotland, and Ireland; why not also for Wales? He could not imagine any thing more injurious than separate Examining Boards for each division of the Kingdom. The result would be a social war between the holders of the diplomas of such Boards, who might come into competition for the public services. He agreed to the proposal of a central examining body; but every diploma should have the one stamp, so that no one could know whence the holder came. He agreed with Dr. Parkes in his diagnosis of the evils of the present system; but not as to his prognosis or the treatment which he proposed. He had been spoken of the competition between the Examining Boards as a "battle of shops"; he did not, however, propose to burn all the shops, but only to amend the articles sent out by them. Dr. Parkes had said that where there was an inequality in the number of candidates rejected by the same board in different years there must be inequality in the examinations. But it might be, that candidates came better prepared in one year than in another. At the University of London, when the standard of the Matriculation Examination was raised, many candidates were at first rejected; the next year, however, the number was much smaller. The University had not lowered its standard, but the candidates were better prepared for the examination. He had received special instruction from his constituency not to vote for Dr. Parkes' proposal; and he would vote for Dr. Alexander Wood's amendment. He would call attention to the attempts at legislation which had been made in the Council. For years, a process of tinkering had been going on; and

last year a report was brought up, the facts of which he need not recall. What chance was there of any Bill being brought forward that would be approved by the majority of the Council? If it were brought into Parliament, it would not be a political measure; and the representative of every licensing body that had any voice in Parliament would vote merely in the light in which his vote might be regarded by his constituents at an election. The only way of escaping from the existing difficulty was the appointment of a Royal Commission, to take evidence, and thus form a basis on which a Bill might be founded.

Dr. STORRAB, referring to Sir Dr. Corrigan's remarks on the relation between himself and the Queen's University, said that he (Dr. Storrab) was the representative of the University of London, but not the delegate. He was quite independent in his action. The members of the Council were not sent simply as delegates of the bodies appointing them, but to consider the interests of the profession and the public. He was astonished to hear that Sir Dominic Corrigan came bound hand and foot by the Queen's University. He expressed great sympathy with him, and hoped that he would be able to have freedom of action and of speech. If the Council were simply a body of delegates, the sooner the besom of Parliament was applied to it the better. Of what use would be a Royal Commission? Such a commission was generally appointed for the purpose of making inquiries which were necessary. But could any one say that there was not a knowledge of the state of matters in the medical profession and of the necessity for reform? The Lord-President of the Council knew the matter as well as any. A Commission could tell him. The complaint was, that there were nineteen competing bodies; that the competition between them was injurious to the profession, and, what was of great importance, to the public. The amendment was based on the notion that the Council was a body of delegates. This was not correct; the members were indeed selected by certain bodies, but were empowered to act independently. It was quite possible that the views of the Council might be opposed to those of any or all of the Licensing Bodies. The Lord-President did not ask the Council for the opinions of the Universities and Corporations, but for its own opinion. He might, as far as the Council knew, ask also the Universities and Corporations for their views. In fact, the Lord-President's letter had been written in the light of the Report of the Education Committee, which had been submitted to the Licensing Boards, and the Council had the opinions of these Boards. What was asked was, that the Council should declare an opinion. The Report of the Education Committee had been sent to the Lord President, with a suggestion as to the amalgamation of Examining Boards. The Lord President thought the matter so important that some plan of the kind must be introduced into a Medical Bill. Dr. Alexander Wood's proposal amounted to moving in a circle in a very extraordinary manner. The University of London had, through its Registrar, informed the Registrar of the Medical Council that it approved of the principle of combination, and was willing to co-operate. With reference to the Scotch Colleges, Dr. Alexander Wood had said that candidates who would formerly have gone to St. Andrew's, resorted to the Edinburgh College of Physicians; and that this accounted for the increase in the latter body. But why did not the candidates go to the College of Physicians in London or in Ireland? It had been said that the Examining Boards were bound to receive the testimonials of all boards holding preliminary examinations. But would the University of London take a certificate from the College of Preceptors in place of the Matriculation? He would support Dr. Parkes' motion. He agreed that it would be much more easy for the Council to rule three Examining Boards than nineteen. He hoped the members of the Council would rise above merely local ideas, and do their duty as men.

Sir DOMINIC CORRIGAN persisted in his view as to the members of Council being only representatives of the bodies electing them.

Dr. SHARPEY would call attention to the position in which the Medical Council was placed. The Lord-President of the Privy Council had stated that he could not undertake any Bill that would not cover all the deficiencies in medical legislation; and especially pointed out, as requiring a remedy, the existence of licenses of different value conferred by different corporations. His Lordship asked whether it was best to consolidate the examinations; and asked the opinion of the Council as to the proposal of the Education Committee for the establishment of conjoint boards. The Council ought to give a distinct answer—yes or no. The proposal before the Council was of a most general and simple character; and he thought that a considerable majority of the Council was prepared to vote one way or the other. It had been proposed to delay, in order to obtain the opinion of the examining bodies. This was not what the Lord-President wanted. What he desired was, the opinion of the Council; and, if he wished the opinions of the Universities and Colleges, he could obtain them inde-



pendently. There was no satisfactory reason for delay. The main question in the Lord-President's letter had been for months before the licensing bodies; and they had expressed their opinions on it. In England, the Colleges had without delay applied themselves to the consideration of a plan of combination; and, though they had not thoroughly matured it, they had met with much concordance of opinion. It was not desired to impose on the other divisions of the kingdom precisely the same plan as might be adopted in England: all that was desired was, that the plans should agree in the common principle. It was plain, from what had occurred in England, that the plan of combination was feasible; and this showed, to use a homely expression, that "where there is a will there is a way." The Council should give a general answer, without going into details. Referring to Dr. Alexander Wood's statement that the increased number of applicants at the College of Physicians in Edinburgh was to be accounted for by the diminished number at St. Andrew's, he said that this explanation was not satisfactory. Why did not the candidates go to the College of Physicians in London? The statement that many candidates were rejected by the College of Physicians in Edinburgh was capable of two interpretations. One was, that the examination was so rigorous that men of average calibre failed to pass it. Another was, that the weakest candidates flocked to that quarter where it was said that there was the greatest facility of passing the examinations; and among these there would very probably be some so badly qualified that no board whatever could admit them to the profession.

The PRESIDENT said that the resolution proposed by Dr. Parkes was one of a series which, it was suggested, should form the basis of an answer to the Lord-President's letter. There were other points in medical legislation which had not been referred to in the debate: for instance, the amendment of Section 49 of the Medical Act. The Council had with very great care drawn up an amended Bill; and now the Lord-President of the Privy Council offered amended legislation on a condition which was certainly not very hard—that the Council should be prepared to accept fresh powers. If it were not prepared to accept these, it ought to be able to show that the acceptance would be injurious; and this it could not do. The Council had a right to be well satisfied with the use which it had made of such power as it already possessed. The new power proposed for the Council was that of effecting the amalgamation of examining boards; and the resolution went to that point alone. The benefit of amalgamation had been plainly indicated by Dr. Parkes. Whether his figures were right or wrong, one statement of Dr. Parkes had made a strong impression on him (Dr. Paget); viz., that he had lately met with two candidates holding qualifications from licensing boards who were so incompetent that he could not admit them to the public service. It had also been referred to as a "scandal" by the Royal College of Surgeons of Ireland, that a pupil rejected at one board could at once resort to another, and so qualify himself for registration. The case might be overstated; but, if the statement were made and believed, it was a scandal, whether fact or not. Examining boards should be entirely above suspicion. Dr. Parkes's statement that some of the examining bodies were injured by competition was important; but this, while it was hard upon the bodies which discharged their duties faithfully, was a small matter compared with the constant impediment which the competition presented to the Council in its endeavours to raise the minimum standard of education. The Council had effected something in this direction, with an enormous deal of trouble; but what would be the consequence if it had greater power of raising the standard? The result of a small increase in the minimum of requirements might be expressed in the saving of a great number of lives and the removal of a large amount of suffering; and the duty of the Council was so to improve medical education that as many lives might be saved and as much suffering prevented as possible. The responsibility of the Council would be doubled if it refused to accept powers which should enable it to do its work more effectually. He protested against the idea that the members of the Council were only sent to act for the bodies electing them. When he was representative of the University of Cambridge, he had distinctly understood that he was to act freely. If the question raised in the Lord-President's letter were shelved for a time, and in the course of a month or two some unexpected action were taken in Parliament, the Council would be blamed, rather than praised. There was but one circumstance in which he could conceive delay advisable—and it was a very improbable one; viz., that the whole world should stand still, with the exception of the Scotch and Irish Boards. The Council must do justice to itself, and consult its own dignity. The Lord-President of the Privy Council had asked it for a decision; and it was bound to give one.

Dr. PARKES had not intended to raise the question whether there should be Examining Boards for the different divisions of the kingdom. He would not, however, like to see the reciprocity established by the

Act of 1858 interfered with. Dr. Andrew Wood had shewn him some returns, from which it would appear that the number of candidates at the Edinburgh College of Surgeons had not increased in late years. Whatever might be the truth—and he did not see how to reconcile these statistics with those of Dr. Embleton's Committee—the statement that candidates educated in England and Ireland went to Scotland to obtain their diplomas was not invalidated. The subject of consolidating the Examining Boards was not new to the members of the Council. It had been referred to in various reports in late years; and the report of the Education Committee had been sent in July last year to all the Boards. At the same time, as Chairman of the Committee, he had sent a private letter to the representative of each Board, urging a reply by the first of December; and he had written again in October pointing out the pressing importance of the matter. The English Boards proceeded to action at once; and the College of Physicians in London especially deserved gratitude for what it had done. In Scotland, he had had various answers, especially from Dr. Macrobain, whom he had asked to take in hand the question as regarded the Scotch Universities. Matters had so far advanced in Scotland, that he had asked the President what had best be done; and he had been advised to wait until the English plan was matured. In the meantime, the Lord President's letter arrived. Could anything more be done than had been done with regard to Scotland? What would be the result of delay? The representatives of the Scotch Colleges had approved of the principle of combination, and would no doubt vote for it. But if the Universities and corporations opposed it? Would the members of Council, after a delay, change their opinions? Was the letter of the Lord President likely to lead to any change of opinion? Did it throw any light on the subject beyond the indication of a purpose? He had followed the same course in Ireland as in Scotland; and he must acknowledge the great assistance which he had received from Dr. Leet and Mr. Hargrave, the latter of whom had consistently urged the formation of a joint board in the College of Surgeons in Ireland. Was anything to be gained in Ireland by delay? The consequence of delay would be the loss of an opportunity which the Council never had before and might never have again. He knew that the Lord President of the Privy Council would go to the very bottom of the matter, and would enter on action with thorough determination. Again, the Vice-President, Mr. Forster, was a man who would go thoroughly into the matter. Could the Council depend on the present Lord President and Vice-President being in office at the end of another year? With regard to the proposal for the formation of a single board for the whole kingdom, he said that it would be very difficult to form such a board in a satisfactory way. The members must be taken from their practices altogether, for they would have to visit London, Edinburgh, and Dublin, in rotation. It would therefore be necessary to pay them well, and to make the appointments permanent—and this permanency would destroy the very principle which it was sought to establish. He pointed out also other objections to a single board. Delay in answering the Lord President's letter would be nothing more or less than suicide on the part of the Council; and, more than this, it would be a betrayal of the profession. In justice to the credit of the Council itself, to the profession, to the public, and to the Government, an answer was necessary. If one were not given, then, in spite of the honesty of the Council, of its talent, of all that it had done, he, for one, would not regret that it ceased to exist as a Council.

The amendment proposed by Dr. Alexander Wood was then put to the vote. The numbers were—

For the amendment .....	5
Against .....	17

Majority against the amendment .....

The names of the voters on the two sides were, by request, taken down. Those in favour of the amendment were, Dr. Alexander Wood, Dr. Macrobain, Dr. Aquillina Smith, Sir Dominic Corrigan, and Dr. Ramsey. Those against it were, the President, Dr. Bennett, Mr. Cesar Hawkins, Mr. Conner, Dr. Acland, Dr. Humphry, Dr. Embleton, Dr. Storror, Dr. Andrew Wood, Dr. Fleming, Mr. Hargrave, Dr. Leet, Dr. Apjohn, Dr. Sharpey, Dr. Parkes, Dr. Quain, and Dr. Stokes. Dr. Allen Thomson did not vote.

Dr. ALLEN THOMSON thought that Dr. Parkes's proposal might be put in a more clear form, and one more likely to be satisfactory to the various boards. He moved as an amendment—

"That this Council is of opinion that a joint Examining Board should be formed in each of the three divisions of the kingdom; and that every person who desires to be registered under any of the qualifications recognised in Schedule A to the Medical Act, shall be required previously to such registration, to appear before one of these Boards, and be examined on all the subjects which may be deemed advisable by the Medical Council; the rights and privileges of the Uni-



versities and Corporations being left in all other respects the same as at present."

Dr. RISON BENNETT seconded the amendment.

Dr. PARKES for himself and his seconder, Dr. STORAR, said that they accepted Dr. Thomson's amendment; and, having obtained the permission of the Council, they withdrew their motion. Dr. Thomson's amendment accordingly became the substantive motion.

Dr. APJOHN moved as an amendment, and Dr. STOKES seconded—"That the Council agree to the principle of instituting an examining authority before which every person who desires to register any of the qualifications recognised in Schedule A to the Medical Act must appear, and be examined in such subjects as may be required by the Medical Council; it being understood that no person shall be put on the Register who is not in possession of one of the qualifications which at present entitle him to registration."

After a few remarks from Dr. Parkes, Sir Dominic Corrigan, Dr. STORAR, Mr. HARGRAVE, Dr. RUMSEY, and Dr. AQUILLA SMITH, the amendment was put to the vote and lost; 3 voting for and 15 against it.

Dr. THOMSON'S motion was then put and carried. The numbers were—

For the motion ..... 16

Against it ..... 1

Did not vote ..... 4

*Sir John Gray's Bill.*—The President read to the Council the following letter, which he had just received from the Privy Council Office, Privy Council Office, 26th February, 1870.

Sir,—In reply to your letter of yesterday, I am directed by the Lord President to inform you that, in answer to his Lordship's requisition for copies of Sir John Gray's Medical Acts Amendment Bill, the Lord President has received an intimation that the Bill in question is not yet printed, and that it will be some days ere it will be printed.

I am, Sir, your obedient Servant, BRUCE M. SETON.  
G. E. Paget, Esq., M.D., etc.

*Monday, February 22th.*

THE LETTER FROM THE LORD-PRESIDENT OF THE PRIVY COUNCIL.

The adjourned debate was resumed at 2 o'clock.

Dr. PARKES moved, and Dr. ANDREW WOOD seconded—"That, in accordance with the foregoing resolution (passed on February 26th), the universities and medical corporations established in each division of the United Kingdom shall be requested to concert a scheme for the constitution and regulation of a conjoint Examining Board for that part of the kingdom to which they belong, and shall, on or before June 1st, 1870, transmit such scheme to the consideration of the General Medical Council."

SIR DOMINIC CORRIGAN objected to the proposal of three Examining Boards. He considered that the existence of such bodies tended to excite national jealousy; whereas, did the Council, like true and loyal subjects, seek to combine them into one general Examining Board, it would remove present deficiencies and conduce to a more harmonious state of things.

Dr. ACLAND objected to one general Board, and strongly deprecated the remarks which Sir Dominic Corrigan had made concerning the Council. The question was not one of national sentiment at all, but simply a matter of expedience.

After a few remarks from Dr. Stokes, Dr. Andrew Wood, and Mr. HARGRAVE, the resolution was agreed to.

Dr. PARKES moved, Dr. STORAR seconded, and it was resolved:—"That any alterations in the aforesaid schemes deemed necessary by the Council, should be considered by the conjoint bodies and their opinion reported to the Council, and that, in case of disagreement between any of the conjoint bodies and the Council, the points of difference should be referred to the consideration and decision of Her Majesty's Privy Council. That the same course should be followed if, in process of time, it should be considered advisable to make any alteration, in the original constitution or rules of the conjoint Examining Boards."

Dr. PARKES moved, Dr. STORAR seconded, and it was resolved:—"That the powers required for carrying the foregoing resolutions into operation be sought from the Legislature; and that Her Majesty's Government be requested to bring in and carry through Parliament a Bill to amend the Medical Acts, which shall contain the requisite provisions."

Dr. HUMPHRY moved, and Mr. HARGRAVE seconded—"That a Committee be appointed to communicate with the Government in the preparation of such Bill, and that it be an instruction to them to introduce such clauses as may not only legalise the action of the conjoint Boards, but may contain powers to the General Medical Council to organise such Boards, if the Universities and Corporations of any

division of the kingdom fail to do so, and may also contain provisions for the supervision of the conjoint Boards, and which may, as far as possible, assure their harmonious working; but that the draft of the Bill, when ready, be submitted for approval to the General Council."

The previous question was moved by Dr. ALEXANDER WOOD, seconded by Dr. ANDREW WOOD, and carried.

Mr. CÆSAR HAWKINS moved, Dr. QUAIN seconded, and it was resolved:—"That it is the opinion of this Council that, if power be granted to the Medical Council to register, under certain restrictions, foreign or colonial degrees or diplomas, the holders of such foreign or colonial degrees or diplomas should undergo the same examination before one of these conjoint Boards, which will be necessary in the case of every person, who desires to register under any of the qualifications recognised under Schedule A of the Medical Act."

Dr. FLEMING moved, Mr. HARGRAVE seconded, and it was agreed—"That in any amending Medical Bill it is desirable that a clause should be inserted, enabling the General Medical Council, or any of the Branch Councils, to establish a Board or Boards for the examination of intending medical students in general education."

It was moved by Dr. APJOHN, and seconded by Dr. A. SMITH—"That in any Bill intended to carry out the preceding resolutions, this Council is of opinion there should be no interference with the Universities and surgical and medical Corporations, as respects the times at which they may, as heretofore, choose to confer their degrees and licenses."

Dr. QUAIN said that there was great difference between registration and conferring degrees. If this were borne in mind, he thought that there existed no necessity for such a motion as that proposed by Dr. APJOHN.

Dr. THOMSON also considered that there was no necessity for the motion.

Dr. ACLAND thought that if the members went on handing in resolution after resolution they might sit for an indefinite period.

Dr. SMITH complained that they were going too much into detail. The principle of the Bill had already been agreed to; and any further resolutions were unnecessary.

The motion was negatived.

Dr. PARKES moved, and Dr. ACLAND seconded—"That a Committee be appointed to communicate with the Government in the preparation of the amending Bill; and that the draft of the Bill, when ready, be submitted for approval to the General Council."

Dr. ALEXANDER WOOD moved as an amendment, and Dr. SHARPEY seconded—"That a Committee be appointed to communicate with Government in the preparation of an amending Medical Bill. That the President be instructed to summon the Council in time to consider the provisions of such Bill before it passes into Committee in either House of Parliament."

With the permission of the Council, Dr. PARKES withdrew his motion. The amendment was then put as a substantive motion, and agreed to.

Dr. PARKES moved, and Mr. HARGRAVE seconded—"That the Executive Committee, when appointed, undertake the conduct of this business."

Dr. THOMSON moved as an amendment, and Dr. MACROBIN seconded—"That a Committee, consisting of the members of the Executive Committee, together with the following, viz.: Dr. Parkes, Dr. STORAR, Dr. QUAIN, Dr. CHRISTISON, and Mr. HARGRAVE, undertake the conduct of this business."

The amendment was negatived; the motion was carried.

Dr. PARKES moved, Dr. ALEXANDER WOOD seconded, and it was agreed—"That a Committee, consisting of the President, Mr. HAWKINS, Dr. SHARPEY, and Dr. Parkes, be appointed to draft a letter to the Lord-President of the Privy Council, and to submit this draft to-morrow to the Council, as the first business."

*A Royal Commission.*—The Council took into consideration the Letter from the King and Queen's College of Physicians in Ireland, read at the meeting on the 24th instant. Sir D. CORRIGAN moved, and Dr. RUMSEY seconded—"That, from the many differing opinions that have existed, and still exist, as to proposed amendments of the Medical Acts both within and without the Council, it appears desirable, before proceeding with any new legislation, that a Royal Commission of Inquiry should issue to take evidence from such members of the Medical Council, and such other persons as the Commission may see fit to examine, with the view of furnishing evidence, and a Report, which it is hoped will prove a sound basis for legislation."

After some remarks in opposition from Dr. ANDREW WOOD, the motion was negatived, three only voting for it.

*The Education Committee.*—The Council entered on the considera-

tion of the Report of the Committee appointed by the Council to confer with the licensing bodies on the Education Report, read at the meeting of the Council on the 24th inst. It was moved by Dr. PARKES, seconded by Mr. HAWKINS, and agreed to—"That the Committee appointed to confer with the licensing bodies on the Report of the Committee on Education, be reconstituted, and be termed the Committee on Professional Education."

*The Queen's University in Ireland.*—The Council took into consideration the Report of the Queen's University in Ireland relative to preliminary examination, read at the meeting of the Council on the 24th inst.

Dr. PARKES moved—"That it be an instruction to the Executive Committee to communicate to the Privy Council the correspondence between the Registrar and the Queen's University in Ireland, and to urge upon the Privy Council the necessity of refusing registration to the graduates of the Queen's University until the University complies with the recommendations of the General Medical Council on the Preliminary Examination of Medical Students."

He regretted that the Queen's University, the medical degrees of which were of so high a character, should be placed in this position. It was, he believed, impossible that the University could act as it had, unless from misconception of the wishes of the Medical Council. The question was not, whether the Queen's University should require its students to continue their studies in Arts after commencing their Medical Studies. On the question whether such a course were advisable, there might be difference of opinion; but the Council would not interfere with the action of the University on this matter. But the Council had determined that *all* persons should pass a preliminary Examination in Arts before entering on the study of the medical profession. This recommendation had been followed by all other Examining Boards. The questions for consideration were, had the Queen's University infringed this regulation? was the regulation of so great importance that it ought to be enforced? and ought the Council to report the Queen's University to the Privy Council? In 1867, the visitors of the Examinations at the Queen's University reported that students were allowed to commence their course of medicine without previously undergoing an examination in Arts. In 1868, by direction of the Council, the attention of the University was specially called to the omission; it being supposed that the desire of the Council had been misunderstood. No notice of the communication was taken by the Queen's University; and, at the meeting of the Council in 1869, it was proposed that the University should be warned that it was advisable to institute Preliminary Examinations so as to avoid the necessity of a representation being made to the Privy Council. He (Dr. Parkes), however thought that a milder course might be followed for another year; and proposed a motion, which was adopted by the Council, to the effect that the Queen's University should be again asked for an explanation. This had been done by the Registrar; but the replies received from the University had not been satisfactory. In these circumstances, the Medical Council had no alternative but to represent the Queen's University to the Privy Council. As to the question whether the University was justified in refusing to obey the instruction of the Medical Council, this must be argued before the Privy Council. The Medical Council had, after serious debates during several Sessions, made the regulation regarding Preliminary Examination. It had determined that the recommendation was highly vital and important, and one which ought to be enforced generally. Could, therefore, any one Board be allowed to deviate from the recommendation of the Council? There were but two alternatives. If the recommendation were good, it must be enforced generally; if not, the sooner it was done away with the better. He thought that time had come for bringing the conduct of the Queen's University before the Privy Council; the matter had already been delayed two years. The Medical Council had had singular difficulty in ascertaining whether an Examination analogous to that required by the Council was required by the Queen's University. It appeared, however, that in the Queen's Colleges there were entrance examinations of a character generally similar to the preliminary examinations required by the Medical Council.

Dr. STORRAR seconded the motion.

It being now six o'clock, the discussion of the motion was adjourned.

*Tuesday, March 1st.*

Dr. PAGET, President, took the chair at one o'clock.

LETTER TO THE LORD PRESIDENT OF THE PRIVY COUNCIL.

THE PRESIDENT submitted to the Council the draft of a letter to the Lord President of the Privy Council. The letter was considered paragraph by paragraph, and adopted as follows.

General Council of Medical Education and Registration, 32, South Square, London, W., March 1st, 1870.

Sir,—I beg leave to acquaint you, for the information of the Lord President of Her Majesty's Council, that your letter of the 2nd February, written by direction of his Lordship, the receipt of which I have already acknowledged, seemed to me to deal with matters of so much importance, and to require so early a reply, that I thought it advisable to summon without delay a meeting of the General Medical Council for its consideration.

The General Medical Council desires me to express the great satisfaction with which it received the intimation conveyed in your letter, that the Lord President would hope to propose to Parliament a measure for amending the Medical Act, which should remedy not only such defects as were touched on by the Medical Council's Draft Bill of last session, but effect much larger and more important improvements in the system under which persons now receive licences to exercise the profession of medicine.

In addition to former communications from the Medical Council relative to the matters requiring legislation in any new Medical Act, I now beg to forward, for the information of the Lord President, copies of resolutions agreed to by the Medical Council at its meetings on the 26th and 28th February, 1870, when your letter was brought under its consideration.

You will see from these resolutions that the Medical Council agrees with the Lord President in thinking that the present system of medical examination entitling to registration requires amendment, and that the Council considers that some more or less consolidated examining authority should be instituted.

The Council has decided that this may be best accomplished by the formation of a conjoint Examining Board in each division of the kingdom, such Board being constituted by a combination of the present Licensing Bodies on a plan to be hereafter determined.

The Council believe that arrangements may be thus made, which, with the least injury to existing institutions, will ensure that the examination for license to practise shall be in every respect complete and trustworthy.

The Council has appointed its Executive Committee to confer with the Lord President, and to bring before him, for his consideration, the various provisions which it would be necessary to introduce into an amended act, in order to carry out the objects stated in this and former communications from the Council.

I have only further to acquaint you, that the Executive Committee will be prepared to attend upon his Lordship at any time that he may appoint.

I have the honour to be, Sir,

Your most obedient Servant,

(Signed) GEORGE EDWARD PAGET, M.D.,

President of the General Medical Council.

John Simon, Esq., F.R.S., Medical Officer to the Privy Council.

Dr. PARKES moved, Dr. ANDREW WOOD seconded, and it was resolved—"That this letter, as now approved of, be transmitted, with the Minutes of the Council during its present session, and the other official communications on the subject of an Amended Medical Act, to the Lord President of Her Majesty's Council."

*The Queen's University in Ireland.*—The debate on Dr. Parkes's motion was resumed.

Dr. SHARPEY, referring to Clause 30 of the Medical Act, thought it was necessary that a representation to the Privy Council should as closely as possible follow the words of the Act; viz.: that the course of study and examination was not such as to secure the possession of the requisite skill and knowledge for the practice of the profession.

Dr. AQUILLA SMITH thought the motion inopportune at present, when the subject of Preliminary Examination was about to be taken into consideration by the Queen's University.

The PRESIDENT referred to the institution of Clinical Examinations by the University, referred to by Dr. Leet in his report. He thought that, in the circumstances, it might be advisable not to press the matter at present.

Dr. PARKES agreed that his motion might not be pressed. But a letter should be written to the Committee of the University on the subject.

Dr. ALEXANDER WOOD believed that the question would never have been brought forward but for the constant reference made by Sir Dominic Corrigan to the action of the Queen's University. He thought that Clause 20 of the Medical Act was a very awkward one. The Council should have power to bring before the Privy Council any of the Licensing Boards which did not comply with its regulations, even though the fault amounted to less than the admission of improper persons into the profession. He moved as an amendment—"That, in answer to the communication from the Queen's University, informing the Council that

the 'Senate are engaged in revising the whole scheme of Medical Education and Examination, and that the question of holding a Preliminary Examination prior to the commencement of medical studies will obtain their careful consideration,' the Registrar inform the University that the Council will hold another session in a short time; and that the Council hope that, previously to next session, the University will have conveyed to the Council their decision on the question referred to."

Mr. HARGRAVE seconded the amendment.

Sir DOMINIC CORRIGAN said that many of the facts and reasons adduced in support of the motion were erroneous. The Queen's University had admitted to the profession men who, as Dr. Parkes himself acknowledged, held high places in the examinations of the Army and Navy Boards. The Medical Act left to each one of the Licensing Boards uncontrolled power of carrying out medical education as it pleased. He would wish that Dr. Parkes's motion were carried; for he was sure that the Queen's University would come out triumphantly.

Dr. PARKES said that, although the Medical Council might be defeated on the technical question, the Privy Council would be with it on the merits of the case.

The amendment was then carried *nem. con.*; and, on being put to the vote as a substantive motion, was also carried.

*Report of the State Medicine Committee.*—Dr. A. LAND presented a report from the State Medicine Committee.

Dr. ACLAND moved, Dr. PARKES seconded, and it was agreed—"That the Report of the State Medicine Committee be received, and that the Committee be reappointed; that they further confer with Mr. Ouvre as to the proposed clauses to be introduced into the Act of Parliament, and that they report again at the next meeting of the Council."

It was moved by Dr. QUAIN, seconded by Dr. STOKES, and agreed—"That the opinions of the Universities and Corporations on the Report of the State Medicine Committee be printed as an Appendix to the Report."

Sir D. CORRIGAN moved, and Mr. COOPER seconded—"That it is the opinion of the Council with respect to proposed arrangements in the Report on State Medicine, having reference to separate regulations for Medical Corporations and Universities, that there should not be any distinction made between the privileges of the respective Universities and Corporations represented on the Medical Council." The motion was negatived.

*Report of the Finance Committee.*—Dr. SHARPEY presented the following Report.

The Finance Committee beg leave to present a statement of the estimated and actual income from ordinary sources, and of the estimated and actual expenditure for the year 1869. The early period of the year and the uncertainty as to future meetings of the Council have appeared to the Committee sufficient reasons for not offering an estimate for 1870. The actual expenditure of 1869 amounted to £5489; 14, which exceeds the actual income by £765:15:5. The excess of expenditure is in part owing to the charges for printing and other expenses incurred by the Committees on Education and State Medicine, which came to £381. The income of 1869 has fallen short of that of the previous year by £405:5:11. Of this difference, £356:5 is owing to a diminution in the amount of fees received for registration. A statement of the receipts and disbursements on account of the *British Pharmacopœia*, up to January 5th, 1870, has been given in the accounts which appear in the minutes of the Executive Committee, and which will be presented to Parliament and published in the *Medical Register* as usual. The Finance Committee recommend that the balance in the Bank of £337:6 be applied towards repayment of moneys advanced by the Council for publishing the *Pharmacopœia*, which will reduce the sum remaining due to the Council to £374:14. The Committee further recommend that for the future the receipts and expenses connected with the *Pharmacopœia* should not form a separate account; but, like those relating to the *Medical Register*, should be included in the ordinary accounts of the General Council. If the repayment now recommended be made, it will, with any further receipts for sales, contribute to augment the ordinary income for next year, and will reduce the debt still owing to the Council to £374:14.

On the motion of Dr. SHARPEY, seconded by Dr. A. SMITH, it was resolved—"That the Report of the Finance Committee be received and adopted."

*Committees.*—The Executive Committee was elected by ballot as follows—Dr. Bennett; Mr. Hawkins; Dr. Acland; Dr. Andrew Wood; Dr. A. Smith; Dr. Sharpey.

The Pharmacopœia Committee was reappointed, to consist of Dr. Christison; Dr. Sharpey; Dr. A. Smith; Dr. Quain.

It was resolved that the Committee on the Registration of Medical Students, and the returns of professional Examinations and their results, be continued, and report at the next meeting of the Council.

*The Society of Apothecaries and the Power of Expulsion.*—A resolution passed by the Branch Council for England, on the 16th December, 1869, was read; and also a communication from the Clerk of the Society of Apothecaries, stating that the Society would willingly avail themselves of any opportunity which presented itself for acquiring the power of striking off from their list the name of any of their licentiates who may have been guilty of infamous conduct, and would be grateful for any assistance which the Branch Council, or the General Medical Council, could render them with a view to its attainment.

It was resolved, on the motion of Mr. CÆSAR HAWKINS, seconded by Mr. COOPER—"That the Resolution of the English Branch Council, and the communication from the Society of Apothecaries be entered on the Minutes"; and "That, in the opinion of this Council, it is desirable that all Medical Corporations should possess the power, legally exercised by some of them, of striking off from their lists the name of any person registered under the Medical Act, under any of the qualifications conferred by those Bodies, who shall have been convicted in England or Ireland of any felony or misdemeanour, or in Scotland of any crime or offence, or shall, after due inquiry, be judged by any one of those Bodies, or by the General Medical Council, to have been guilty of infamous conduct in any professional respect; and that a clause to this effect should be introduced into any Amending Medical Act."

Mr. COOPER moved, Mr. HAWKINS seconded, and it was agreed—"That the foregoing Resolution be transmitted to the Lord-President of the Council."

*The Teaching of Anatomy.*—Dr. THOMSON laid upon the table a printed Statement of Teachers of Anatomy in different parts of the country, with regard to the *minimum* time to be devoted to the study of anatomy. It was resolved "That the Statement be referred to the Committee on Professional Education."

*A Copy of the Pharmacopœia Suecica* was presented to the Council by direction of the Swedish Government, through His Excellency the Swedish Minister in this country.

It was resolved, on the motion Dr. PARKES, seconded by Mr. COOPER, and agreed, that the thanks of the Council be returned to the Swedish Government.

*Communications* from the Rector of the University of Munich, from Colonel Henderson, Chief Commissioner of Police, relative to offensive advertisements, and from the Bishop of New Zealand, were referred to the Executive Committee. A letter was received from Dr. Edwards Crisp; and a memorial was read from Dr. James Clark, relative to the legal responsibilities of Medical Practitioners.

The ordinary votes of thanks, etc., having been passed, the Session terminated.

## SIR JOHN GRAY'S MEDICAL BILL.

THE Bill for the reform of the Medical Acts, introduced into the House of Commons by Sir John Gray, proposes several important alterations in the formation of the Medical Council and the mode of admitting persons to the *Register*. It designates the Council as one of Education, Examination, and Registration. The Council is to be appointed as at present, with the addition of *twelve* members elected by the registered members of the profession—*six* for England and Wales, *three* for Scotland, and *three* for Ireland; and the meetings are to be held successively in London, Dublin, and Edinburgh. Twelve examiners—*six* for England and Wales and three each for Scotland and Ireland—are to be elected by the Council; and six other examiners—two from each division of the kingdom—are to be appointed by the Crown. The eighteen examiners thus appointed are to hold office for three years; eight of the twelve elected by the Council are to be hospital teachers, two lecturers on Chemistry, and two on Materia Medica or Medical Jurisprudence. The Board of Examiners, or a Committee of them, is to hold periodical examinations in London, Dublin, and Edinburgh. No one is to be registered until he has passed an examination before such Board; the examinations are to embrace all departments of medicine, and are to be practical. The corporations and universities are to pay the fees of their representative in the Council: the members appointed by the Crown are to be paid by the Privy Council; while the medical practitioners *may*, in like manner, pay the representatives elected by them: but none of the funds of the Council shall be used for the payment of its members. There is also a clause giving the General Council power of enforcing regulations as to preliminary and professional education. Such are the principal features of Sir John Gray's Bill. We reserve comment to a future occasion.



## NOTICE.

THE ANNUAL SUBSCRIPTIONS TO THE BRITISH MEDICAL ASSOCIATION FOR THE YEAR 1870 ARE NOW DUE: and it is a matter of great convenience to the Association, and conduces to the efficiency of its working, that they should be paid promptly.—Members of Branches, and all others who usually receive circulars at the beginning of the year from the local Secretaries, will greatly oblige, and will prevent trouble, by PAYING THEIR SUBSCRIPTIONS TO THE LOCAL SECRETARIES, AND NOT TO THE GENERAL SECRETARY.—All other members should pay their Subscriptions without delay to the General Secretary, T. WATKIN WILLIAMS, Esq., 13, Newhall Street, Birmingham.

Members of the Association residing in the counties of Middlesex, Essex, and Hertfordshire (except those belonging to country Branches), should pay their Subscriptions to Dr. A. P. STEWART, 75, Grosvenor Street, W.; or Dr. ALEXANDER HENRY, 16, Great Coram Street, W.C.

## BRITISH MEDICAL JOURNAL.

SATURDAY, MARCH 5TH, 1870.

## THE MEETING OF THE MEDICAL COUNCIL.

THE result of the deliberation of the Medical Council on the letter addressed to Dr. Paget by the Lord-President of Her Majesty's Privy Council must be regarded as highly satisfactory. Last week there was some reason, in consequence of the apparent indifference or disinclination of a number of the Scotch and Irish licensing bodies to the proposal for the establishment of joint Examining Boards, to fear that the Council might, at the best, approve the proposal by merely a small majority. Two days' discussion, however, revealed great unanimity on the part of the members of the Council as to the mischief of the present licensing system and the expediency of amalgamation of examinations; and, by a large majority, it was voted that the President should send a reply to the Lord-President in favour of the principle of combined Examining Boards. The minority cannot be said to have all—if indeed any of them disapproved it—voted against the principle of combination; some of them—notably Sir Dominic Corrigan and Dr. Rumsey—advocating, not a combined Board for each division of the kingdom, but one Board for the whole kingdom.

The real question which was the subject of debate for two days was, whether the Council should at once send a reply, affirmative or negative, to the question contained in the Lord-President's letter, or should delay an answer until an opportunity of consulting their constituencies had been afforded to the members. It was argued, by the supporters of the latter proposal, that there had been no time for the Universities and Corporations to consider the Lord-President's letter. To this it was effectively replied, that the Lord-President's letter contained no new proposal; that it merely asked the opinion of the Council on a suggestion made in the Report presented last year by the Education Committee; that this Report—containing a proposal for the combination of examinations—had been months ago brought under the notice of all the Licensing Bodies; and that the English Boards had actually been for some time engaged in negotiations for carrying out the proposed combination. It was also pointed out that the Lord-President asked the Council to give its opinion, and not the opinions of the Universities and Corporations; and that, if he desired to learn the views of these bodies, he would doubtless take the ordinary means of doing so. Further, it was very correctly shewn that a delay or refusal to give the Lord-President a direct answer to his letter would amount to a declaration of its own incompetency by the Council, and would deprive it of an opportunity which it never had before and never might have again, of gaining the co-operation of the Government in an amended medical legislation.

The basis on which the supporters of the proposal for delay founded their arguments seemed to be, as was observed by one of the speakers, the assumption that those members of the Council who are elected by

the Universities and Corporations are bound to follow throughout the desires and instructions of their constituencies. This idea, indeed, was very distinctly brought out by Sir Dominic Corrigan, who said that he had received specific instructions from the Queen's University (which he represent) with reference to the matter under discussion. The members of the Council ought, we think, to be grateful to Sir Dominic for the opportunity which he thus gave to the President and Dr. Storrar of explaining that the members of the Council are not mere *delegates*, but that the object of their meetings is the promotion of the common professional and public good, and not of the mere interests of the bodies which elect them.

The Medical Council is to be congratulated on the course which it has adopted. It has been for years endeavouring to obtain an amendment of the Medical Acts, but without success. At last, the Lord-President of the Privy Council offers amended medical legislation, on condition that the whole ground shall be thoroughly gone over, and especially that something shall be done to remove the existing evil of multiple entrances to the profession. He asks the Council, "Do you approve of the proposal that conjoint Examining Boards should be formed? and do you desire that you should be endowed with greater powers than you now possess, for the purpose of carrying out the provisions of a new Medical Act?" To both these questions the Council has distinctly answered "Yes"; and this it has done, not in a spirit of apathetic assent, but with a full sense of the importance of the subject. The events of the last week have materially improved the prospects of reform in the organisation of the profession.

## THE MINIMUM QUALIFICATION.

THERE is probably but little reason to doubt that we shall, before long, have Medical Examining Boards established throughout the kingdom, which will proceed on an uniform method, and which will confer a general and uniform licence to practise. The licence thus conferred will qualify its holder for all departments of the medical art. Those who hold it will be protected by law alike in the responsibilities of a fever case and a lithotomy operation; they will, as far as the public is concerned, be warranted skilful in midwifery, and entitled equally to prescribe poisons and to employ the knife. To them almost all public medical appointments will be open; and they will, we have little doubt, take to themselves that title which most covet, and which the public so willingly gives. It is true that some of this number may make efforts to distinguish themselves from the crowd by securing other diplomas of a more ornamental kind and implying more extended study; but it is highly probable that these will be but a very small minority, and that they will find some difficulty in bringing their higher achievements under the notice of the public without being charged with breaches of good taste. Year by year the proportion of those will probably increase who satisfy their ambition with the one necessary and legal diploma, and are content to receive in after life such honours only as their friends and the public may please to confer.

Nothing is indeed more certain than that the first and general licence—what it is the custom now to speak of as the *minimum qualification*—will be the one on which the public will have to rely, on all ordinary occasions, as the guarantee of skill, knowledge, and character, in its medical advisers. Such being the state of the case, there are few matters of greater importance to all than that this *minimum* shall be made as nearly a *maximum* as circumstances will admit. It is the wish and the interest of all—of the public and the profession alike—that medical men should be as highly trained and instructed as possible; and, in the new legislation which is expected, we trust that liberal and hopeful counsels will prevail. It will be a deplorable mistake if it should be thought that the mere combination of Examining Boards will do all that is wanted. That very considerable changes in our system are also needed, few who have thought on the subject will doubt. We hope that the Medical Council, the professional advisers of the Crown, and

the corporate bodies, will each and all give to this subject their most careful attention.

First, we must express a hope that the old and most culpable principle of endeavouring to keep the profession respectable by making medical education expensive, will be utterly abandoned. There is no doubt that this notion has prevailed extensively, and has influenced many of the arrangements now in force. Heavy fees, a long curriculum, compulsory residence for years at medical schools, have all been justified in turn by the specious argument that it is desirable to put obstacles in the way of poor men entering the profession. The aim should have been not to exclude the poorer students, but the ignorant and stupid ones. If our test-examinations had been good, if they had been such that only well-educated gentlemen could go through them, we should never have heard objections raised against attempts to cheapen the student's career. Let us once have uniform examinations which can be trusted to, and the avenues to our ranks may, with the greatest advantage, be made much more easy of access. It will not then be found necessary to encumber the student with so many regulations as to his attendance on lectures or on certain privileged hospitals, at which alone it is supposed that medical teaching can be supplied. Students may then safely be allowed considerable liberty of choice, for they will be compelled to find out for themselves where they can best get that familiarity with the various details of their chosen profession which will be required by their examiners. It is quite within possibility that the discovery may be made that we have been too exclusively relying upon medical schools, and that the tendency of our regulations has been to lead to a very unwise neglect of the opportunities for gaining real experience which are offered by our smaller public institutions, by parish appointments, and by private practice. No one will propose a revival of the apprenticeship system; but many will probably share with us the belief that a plan which should enable students to secure more familiarity with the details of disease at the homes of the sick, and more opportunities of social intercourse with their seniors in the profession, would, even if attended with some reduction of the time compulsorily spent in metropolitan residence, be a great advantage to all. We have done far too much of late in the way of hot-bed forcing, and we have neglected the more natural methods.

It is to be hoped, too, that there may be no mistake as to the extent of the reform and development which is desirable in our examinations. It is not merely uniformity that we want, nor will completeness as regards all the three branches suffice. We need improved quality as well as a better system. We want examiners who may dare to look the public and the profession boldly in the face, and say "We have used practical tests; we have taken our candidates to the bedside; we have ascertained the reality of their knowledge, and we assure you that we have admitted none but soundly educated men." We may then hope to hear no more of gross ignorance in association with diplomas which vouch for knowledge. That strict examinations of the kind alluded to would have the effect of reducing too much our numbers, and of leaving some districts ill supplied, we have not the slightest fear. Make education cheaper; or rather remove the restrictions which now, without attaining any good end, have the effect of making it unreasonably expensive, and you may increase the strictness of examinations to almost any extent without fear of a scant supply of candidates. There are hundreds of young men lost to us every year who look longingly to our ranks, who would do us the greatest credit, and whose sole hindrance is the prolixity and expensiveness of a medical education.

It is to be hoped, then, that the fear of a deficient supply will not in the least influence those who are about to re-arrange our educational plans in the direction of inducing them to keep the minimum low. We trust they will rather allow themselves to believe, without reserve, that whatever examiners may in reason require, that will students be able to learn, and that will teachers be able to teach. It is the Examiners, we reiterate, who must set the key-note; and, that it has, as yet, never been pitched nearly high enough, all familiar with the details of our schools will admit.

Examinations of the kind to which we refer must, of course, be much more extended and precise than those now in use. They will take up much more time, and they will necessarily be more expensive. For all subjects, excepting, perhaps, those concerning actual practice, it will be desirable to employ younger men, who may be supposed to have more both of leisure and patience for their work. The arrangements for making the tests used definite and free from fallacy must be carefully developed. There is no limit to what such Examinations might become in their usefulness as means for promoting medical education and advancing the study of natural science.

Let the surgeons of the present day recall their student-days, and ask whether the opportunities for acquiring a knowledge of their subjects were then well developed. Is it not a fact that we look back to knowledge gained after months of trouble which ought to have been drilled into us as the merest preliminary, just as the first propositions of Euclid would be taught at school? Were we not left to pick up information for ourselves as we could, without system, and to a large extent without help from others? Were the books which were put into our hands the best that could have been devised for their object? Were diagrams, models, apparatus, and specimens, made use of to a tithe of the extent that we now see would have been useful? Or, granting that in some schools good opportunities existed by which diligent men might profit, is it not a fact that those who were inclined to idle pursued their inclination uncontrolled, and that a considerable minority did scarcely any work until within a few months of their pass-examination? The standard of possible excellence which examiners laid down for their own guidance was formed by their observation of the attainments of those who presented themselves; and, as many of these had been favoured with but little teaching, and had done next to nothing for themselves, the standard was naturally a low one. We grant most thankfully that a quarter of a century has seen some improvement in the details of medical tuition. Many of these, good to a certain extent, have, however, been in an artificial direction, and have not shown faith enough in natural forces. We have regulated our schedules, we exact a definite number of lectures from each professor, we instruct him as to their precise length, and, finally, take means to compel the regular attendance of his class. The old admonition as to taking the horse to water has in all this been too much forgotten. You cannot make a perfunctory lecturer more emphatic and lucid by enacting that his course, hitherto not unfrequently scamped, shall in future always consist of seventy-two lectures of an hour each; nor can you make a lazy student learn medicine by enforcing his unwilling attendance on such a course. It would be a wiser plan to take measures for making your horses thirsty, and then trust that they will find the stream for themselves. The improvements in medical education of the last fifty years have, probably, been not greater than the next five will witness, if only we can get out of our groove into a broader and better road. Make it certain that no student shall be able to gain "the minimum qualification" unless he has acquired a detailed knowledge of his profession in all its branches; allow him, by annual examinations, the advantage of knowing from time to time how he stands; exempt him, to a large extent, from artificial restrictions on his modes of gaining what he wants; make no needless demands on his pocket; and, lastly, expose our schools and our teachers to far freer competition amongst themselves, and we foretell an advance which will surpass the expectations of the most sanguine. The idle and the unfit will be shaken off; the industrious will be stimulated and encouraged; valuable time will be economised; and the art of teaching will be developed. Nor do we fear any real harm to any of our institutions. It is quite possible that some changes in their relative positions might ensue, and certain partial monopolies would undoubtedly be abolished; but the number of those enlisted in the cause of medical education and training would be greatly increased. In reality, however, our great hospitals would lose nothing in being forced to maintain their prestige by fairer means than formerly; and even if it should be thought that they would, we must reply that it is not specially their advantage that we have to consider, but the future well-being of the whole profession.

## THE CONSTITUTION OF THE MEDICAL COUNCIL.

WE are glad to observe that the Government, whilst anxious to co-operate with the Medical Council in effecting educational reforms, is also alive to the necessity of improving the mode of electing that body. The subjoined questions have been addressed by the Lord-President of the Privy Council, in a letter dated February 25th, to each of the bodies named in Schedule A to the Medical Act.

1. What Board or body of persons act under the fourth Section of the Act in the ..... in choosing a person to act on behalf of the same on the General Medical Council?

2. Of how many members does the Board or body consist?

3. By what constituency (if any) are the members of the electoral Board or body appointed? Or what other qualifications give a vote?

WE have already expressed our views as to the importance, in respect to most of the electing bodies, of giving votes more liberally to those composing them, and also of having some members deputed by the profession at large. The answers elicited by the above queries will doubtless be useful in the arrangement of a new scheme. The necessity of it, in the face of new work and larger responsibilities, has been fully admitted by the Medical Council itself.

## COMPENSATION CASES.

THERE have been several actions for damages against railway companies lately, of more or less medical interest on account of the amount of the damages awarded without, in any case, there being any material bodily injury. All of them came under the category of "nervous shocks."

Miss Beale, aged 24, obtained £300 for "shock to nervous system" in the famous New Cross accident. She was not cut nor bruised, but had suffered from constant vomiting, and also from dimness of sight and defective memory. Instead of being a strong healthy girl as she was before the accident, she had become unable to pursue any active employment. She had no organic disease; and it was stated she would most probably recover entirely in twelve or eighteen months. The plaintiff appeared very unwell in the witness-box; and after answering two or three questions, she became hysterical and had to be removed from the court.

In an action against the Lancashire and Yorkshire Railway Company, a market-gardener obtained £850. He was travelling in a third-class carriage when the shock occurred in a collision. He was driven violently backwards and forwards, but no serious symptoms set in then, nor till after he had continued his usual occupations for more than a month. Five weeks after the accident he helped, with five others, to carry the clergyman of the parish in his coffin to the grave. When in the witness-box, he gave his age as 43, but looked much older, and was bent and feeble, had a weak voice, and sat all the time. The medical evidence was to the effect that his spine was injured, and it was doubtful whether he would ever recover. His eyesight was permanently deteriorated. The defence was that there would have been no serious symptoms developed, had he not continued to go about contrary to the advice of medical men. The medical advisers of the company thought he would recover in six or eight months; and it was inconsistent with serious injury that the plaintiff had continued at heavy work for so long after the accident.

There has been another action against the same company, in which an actress obtained £850 damages. In this case there was no definite injury. The plaintiff and her husband were travelling to Newcastle when part of the train left the line. It is said that Mrs. Metcalfe became insensible. At Leeds she was very ill. She reached Newcastle, however, and played for fourteen nights. From Newcastle she went to Hanley and played for twelve nights, and then went to Dudley; but, after appearing for two nights, she was utterly unable to sing alone, and had to give up her engagement. She went to various watering-places to recruit her health. She stated she was 28 years of age; and, though she had not sustained any direct injury at the time, she had

since temporarily lost the use of her left side from the shoulder to the ankle; she had a numbness which made her trip against things, but she was not lame; she still suffered from patches of numbness and insensibility in the left side and leg, the numbness generally lasting for an hour or so. At the time of examination, she said she had a patch of numbness in her cheek and also in the "muscle of her left arm." Dr. Ramskill stated that, in his opinion, two years must elapse before a recovery took place, and he doubted whether she would ever be able to dance again. Sir William Fergusson and Mr. Partridge expressed their opinion that the lady's ailments were rather mental than physical, and did not think the spine was injured.

In an action against the Midland Company, a licensed victualler obtained £600. The train in which he was travelling sustained a slight shock against a "butt" at the end of a siding. It was urged for the plaintiff that "irritation of the spine" had been caused by the accident. The defendants alleged that there was no injury to the spine; that most of the symptoms were due to indigestion, owing to his habits being altered. He was more active in getting about afterwards than was consistent with serious injury. The collision was by no means violent, none of the company's servants having been even thrown down.

In the accident at New Cross, a young woman named Absell was struck on the back of the neck, her head being thrown back into contact with the top of the dwarf partition. She shrieked and fainted, and remained insensible till near the end of the journey. She again fainted or had a fit on the platform at London Bridge. At the time of the trial she was worse than she had been for two or three months; she suffered from frequent vomiting, and had "fits." She was to have given evidence in the case of a friend, but she had a fit on the way to the witness-box. In her own trial she had to be carried out of court in a fit. The medical evidence was that these fits were a combination of hysteria and epilepsy, and that it might be two or twenty years before recovery occurred. The verdict, without any evidence in defence, was for £325.

PROFESSOR AGASSIZ is ill from nervous prostration and overwork, and cannot even write letters.

THE foundation-stone of the new Infirmary at Southport is to be laid this day (March 5th).

THE celebrated Austrian naturalist, Professor Unger, was found dead in his bed on the 13th February. The medical examination showed that death had been caused by strangulation. No trace of the murderer has yet been found.

A LONDON committee has been formed for the repeal of the Contagious Diseases Act. Amongst the names attached to it are those of the Bishop of Lichfield, the Bishop of Salisbury, the Rev. F. D. Maurice, Mr. John Stuart Mill, Mr. Mundella, M.P., and Professor F. W. Newman.

WE beg to remind our readers that the Gulstonian Lectures of the Royal College of Physicians will commence on Friday next, the 11th instant, at 5 P.M. Dr. Maudsley will lecture "On the Relations between Body and Mind, and between Mental and other Nervous Disorders."

## POISONING BY PHOSPHORUS.

THE Court of Assizes at Nismes, in France, have just tried a man and woman for poisoning their daughter, aged 12. The girl was constantly subjected to their persecutions, and told a friend that they wanted to poison her with lucifer-matches. The girl died in October last; and, at a *post mortem* examination of the body, traces of phosphorus were discovered. The female prisoner was found to have purchased some rat-poison in the previous September, which contained that substance. The mother, in defence, stated that the girl had eaten some figs prepared for killing rats. The guilt of the prisoners not being fully proved, they were pronounced "not guilty".



## CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST.

THE Committee have decided to proceed with the erection of a new wing, and thus complete the original plan of the building. £7,000 is required for the purpose.

## BIRMINGHAM SANATORIUM.

At a meeting of the Governors last issued, the necessity of at once commencing the new building was insisted upon by more than one speaker, and the Committee will probably proceed with its erection without delay.

## PAUPERISM.

FROM a parliamentary return just issued, it appears that 121,012 persons were relieved in the metropolis as out-door paupers (exclusive of insane paupers and vagrants) on the 1st of January last, of whom 18,270 were men, 46,202 women, and 55,540 children under sixteen years of age.

## HEALTH OF ISLINGTON.

DR. BALLARD reports a great diminution in the number of cases of scarlet fever in St. Mary's, Islington. He calls attention to the dangerous practice of carrying the bodies of children to the burial-ground in mourning-coaches. We notice in the same report that nearly half (51 out of 111) of the new cases of diarrhoea occurring in January were at the Pentonville Convict Prison. Surely this ought not to be.

## THE "PECULIAR PEOPLE."

LAST week, we noticed the death of the child of a member of a religious denomination styled "Peculiar People", without any previous medical attendance. A *post mortem* examination ordered by the Coroner, and performed by Mr. Mercer, has shown that death resulted from bronchitis. It is an open question whether medical advice would have saved life. A brother of the deceased has also died.

## WANT OF MORTUARY HOUSES.

MR. LIDDLE, in his health-report for the quarter, tells us that the dead body of a husband was kept for eleven days in the room occupied by the widow and another woman as a sleeping and living room, because the money for the coffin was not forthcoming. Surely the knowledge of such cases as this ought to convince people of the necessity for public dead-houses.

## REPORT OF THE SMALL-POX HOSPITAL.

THE Report of the Small-Pox Hospital for 1869 shews that there were 357 cases of small-pox in persons previously vaccinated, 25 of which were fatal (17 per cent.); five of the fatal cases, however, died from other diseases unconnected with small-pox, so that the true death-rate from variola in vaccinated persons was 5.6 per cent. The death-rate of the unvaccinated cases was 27.7 per cent.

## TESTIMONIAL TO DR. EVANS OF BIRMINGHAM.

WE are glad to see that the proposal to present a testimonial to Dr. Evans, Consulting-Physician to the Birmingham General Hospital, is warmly supported. At an influential meeting held last week in the Midland Institute, it was announced that the sum of £635 : 15 : 6 had already been subscribed; and a Committee was about to be appointed for the purpose of determining on the nature of the testimonial.

## BENEFITS OF GOOD SEWERAGE.

ANY one who is sceptical about the practical benefits of hygienic measures should go to Leek, in Staffordshire, and be converted. Sewerage works have been in existence for the last nine years in that town; and during this time the annual rate of mortality has decreased from 29 to 24 per 1,000, and the average age of the dead has increased by nearly one-third. If there be no sources of fallacy in the calculations, these facts give a proof of the good results of efficient sewerage as instructive to us all as it is important to the inhabitants of Leek.

## WEST NORFOLK AND LYNN HOSPITAL.

THE annual Report shews on the credit side (including a legacy of £500 under the will of Miss Harriet Bell) £3,279, whilst the expenditure (including an investment of £752 : 13 : 10 in Consols) amounts to only £2,837, leaving a balance in hand amounting to £542.

## STATISTICS OF THE MEDICAL PROFESSION IN PRUSSIA.

IN 1869, there were in Prussia, to a population of 23,971,337, 6,526 medical men (fully qualified in medicine, surgery, and midwifery); 920 surgeons of the first class (only partially qualified under old regulations which were abolished some years ago); 330 barber-surgeons; 234 dentists; 1,612 veterinary surgeons; 2,238 pharmaceutical chemists possessing pharmacies; 16,070 midwives.

## DEATH OF AN INFANT FROM CHOKING.

AN inquest has been held in Bermondsey on the body of a child aged eleven months, who died while his mother was feeding him. The child was sitting on her knee, and she was giving him pudding and meat cut in small pieces. Suddenly the baby became stiff, struggled violently, and turned black in the face. He was dead before medical assistance could arrive. The Coroner (Mr. W. Carter) said he had seen many such cases, and it was evident to him that the child had been choked through being over-fed. Verdict, death from natural causes. There does not appear to have been any *post mortem* examination.

## ALLEGED DEATH FROM DISAPPOINTMENT.

IF a young woman is slighted now-a-days by a faithless lover, an action for breach of promise is the general consequence. A trial has, however, taken place at Warwick Assizes, which shows that death from a "broken heart" still results occasionally. A young man had been much struck by the personal attractions of a maid at a restaurant in Milk Street, and persuaded her father, who lived at Coventry, to educate her—the lover paying expenses. After a time, however, (October 1868), the girl receives a letter telling her that the young man is tired of the engagement, and means to break it off. She weeps many tears over this letter, gradually pines away, and "dies of a broken heart" in the following May. The father brings the action to recover the expenses of her education. The verdict was for £41 : 9 : 9.

## PUBLIC HEALTH IN ITALY.

ON the faith of the *Imparziale*, we stated in one of our previous numbers that the Public Health Department of the Italian Home Office has been suppressed, and called this measure "a doubtful economy". It now appears, from information which Baron Paul von Seydewitz, M.D., has received from official quarters, that the above statement was incorrect. The direction of the Public Health Department, which hitherto formed a separate division at the Italian Home Office, has been lately united with the Department of the Public Benevolent Institutions, such as hospitals, asylums, etc. By this measure, all sanitary matters are now brought under one head. The Italian Government has no intention to interfere with the central service of Public Health; neither with its administration, nor with its superior Council, attached to the Home Department.

## POSSIBLE DURATION OF PREGNANCY.

IN the course of an action for damages for the seduction of a young woman, the question of the possibly protracted duration of gestation was raised. The alleged father had had no access to the mother of the child later than 301 days before its birth, and he naturally disputed his liability. Dr. Tanner deposed that the ordinary period was 270 to 280 days, but might be exceeded by two, three, or even four weeks. He thought there was no inconsistency in the present case (from April 15th to February 9th—that is, 301 days). He had not known any case himself in which the ordinary period had been exceeded by a week, but he had no doubt there were such cases. He had heard of such. Mr. James F. Clarke deposed that there were cases on record extending over more than 301 days. Sir James Simpson

had recorded a case of 310 days. Dr. Barnes deposed that the ordinary period was 271 days. He had known cases of 280 and of 285 days. He thought it very improbable, but did not like to say it was impossible, for gestation to extend over 301 days. It was so improbable, that he did not believe it. Dr. Tyler Smith said that the longest period of excess he had known was a fortnight. Dr. Reid—a most accurate observer—had recorded forty-three cases of protraction, the longest of which was 300 days. Dr. Smith considered that case as reliable as any doubtful case could be. The verdict was for the plaintiff; damages, £200.

#### LOSS OF LIFE FROM THE EXPLOSION OF DYNAMITE.

A FACTORY at Dunnwald, near Cologne, has been destroyed, and fifteen lives have been lost, by the explosion of some two hundred weight of dynamite. Those interested in this substance try to persuade the public that it is not dangerously explosive. No doubt dynamite is safer than nitro-glycerine; but it cannot claim exemption from restrictive legislation, as has been advocated in certain quarters.

#### THE RICHMOND (SURREY) INFIRMARY.

FROM the second annual Report of this infirmity, we see that its sphere of usefulness has already extended considerably, more than one thousand patients coming under treatment in 1869, while only 545 was the sum total in 1868. The infirmity contains fifteen beds, twelve of which have, on an average, been constantly occupied; the average stay of each in-patient having been thirty-five days, and the cost of each (excluding the expense of out-patients) £6:0:10. A considerable majority of the in-patients were surgical cases, and a good many accidents were admitted. The total number of in-patients was 122; the deaths amounting to ten, or a little more than 8 per cent. Among the operations, we notice one amputation of the thigh for disease, and one of the breast. Of the thirty-nine medical in-patients, ten were admitted for typhoid, and seven for rheumatic fever. The hospital is, we believe, very well managed.

#### HEALTH OF NEWCASTLE AND GATESHEAD.

WE learn some important facts from Dr. Philipson's last report on the health of Newcastle and Gateshead. Typhus has prevailed to a very serious extent in these towns for several years, and still continues; 246 cases having occurred last year in Newcastle, and 90 in Gateshead, the percentage of fatal cases being about 11 for the former town, and about 5 for the latter. Typhoid is less common; but it is noteworthy that no fewer than 37 per cent. of the cases occurring in Gateshead were fatal, 13.7 being the percentage for Newcastle. Gateshead, again, lost 10 per cent. of its scarlet fever patients, while not quite 6 per cent. of these cases were fatal in Newcastle. The two towns together furnished eight cases of small-pox in 1869, one ending fatally. A considerable number of cases of measles occurred during the year; but it is curious that this disease was prevalent at different times of the year in these neighbouring towns; Newcastle suffering chiefly during the first six months, and Gateshead during the end of the year. The mortality from this disease was small in both towns.

#### TWO NEW MEDICAL MAPS.

IN this age of illustration, we sometimes find a great deal of expense incurred in order to demonstrate very little. Two maps which have lately reached us illustrate this remark. One of them is a map of the geographical distribution of medicinal substances, coloured and mounted in a case. It is ably done, but the little fragments of information which it gives could have been conveyed to any one conversant with geography in a couple of pages of letter-press, and without requiring him to expend a tithe of the time on their inspection which this map necessitates. Is it worth while to colour a map of Spain for the sake only of writing across it *Uvae, Vinum Xericum, and Amygdala dulcis*? Taking all Germany, Denmark, Norway, Sweden, and the immense district of Russia, the only entries that we have are *Santonica* and *Sumbul radix*. After all the author's trouble, we fear the

map has but little use beyond illustrating the vast extent of the earth's surface which is as yet not productive of drugs. The other map is much more amusingly deficient in value, and is indeed delusive. It consists of a delineation of England and Wales, shaded in different tints, to show the prevalence of Stuttering. If any reliable calculation as to the prevalence of this defect could be obtained, it would be of some value; but, for anything we know to the contrary, the map would have to be shaded in the same tint all over. The ingenious manner in which the one before us has been constructed is by ascertaining the place of residence of the stutters who came under the treatment of the late Dr. Hunt. Now Dr. Hunt had his first place of residence in Dorset, and his second in Sussex; and we doubt whether his fame ever became coextensive with the island. We find Dorset almost black; Sussex, Hants, and Middlesex, almost as bad; whilst Cheshire is quite white; and Cornwall, Wales, and Northumberland, nearly so. The map clearly shows only the range of Dr. Hunt's celebrity, and has nothing whatever to do with that of stammering. But a greater absurdity still remains; the counties have been tinted according to the absolute number of cases furnished, without any attempt to calculate their relation to population. It is but fair to the author to say that he confesses that his data are necessarily imperfect. When, however, he states his hope that they will, nevertheless, form a starting point from which eventually the actual proportion of stutters to the general population may be calculated, we are only reminded of the hopes which a hen may be supposed to indulge in reference to the effects of prolonged incubation on a chalk egg.

## SCOTLAND.

LORD ORMDALE, we are pleased to learn, issued on Friday an interdict in the case of Ballantine and others against the Merchant Company. His Lordship dismisses the bill of the pursuers, and condemns them in costs. In a lengthened note, he shows that the trustees of Watson's Hospital have the power to sell the site; and adds that a change of the hospital house and grounds under the circumstances, as represented in the case, may be not only not objectionable, but highly desirable, if not absolutely indispensable.

#### EDINBURGH: RELAPSING FEVER.

RELAPSING fever has made its appearance in Edinburgh. Several boys belonging to the Industrial Brigade have been admitted into the Royal Infirmary; and we believe that one case, that of a man, is now under treatment for the same disease in the Leith Hospital.

#### A MILD PUNISHMENT.

TWO students of Edinburgh University have been summoned before the magistrate for throwing a ladder and other things from the roof of the buildings into the street below. They were sentenced to fourteen days' imprisonment, but begged to be let off with less, as they were going up for examination. They were accordingly sentenced to twelve days. The ladder only just missed the head of a person walking below; and, under such circumstances, their conduct seems to have been very leniently dealt with.

#### EDINBURGH ROYAL INFIRMARY.

PROFESSOR LAYCOCK, in a letter to several of the Edinburgh papers, calls attention to the present state of the out-patient department of the Royal Infirmary, which, he states, is not sufficiently developed for the purposes of instruction; and it is with the object of classifying the cases which may present themselves in this department, and more especially in view of the enlarged new hospital about to be built, that he opens up the subject for discussion. In the present infirmity, provision is made for the due classification of in-patients so far as circumstances will admit; he says, however, that there is not only no classification of the out-patients, but that they are not even so far recognised as to be counted; and that hundreds of the sick poor are sent away weekly without suitable medicines, and a certain proportion without even advice. Besides, no suitable accommodation is provided for them, and no means

whereby their cases may be made properly available for instruction; and this in the largest medical school in the United Kingdom. To obviate the present state of matters, Dr. Laycock proposes that some portion of the present building should, on completion of the new Infirmary, be utilised for the purpose. It is more central, and situated in the midst of the locality whence a large proportion of the cases would be derived. Accidents, urgent or other cases suitable for admission, could be forwarded to Lauriston in invalid carriages; and, from its immediate proximity to the University, it would be more convenient for students. In addition, he suggests that accommodation might be here set apart for instruction in State Medicine; and that police casualties, such as cases of poisoning, suicide, persons found dying or dead, would supply the means to the end of practical instruction; and he further suggests that a city "Morgue" might with benefit be here provided. The subject is one of great importance, and will doubtless receive the fullest consideration from the Managers of the Infirmary. The out-patient work in Edinburgh has been hitherto managed by the various dispensaries, which are admirably conducted, and offer great advantages for practical instruction to the students; but it is believed that, if an out-patient department, systematically worked, were attached to the Royal Infirmary, still greater facilities would be offered to the large number of students attending the practice of the hospital; and, by proper classification of cases, the various branches of medical out-patient practice would receive the fullest attention.

#### SNOWBALL-RIOTS AT EDINBURGH.

THE snow-storm during last week in Edinburgh resulted, as was to be almost expected, in a series of those small snowball-riots and engagements with the police which are looked upon as a sort of legitimate adjunct to college life by the students of the Edinburgh, as of every other University. During Thursday, Friday, and Saturday, the College of Surgeons, the University, and the neighbourhood, were alternately the scene of these conflicts. On Friday, affairs assumed rather a serious aspect, the police freely using their *batons*. A large number of persons, chiefly onlookers, were captured by the police, and most of them were fined.

## IRELAND.

#### SUCCESSFUL CASE OF TRANSFUSION.

MUCH interest has been excited in professional as well as general circles by a case of uterine hæmorrhage in which transfusion was successfully performed by Drs. Beatty, Colles, and McDonnell. About ten ounces of blood were taken from the husband of the lady.

#### DR. BRADY, M.P.

THE dinner to Dr. Brady will take place in the Hall of the College of Surgeons on Saturday next, at seven o'clock; and it promises to be largely attended.

#### CONTAGIOUS DISEASES ACT.

THERE has been considerable agitation against this statute and its proposed extension to the civil population. Meetings have been held in Dublin, Belfast, and Cork, and petitions have been forwarded. Ladies have taken prominent parts in the proceedings.

#### THE MEDICAL BILL OF SIR J. GRAY AND MR. GRAVES.

THE Bill promises to be popular in Ireland, especially the clauses which refer to competitive examinations for public offices, for the wrongs of the present modes of appointment are universally recognised. It is thought that a larger number than one-third of the Council should be elected by the profession at large, or that the representatives of the Licensing Bodies should be chosen by all the members of each. The measure will scarcely find favour with the present members of the Council, seeing that it does not provide for payment in future unless their respective Corporations shall do so.

#### CONVERSAZIONE.

ABOUT 1200 persons attended the brilliant scientific *réunion* given on Tuesday last at the Royal Dublin Society. Among the most interesting of the collections were a number of dietary articles in various stages of solution with the aid of pepsine, exhibited by Messrs. Hamilton and Long.

## ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

THE annual meeting of this Society was held on Tuesday the 1st inst.; GEORGE BURROWS, M.D., President, in the Chair.

The Treasurer's account showed the ordinary income of the Society for 1869 to have been £1392 8 : 7; besides which there was a sum of £10 : 10 from composition fees, and a balance of £70 : 6 from last account, making altogether £1473 4 : 7. The expenditure (including the purchase of £400 stock) amounted to £1374 : 6 : 6; leaving a balance in hand of £98 : 18 : 1. The total amount of money invested by the Society is £3800.—Dr. WEBSTER moved the adoption of the Report, which he considered very satisfactory. Mr. HEATH seconded the motion, which was carried unanimously.

The Report of Council was read. The number of members at the end of the year was 667. There had been fewer deaths and resignations than usual; but there had also been a falling off in the number of new members, probably on account of the uncertainty as to the success of the proposed scheme of amalgamation of societies. During 1869, 414 new books (exclusive of journals) had been added to the Library—152 by donation and 262 by purchase. Of these books, 210 were English and 214 foreign. The collection of portraits and of Sanitary Reports had also been increased. The appeal made some time ago by the Librarians to the Medical Officers of Health had been but inadequately responded to; and the Council hoped that the Fellows of the Society would use their influence towards obtaining Health-Reports for the Library. Among the books presented to the Library, was a copy of an anatomical work after Vesalius, containing, it was believed, the earliest specimen of copper-plate engraving applied to anatomical figures.

Mr. SAVORY moved, and Dr. DRAGE seconded, the adoption of the Report, which was carried.

The PRESIDENT delivered an address. The present might, he said, be considered a critical period in the history of the Society; one marked by no common events, and marking a transitional stage. Transition in development, whether in individuals or in bodies of men, was always attended with risk. Progress might be interrupted for a time by the change, however beneficial this might be; and agitation, if too long continued, had a tendency to produce depression and languor. He then gave sketches of the several Fellows who had died during the year; viz., Dr. Henry Lee; Mr. W. Birch of Barton-under-Needwood; Mr. Thomas Callaway; Sir W. C. Hood; Mr. W. A. Russell of St. Alban's; Dr. E. Archer of King's Lynn; and Mr. Alexander Bruce. Returning to the state of the Society, he said that, when he entered on office last year, he found that a scheme for amalgamation of the societies had been proposed. This had been carefully discussed in the Society; and he must express his admiration of the disinterested and patriotic spirit displayed by the Fellows. The scheme, after discussion in a committee appointed from the several societies, had come back much altered. He congratulated the Society on its decision not to sever Medicine from Surgery. Such a decision would have tended virtually to encourage specialism. In this instance, as in many others, history repeated itself. The Society was nearly in the same state in which it was several years ago, when the late Dr. Babington referred to a proposal for combining the societies as being under consideration. Insuperable difficulties then presented themselves; and the proposal fell. *Abstineo!* Should the present attempt fail, he hoped that the Fellows would exert themselves to promote the usefulness and welfare of the Society. He had some misgiving that the meridian splendour of the Society had passed away. When founded in 1805, it was almost the only medium by which the original and scientific workers in the profession could communicate their information for the common good. Some years afterwards, there sprang up a weekly medical press, offering temptation for the publication of cases and comments. By many, this more easy way of appearing before the public was preferred; and the weekly journals must be regarded as withdrawing much from the cognisance of the Society. More recently, too, the publication of Annual Reports by the Hospitals had done much to engross the energy of those who would otherwise be contributors to the Society's Transactions; the younger members would naturally be anxious to enrich the reports pub-



lished by their own Hospitals. Lastly, there was the formation of new societies, in which attention was directed to special branches of medical knowledge. All these influences might be conceived to have had a deleterious influence on the Society. But it was to be hoped that through their agency the domain of medicine had been enlarged and its salutary influence more widely diffused than could be done by the Royal Medical and Chirurgical Society alone. If this were the case, then a private loss had been a public gain.

Mr. CURLING proposed a vote of thanks to the President for his address, with a request that he would allow it to be printed.—Dr. PITMAN seconded the motion, which was unanimously carried.

Mr. BIRKETT proposed, and Mr. NOVERRE seconded, a vote of thanks to Mr. C. H. Moore, retiring treasurer; Mr. Gascoyen, retiring secretary; and the Vice-Presidents and members of Council who retired from office. The motion was carried unanimously; and the vote was acknowledged by Mr. Moore and Mr. Gascoyen.

The proposed list of officers and Council, a copy of which was given in last week's JOURNAL, was adopted.

## THE COUNCIL OF THE ROYAL COLLEGE OF SURGEONS.

THE Report of the last two meetings of the Council has been suspended in the Hall of the College. The following report from the Committee on Section XVIII of the Bye-laws has been approved and adopted.

"Your Committee appointed on the 9th of December, 1869, 'to consider in what way facilities may best be afforded for holding from time to time in the College, meetings of the Fellows and Members of the College in accordance with the provisions of the Bye-Laws, Section XVIII,' has held a meeting, and has agreed to the following Report, viz.—That in the opinion of your Committee, no other facilities are necessary for the occasional meetings of Fellows and Members of the College than that the Council should declare its willingness to convene such meetings from time to time, under Section XVIII of the Bye-Laws, when requested to do so for any specific and proper purpose by any considerable number of Fellows or Members, as the case may be, and that also the Council should recognise its power to convene any such meeting of Fellows or Members, when it sees fit, without requisition. That, as regards meetings to be convened on the requisition of Fellows or Members, your Committee is of opinion that the number of requisitionists ought to be at least thirty, and that the propriety of the alleged purpose of the meeting should in each case be judged by the Council at its next meeting after the receipt of the requisition. And your Committee recommends that any meeting of the Fellows or Members be held in the Theatre of the College, under arrangements to be made by the President and Vice-Presidents. (Signed)

GEORGE BUSK, Chairman."

Mr. QUAIN proposed, and Mr. HANCOCK seconded—"That it is expedient that the Council should convene a meeting of the Fellows annually, on the day appointed for the election of Members of the Council, for the purpose of discussing such subjects as shall be notified in the paper summoning the meeting."

An Amendment was proposed by Mr. JAMES PAGET, seconded by Mr. HEWETT, that the foregoing motion by Mr. Quain be referred to the Committee on Section XVIII of the Bye-Laws, to consider the same and report thereon to this Council. The amendment was carried.

Mr. GAY moved—"That an authorised report of the proceedings of each meeting of the Council of the College, with the division lists, be posted in the Hall of the College within five days after each meeting; but that such report be previously submitted to the President, or, in the event of his absence, to the senior or junior Vice-Presidents for approval."

The motion having been seconded by Mr. SPENCER SMITH, an amendment was proposed by Dr. HUMPHRY, seconded by Mr. HAWKINS, to the effect that the minutes of each meeting of the Council of the College be posted in the Hall within five days after each meeting, those minutes having previously been submitted to the President or Vice-Presidents for approval.—The amendment was carried.

The consideration of a motion by Mr. Simon, for the separation of the offices of Examiner and Councillor, was postponed to the next ordinary meeting of the Council. Mr. Hawkins gave notice of the following motion—"That the Reports from Committees appointed for special purposes be forwarded to the Members of the Council previous to the meeting of the Council at which the Reports are to be taken into consideration."

The PRESIDENT stated that he would summon an extraordinary meeting of the Council for the 22nd, for the consideration of a Report from the Committee on the conjoint Examining Board, with

a view to that Report being adopted by the Council, and, if possible, being communicated to the General Medical Council on the 24th.

The following is an abstract of the unconfirmed minutes of the extraordinary Council on the 22nd February.

The Council having considered, paragraph by paragraph, the scheme for an Examining Board for England, prepared by the Committees of the Colleges of Physicians and Surgeons, and still under the consideration of the English Universities and Apothecaries' Society, adopted the same, and directed that their approval thereof be communicated to the Committee of the Royal College of Physicians, and, with the concurrence of that Committee, to the representatives of the two Colleges in the General Medical Council.

Dr. HUMPHRY gave notice of the following motion at the next meeting of the Council. "That, in the opinion of this Council, it is desirable that one-half at least of the Examiners in Surgery to be henceforth appointed by this College shall be appointed from Fellows of the College who are not Members of the Council; and that a Committee, with power to take legal advice, be appointed to consider, and report to the Council as to the steps by which effect may be given to this principle."

## ASSOCIATION INTELLIGENCE.

### BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

THE sixth general meeting of the session (1869-70) will be held at the Midland Institute, Birmingham, on March 10th, at 3 P.M.

*Business*.—Paper by Dr. Malins (Cradley), "On the More Frequent Use of Forceps in Obstetric Practice."—By Dr. Percy Leslie, "A Scheme for Adjusting the Relations of the Profession with the Medical Charities, and the Charities one with another."

T. H. BARTLETT, *Honorary Secretary*.

Birmingham, March 1870.

### BATH AND BRISTOL BRANCH.

THE fourth ordinary meeting of the Session will be held at the Royal Hotel, College Green, Bristol, on Thursday evening, March 10th, at 7 P.M.; C. H. COLLINS, Esq., President.

The following papers are expected.—Cautions in the Use of Surgical Instruments and Appliances. By T. Green, M.D.—Contagious Disease in its Medico-Legal Aspects. By G. Hallett, Esq.—On the Contagious Diseases Act. By J. G. Davey, M.D.—On the Position of Medical Men receiving Resident "Nervous Patients". By Horace Swete, M.D.

CHARLES STEELE, } *Honorary Secretaries*.  
R. S. FOWLER, }

### SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT MEDICAL MEETINGS.

THE March meeting of members resident in East Sussex and its neighbourhood will be held at Tunbridge Wells, on Wednesday, March 16th; Dr. MILNER BARRY in the Chair.

A more precise notice thereof will be furnished in next week's JOURNAL. In the meantime, gentlemen who may be willing to read papers or exhibit specimens at the meeting, or join the dinner afterwards, will much facilitate the arrangements by at once communicating with me.

FREDK. CHAS. MUDD, *Honorary Secretary*.  
Uckfield, March 1st, 1870.

### WEST SOMERSET BRANCH.

THE spring meeting of the above Branch will be held at Douch's Railway Hotel, Taunton, on Thursday, March 17th, at 5 P.M.; H. J. ALFORD, M.B., President, in the Chair.

Gentlemen intending to be present at the dinner, or to read papers after, are requested to give notice to the Honorary Secretary.

W. M. KELLY, M.D., *Honorary Secretary*.  
Taunton, February 21st, 1870.

### SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

THE next meeting of the above Branch will be held at the Saracen's Head Hotel, Ashford, on Thursday, March 17th.

Gentlemen desirous of reading papers, are requested to communicate with the Honorary Secretary without delay.

ROBERT L. BOWLES, M.D., *Honorary Secretary*.  
Folkestone, February 22nd, 1870.

## NORTH WALES BRANCH.

The next intermediate general meeting of the above Branch will be held at the residence of Wm. Maughan, M.D., President, Northgate House, Carnarvon, on Tuesday, March 22nd, at 1 P.M.

The dinner will be provided at the Royal Spoutman Hotel, Carnarvon, at 4 o'clock, to suit early trains. Tickets, 5s. each, exclusive of wine.

Members having papers or cases to communicate, or who intend to be present at the dinner, will please to give notice, without delay, to the Honorary Secretary.

Beaumaris, March 1st, 1870.

D. KENT JONES, Hon. Sec.

## CORRESPONDENCE.

## THE ADMINISTRATION OF CHLOROFORM.

SIR,—Any observations on the action of chloroform made by Sir James Simpson, the introducer of this valuable agent, cannot fail to attract the attention of the whole medical profession. The case which he describes in your JOURNAL of February 26th is full of interest. I shall confine myself, however, to some remarks on the mode of administering chloroform, and the advantages of measuring accurately both the air and the chloroform inhaled.

We find by experiments on the lower animals, that, in proportion to the increase of the chloroform in the atmosphere breathed, so is the rapidity with which death ensues. We also find that the mode of dying varies according to the quantity of chloroform in the air inhaled. When it is much diluted, the animal dies slowly, and the breathing stops whilst the heart beats effectively. With stronger doses, the heart stops about the same time as the breathing; and when a very strong dose is administered to the animal, the pulse ceases to be felt before the respiration stops. There is reason to believe that the heart of the human species is more liable to syncope under anaesthetics than that of the lower animals.

Sir James justly remarks upon the greater danger from syncope than from asphyxia occurring to patients under the use of chloroform. He writes: "Death from asphyxia can generally, if not always, be averted by at once arresting the inhalation of the drug whenever the breathing becomes noisy or stertorous." "Syncope, or sudden stoppage of the action of the heart, is doubtless far less under control, and has apparently formed the principal cause of the fatal issue in almost all the cases in which patients have perished whilst under the use of chloroform."

When chloroform is administered upon a towel or handkerchief, it is impossible to tell what is the strength of the mixture which the patient is breathing. Much depends upon the temperature of the room, the rate of breathing, the quantity of chloroform in the towel, and the distance of the latter from the mouth and nostrils. 100 cubic inches of air at 60 deg. take up 14 inches of chloroform vapour (*vide* Snow on Anaesthetics, p. 33); 100 cubic inches of air at 70 deg. take up 24 inches of chloroform vapour.

This range of temperature is easily exceeded, since the evaporation of the liquid chloroform cools, and the approximation of the towel to the face warms it. When the full effects of chloroform are required, it is most desirable that some mode should always be resorted to by which the patient is prevented inhaling a higher percentage of chloroform than is sufficient for the purpose. After trying various proportions of chloroform and air, I have come to the conclusion that it is quite unnecessary to give more than 3½ per cent. of chloroform vapour, in order to produce the most complete insensibility and quietude that is ever required for any surgical operation; and, believing that a patient threatened with syncope incurs increased danger in proportion to the quantity of chloroform in his lungs at the time, I would not give a stronger dose.

Although I have never lost a patient from the effects of chloroform—or other anæsthetic—one of my earlier patients narrowly escaped death by syncope from inhaling 5½ per cent. of chloroform vapour. She became suddenly pale, and her pupils dilated widely, just as happened in the case reported, and for a time her life was in imminent peril. She recovered; but the case left on my mind no doubt that the syncope resulted from the chloroform being given too strongly. This case illustrated another important point, namely, that the effect upon the heart of any inspiration of chloroformed air is not manifested until several seconds after the inspiration is made. She showed no sign of faintness when I left off giving chloroform. We were moving her into the position for operating when the pallidity, etc., were first noticed. Since I have adopted the plan of always giving less than 4 per cent. of chloroform vapour, I have met with more than one instance where I thought

it right to resort to artificial respiration, but not one case of sudden syncope like that described. I am, etc., J. T. CLOVER.

3, Cavendish Place, March 1870.

## CROUP AND DIPHTHERIA.

SIR,—In a recent article on another subject, you deprecated somewhat strongly "all useless controversy as to nomenclature," and recommended practitioners to "betake themselves to the earnest study of the causes of the maladies which come under their care". Whilst cordially agreeing with you in the latter advice, I venture to express my belief that in many cases the want of accurate terms has caused confusion and uncertainty in our conception of disease.

This has been especially exemplified in the class of diseases now under consideration, where a popular word, the very origin of which is involved in uncertainty, has been applied to affections differing widely in their pathological nature, though having approximately the same seat. At present, we have the terms croup, croupous, croupal, croupy, false croup, spurious croup, spasmodic croup, all of which, in point of fact, with the exception of the first, have reference to a symptom implying a certain tension and approximation of the vocal cords. If an anæsthesia involve a recurrent laryngeal nerve, so as to paralyse the abductor of a vocal cord, we are likely to get "croupy" inspiration; if both recurrences be affected, it is certain to occur. In young children, a growth in the larynx is often mistaken for "croup," by giving rise to "croupy" breathing and a "croupy" cough. In dentition, we often hear a "croupy" cough; and in hysteria it is not unfrequently present. It also occurs at an early period of an attack in cases accompanied with a plastic exudation on the surface of the laryngeal membrane.

In all these instances, the word is seen to have a certain qualitative value, and symptomatically is useful. It is only when an attempt is made to apply it in a substantive form, that the term becomes objectionable.

I have always attached the greatest value to Mr. Squire's articles on Croup and Diphtheria in Reynolds's *System of Medicine*, and consider that they at present constitute the most thoroughly exhaustive treatise on the subject in any language; but at the same time I have always thought that Mr. Squire has endeavoured to establish an artificial distinction between two forms of the same disease. Whilst admitting that "the formation of false membrane more or less continuous is an usual result of the inflammatory process in croup" (1st edition, page 258; the italics are my own), he devotes nearly three pages (252-255) to the differentiation of croup and diphtheria, and states that the mode of development, the lesser paroxysmal character of croupal symptoms, the commencement of diphtheria, the difference in voice, the epidemic prevalence and contagious influence, the situation of deposit, the presence of albumen in the urine, the post-diphtheritic paralysis, etc., "not only confirm the diagnosis, but complete the distinctions between diphtheria and croup." I cannot, therefore, see "the close correspondence, or even identity, in the objects aimed at" by Dr. Johnson and Mr. Squire; and I think that the former gentleman has done service in calling attention to the identity of the various acute affections of the throat which are accompanied with plastic exudation. I quite agree with him in considering that, as serious acute affections of the larynx, there are two principal diseases—first, acute laryngitis; secondly, diphtheria. To the former Dr. Johnson would still apply the term "inflammatory croup"; but this, I think, is objectionable, as, for the sake of perspicuity, the term croup should be abolished altogether, or, if retained, should be only used for those diseases associated with plastic exudation.

The late Dr. Hillier long since (*Medical Times and Gazette*, April 26th, 1862) maintained that true croup—i. e., acute disease of the air-passages, accompanied with membranous exudation—is only sporadic diphtheria. In France and Germany, the disease seldom affects the larynx alone—the pharynx being generally first attacked. In this country, on the other hand, the larynx is often first attacked; and the pharynx seldom becomes affected, except when the disease has epidemic power. In my Jacksonian Prize Essay on *Diseases of the Larynx*, written more than seven years ago, I carefully analysed all the arguments which seek to establish a difference between croup and diphtheria. As that essay, although accessible in the library of the College of Surgeons, has not yet been printed, I venture to quote the remarks which I then made.

"Diphtheria has been said to be distinguished from croup—1. By its being (a) epidemic and (b) contagious; 2. By the difference as to the seat of the exudation; 3. By difference in respect to the vital organisation of the exudation; 4. By differences in the histological character of the exudation; 5. By the presence of submucous infiltration in diphtheria; 6. By the presence of albuminuria in diphtheria; 7. By the

swelling of the salivary glands in diphtheria; 8. By the post-diphtheritic symptoms of impaired innervation. This must be remembered, however, that what has been brought forward by one author as a very important ground of distinction has been ignored, and in some cases denied, by others, who have again insisted on other points of difference.

"The alleged differences will now be discussed.

"1. *a.* As regards the epidemic power of diphtheria, the most recent investigator, Mr. J. N. Radcliffe (*Transactions of the Epidemiological Society*, vol. i, part 3, p. 33), states that observation has shown 'that contagion plays but a very limited part in the epidemic extension of diphtheria'; and 'that the impression first entertained, that the epidemic earliest showed itself in the south-eastern counties, and travelled thence as a centre of infection, from station to station, over the kingdom, does not hold good on a more accurate acquaintance with the first beginnings of the outbreak. On the other hand, before the recent outbreaks of diphtheria had attracted the attention of practitioners to this form of disease, numerous epidemics of admitted croup had been described (Cheyne, Ryland, Copland, West, and others).

"*b.* With reference to the contagious or infectious character of croup, Rühle, who advocates the distinctiveness of diphtheria and croup, observes (*Kehlkopfkrankheiten*, p. 105): 'A Swedish practitioner placed his own child with another suffering from croup; and his own child caught croup, and died.' Bohn (*Königsberger Medicinische Jahrbücher*, 1858) also witnessed several cases which favour the contagious theory of croup. To sum up, therefore, it appears that diphtheria and croup both more or less spread themselves by means of contagion and epidemic power.

"2. With respect to the difference of the seat of the exudation, it must be observed that the locality affected varies very much, both in sporadic and in epidemic croup (diphtheria).

"Though in England the tonsils are not usually covered with the false membrane, in France and Germany this is the most common form (Rühle, *op. cit.*). The fallacy of limiting the name of croup to affections of the larynx is striking, when it is remembered that Cheyne (*Pathology of the Larynx*, 1809), who was one of the first to describe the disease accurately, states [that he found deposits in the trachea and bronchi in every case he dissected, but in the larynx in only one or two].\*

"3. The diphtheritic false membrane is generally supposed to be incapable of organisation. This idea, however, is directly contravened by a case which came under the author's notice (No. 5 in Appendix), where the laryngoscope showed that the membrane did become organised and strongly adherent.† On the other hand, ordinary croupous exudations very rarely become organised.

"4. The histological character of the exudation cannot be considered a ground of distinction, because observers are at variance as to the microscopical appearances. It has been described as 'corpuscular', 'fibrillar', 'amorphous', and as composed of a hypersecretion of the ordinary mucus (Dr. Harley, Medical Society of London, *Lancet*, June 22nd, 1859).

"5. Infiltration of the submucous tissue, though mentioned by Rühle, has not been thought to be characteristic of diphtheria by English practitioners; and Schlantmann (*Journal für Kinderkrankheiten*, 1856) thinks that serous infiltration of the muscles is the cause of the spasmodic phenomena in croup.

"6. Albuminuria does not differentiate diphtheria from croup, as that condition has been found by Hillier‡ (*Medical Times and Gazette*, April 26th, 1862) to exist in ordinary croup. Now that attention has been called to the phenomenon, it will probably be often shown to occur in sporadic croup.

"7. The swelling of the glands of the neck, which M. Trousseau thinks a sign of importance in diphtheria, is not considered by Dr. Jenner (*Diphtheria, its Symptoms and Treatment*), who supports the view that croup and diphtheria are distinct diseases, to be more marked in this disease than it commonly is in other affections where the larynx is affected (Hillier).

"8. The post-diphtheritic symptoms of impaired innervation were not observed in the epidemic watched by the searching eye, and described by the graphic pen, of Bretonneau; and Dr. Hillier, writing in April 1862, observes that he is 'not aware that, in any of the cases which have occurred in the hospital (the Children's, Great Ormond

Street), these nervous symptoms have been noticed, clearly showing the fallacy of drawing any conclusion from their absence in the history of croup.' The author suggests also that some of the cases of infantile paralysis, the etiology of which is so difficult to explain, may be secondary to croup."

It is, of course, difficult in young children, where the laryngoscope cannot be applied, to determine accurately whether membranous exudation have actually taken place or not; but it would simplify matters very much if, in all fatal cases, the term "croup," which has so long been associated in the minds of practitioners with membranous inflammation, but has also been frequently used in describing other morbid conditions, were altogether abolished, and if we merely used the terms laryngitis and diphtheria; the former applying to simple inflammation of the mucous membrane, the latter to those cases only in which there is membranous exudation.

Diphtheria is undoubtedly a constitutional disease, which may manifest itself on mucous membranes or on raw surfaces; but, were we to give different names to each local manifestation (as we have done in the case of the air-passages), the confusion would be hopeless. The conclusion, therefore, is that, though we may retain the adjectives derived from "croup," the noun "croup" should be altogether erased from our nosology. The attention of the Registrar-General might well be directed to this important matter.

I am, etc.,  
MORELL MACKENZIE.

13, Weymouth Street, February 1870.

## THE POOR-LAW MEDICAL SERVICE OF GREAT BRITAIN AND IRELAND.

### SUPERANNUATION OF POOR-LAW MEDICAL OFFICERS.

We have received the following letter and copy of petition from Dr. Joseph Rogers.

SIR,—I beg to forward you a form of petition to the House of Commons in favour of Dr. Brady's Superannuation Bill, referred to in my letter of the 21st instant. All that will be required of gentlemen who intend to petition, is to copy the form on one side of a sheet of paper, sign it, and forward it to me. At the proper time, all the petitions that I receive shall be given into the hands of Dr. Brady for presentation to the House of Commons.—I am, etc.,  
JOSEPH ROGERS.

33, Dean Street, Soho, February 28, 1870.

To the Honourable the Commons of Great Britain and Ireland in Parliament Assembled.

THE humble petition of the undersigned sheweth—

That your petitioner (or petitioners) desires (or desire) to call the attention of your Honourable House to a Bill now before Parliament.

The object of the Bill is to provide superannuation allowance to the Poor-Law Medical Officers of England and Wales subject to a grant from the Board of Guardians, and the approval of the Poor-Law Board.

That the aforesaid medical officers have hitherto been excluded from the benefits of superannuation allowance accorded to all other officers in the Poor-Law service.

That the reason assigned for such exclusion has been that the whole of their time is not given to their official duties.

That, in the opinion of your petitioners, the deprivation of superannuation grant on such ground is unjust to the medical officers, and is practically incorrect, as they are liable to be, and are, called on at all hours of the day and night to attend to the necessities of the sick poor, and, if incapable by illness or other causes from attending personally to their duties, are required to provide and pay for legally qualified substitutes.

That, moreover, such exclusion is prejudicial to the interests of the public and sick poor, as many medical officers are now compelled by their poverty or by other circumstances to retain their appointments when from advanced age or infirmity they are no longer capable of performing their duties efficiently.

Your petitioners therefore humbly pray your Honourable House that, in consideration of the weighty and important public duties performed by the medical officers, the discomfort and difficulty attending the discharge of such duties, and the great risk of health and life to which they and their families are exposed, they may be considered entitled to superannuation allowance in common with other members of the civil service.

And your petitioners will ever pray.

NEWICK COTTAGE HOSPITAL.—The accounts for the first half year shew a balance in favour of the Hospital of £216.

\* The words between the brackets have been slightly altered, to rectify an error in the original.

† Since writing this, I have seen two other cases in which the membrane thus remained adherent several weeks, and was therefore probably organised.

‡ Dr. Hillier afterwards published some other cases; and I have seen three cases of so-called croup in which there was albuminuria. This symptom having been lately observed as a temporary symptom in many diseases, has, in a great measure, lost its diagnostic value.



## MEDICAL NEWS.

**APOTHECARIES' HALL.**—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, February 24th, 1870.

Art, George, Glasgow, London.  
Hill, Thomas, Soulden, Oxfordshire.  
Morton, James, Essex, Northampton, Chatham.  
Roose, Edward Charles Robson, Brighton.  
Thom, George, Tooting Common, S.  
Wright, Richard, Chelsea.

The following gentlemen also on the same day passed their first professional examination.

Morison, Benham Paynter, Guy's Hospital.  
Perkins, Whitfield, Guy's Hospital.  
Read, James, Guy's Hospital.

As an Assistant in compounding and dispensing medicines.

Burder, Robert, Barns Road.

## MEDICAL VACANCIES.

The following vacancies are declared:—

**BIRMINGHAM.**—Parish and District Medical Officers: applications, March 7th; election, 9th; duties, 25th.

**BRACKLEY UNION, Northamptonshire.**—Medical Officer for District No. 4: applications, 15th; election, 16th.

**BRISTOL AND GLoucestershire DISPENSARY.**—Resident House-Surgeon: applications, April 4th; election, May 2d; duties, June 7th.

**BRISTOL ROYAL INFIRMARY.**—Surgeon: 15th.

**BUCKINGHAMSHIRE GENERAL INFIRMARY, Aylesbury.**—Resident Surgeon and Apothecary: applications, 15th; election, 16th.

**CARMICHAEL SCHOOL OF MEDICINE, Dublin.**—Lecturer on Chemistry.

**CHELMSFORD UNION, Essex.**—Medical Officer for District No. 2: 8th.

**COTTON HILL LUNATIC ASYLUM, Stafford.**—Assistant Medical Officer.

**DARTFORD UNION, Kent.**—Medical Officer for the Bexley District.

**DUNDEE ROYAL INFIRMARY.**—Joint House-Surgeon: applications, 16th.

**DURHAM.**—Surgeon to the County Hospital and the County Prison.

**FULHAM UNION, Middlesex.**—Medical Officer for the Workhouse: applications, 16th; election, 17th.

**GATESHEAD UNION, Durham.**—Medical Officer for the Ryton District: 15th.

**GENERAL HOSPITAL, Birmingham.**—Resident Surgical Officer: 18th.

**GLENDAL UNION, Northumberland.**—Medical Officer and Public Vaccinator for the Lowick District: applications, 9th; election, 10th.

**HELSTON UNION, Cornwall.**—Medical Officer for the Helston District and the Helston District: applications, 15th; election, 16th.

**HEXHAM UNION, Northumberland.**—Medical Officer for the Western Division of District No. 3.

**HOLYHEAD UNION, Anglesey.**—Medical Officer for the Bodeben District: applications, 21st; election, 22nd.

**HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.**—Two Physicians.

**HUNDESFIELD INFIRMARY.**—Assistant House-Surgeon.

**INISHOWEN UNION, co. Donegal.**—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Clonmany Dispensary District: 15th.

**ISLE OF THANET UNION, Kent.**—Medical Officer for St. Peter's District.

**LEEDS GENERAL INFIRMARY.**—Assistant Resident Medical Officer: applications, 7th; election, 14th.

**LEEDS UNION.**—Medical Officer for District No. 5: 9th.

**LONDON FEVER HOSPITAL.**—Physician; Assistant Resident Medical Officer.

**MAGHERA FELT UNION, co. Londonderry.**—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Maghera Dispensary District: applications, 7th; election, 8th.

**NEWCASTLE-IN-EMLYN UNION, Carmarthenshire.**—Medical Officer for the Newcastle District.

**PENBROKE UNION.**—Medical Officer and Public Vaccinator for District No. 1.

**ROYAL ALBERT ASYLUM FOR IDIOTS AND IMBECILES OF THE NORTHERN COUNTIES, Lancaster.**—Medical Superintendent: applications, 14th; election, 15th.

**ST IVES UNION, Huntingdonshire.**—Medical Officers for the Somersham and Strabane Districts: applications, 14th; election, 16th.

**STRABANE UNION, co. Tyrone.**—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Strabane Dispensary District: 24th.

**TAUNTON UNION, Somersetshire.**—Medical Officer and Public Vaccinator for the Bishop's Lydeard District: applications, 12th; election, 17th.

**TRIMBURY UNION, Gloucestershire.**—Medical Officer for the Almondsbury District: applications, 14th; election, 15th.

**TRIM UNION, co. Meath.**—Medical Officer and Public Vaccinator for the Trim Dispensary District: 8th.

**WEST GLOUCESTERSHIRE FRIENDLY SOCIETY.**—Surgeon to the Berkeley Dispensary: 14th.

**WHITEHAVEN AND WEST CUMBERLAND INFIRMARY.**—Consulting-Surgeon.

## MARRIAGES.

\*Hood, William, Esq., Surgeon, York, to Fanny Horner, of Joseph Lockwood, Esq., of the same city, at High Harrogate, on March 1st.

Reiss, Rev. E. C., rector of Rock, Worcestershire, to Edith Susan, third daughter of \*Robert Otter Bythman, Esq., Surgeon, of Swinton, Yorkshire, at Wath-upon-Dearne, near Rotherham, on February 24th.

Small, John, Esq., Surgeon, of Islip, Oxfordshire, to Alice Margaret, third daughter of the late Charles Fudger, M.D., of Lymington, Hants, at Boldre, Hants, on March 1st.

## OPERATION DAYS AT THE HOSPITALS.

**MONDAY**.....Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

**TUESDAY**.....Guy's, 1.30 P.M.—Westminster, 2 P.M.—National Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.

**WEDNESDAY**....St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.15 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—St. Thomas's, 1.30 P.M.—London Hospital, 2 P.M.—Royal Free, 2 P.M.—St. George's, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Cancer Hospital, Brompton, 3 P.M.

**THURSDAY**....St. George's, 2 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.

**FRIDAY**.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.

**SATURDAY**....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.—East London Hospital for Children, 2 P.M.—Hospital for Women, 9.30 A.M.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

**MONDAY**.....Medical Society of L.N.S.N., 8 P.M. General Meeting for the Election of Officers and Council: the Ballot will be opened at 7 P.M., and closed at 8 P.M.

Mr. J. C. A. C. of Essex, read the following paper, with specimens sent for exhibition, by Dr. Walker of Hanley, Staffordshire, 2 P.M. A Case of Wound of the Ulnar Artery at the Wrist, with Primary and Secondary Haemorrhage, ultimately arrested by Ligation of the Artery in the Wound after failure of other Methods; 3 Mr. Victor de Meric, "On the Subject of Cancer and Syphilis."—Odontological Society of Great Britain, 8 P.M. Mr. Coleman, "On the Treatment of Chronic Periodontitis by Replantation."—Entomological Society.

**TUESDAY**.....Ethnological Society of London, 8 P.M. Colonel A. Lane Fox, "On the Opening of a Cairn in North Wales"; Mr. Hodder M. Westrop, "On the Earliest Phases of Civilisation."—Royal Medical and Chirurgical Society, 8.30 P.M. Dr. Robert Lee, "On the Nature, Origin, and Treatment of Hysterical Disease"; Dr. Elam, "On Idiopathic Genital Emission."

**WEDNESDAY**.....Hunterian Society, 7.30 P.M. Council Meeting. 8 P.M. Mr. Reeves, "On some Unusual Cases of Stricture, and their Treatment."—Epidemiological Society, 8 P.M. "On the Depopulation of the Vanni District, Ceylon," by Dr. Loos (communicated by the Colonial Office).

**THURSDAY**.....Royal Society.

**FRIDAY**.....Clinical Society of London, 8.30 P.M. Dr. Wilks, "Cardiac Disturbance in connection with Nephritis"; Dr. Greenhow, "Case of Atrophy of Brain, with great Depression of Temperature"; Mr. Holthouse, "Case of Inguinal Hydrocele"; Mr. Callender, "Cases of Amputation in which the Arteries have been Ligated."—Royal Astronomical Society.

## NOTICES TO CORRESPONDENTS.

All Letters and Communications for the JOURNAL, to be addressed to the Editor, 57, GREAT COURT, 2ND FLOOR, LONDON, E.C.4.

CORRESPONDENTS not acquainted are requested to look to the Notices to Correspondents of the following week.

TO PURCHASERS.—To insure attention, it is requested that all orders sent to the Office for extra copies of the JOURNAL, be accompanied with stamps for the amount.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

DR. BATEMAN (Norwich).—The paper on Medico-Legal Evidence shall appear in an early number. We regret having been so long compelled to delay it.

W. B. S. E.—We fear the fact of non-registration in the case of a person qualified to register, cannot make any difference. It would subject you to criticism, and probably to annoyance, were you to take any steps in the matter.

SALOPIN MEDICO-ETHICAL SOCIETY.—We are glad that our impression as to the unreasonableness of the so-called "tyranny" of the Salopian Medico-Ethical Society, is confirmed by information received since our last notice.

WOLVERHAMPTON GENERAL HOSPITAL.—In our report on the Wolverhampton General Hospital, we omitted, partly from want of space, to particularise the enlargements and alterations which are about to be carried out in that institution.

Mr. Vincent Jackson has kindly supplied us with the following details of the contemplated improvements. There are to be two new wards, each containing twenty-two beds; the present dispensary and out-patient department will be converted into small wards; the number of children's beds will be nearly doubled; and twelve fresh fever beds will be added in a separate wing. The new out-patient department is to be separated from the main building, and the exception of a covered way for the use of the medical officers, etc.

## THE SAILOR OF DUBOIS, &amp;c.

Sir,—Allow me to correct an error which occurs in your columns, in an article headed "Deaths from I. caduana." "At the same time, etc." is a misprint, and should be "made." In the act, opium and its preparations, and preparations of poppies, are among those poisons which it is only necessary to label with the name, the word poison, and the name and address of the vendor. I have drawn attention to the fact, because I have noticed lately that some magistrates have remonstrated chemists for not entering poisons which by the Act they are not required to do.

London, February 23rd, 1870.

I AM, &c., VERNER

NOTICE TO ADVERTISERS.—Advertisements should be forwarded direct to the Printing-Office, 37, Great Queen Street, W.C., addressed to Mr. RICHARDS, not later than *Thursday*, twelve o'clock.

DR. LEEN A. BROWNE, I thanked for his letter. The matter shall receive attention.

DR. WILLIAMS'S THE DUKE AND DUCHESS OF SOMERSET.

SIR, The old adage, that "if you throw mud, some of it must stick," is never more plainly exemplified than in actions affecting the honour of members of the medical profession.

This remark is suggested by the recent action of Dr. Williams, the Duke and Duchess of Somerset; for, though I suppose there is not a member of the profession who does not consider that his conduct in the case was the only right one to be pursued, still I believe that the public view these matters in a different light; and I venture to say that if any of your professional readers were to put the simple question to the Duke, "Would this action have any effect on your consulting Dr. Williams?" the answer would but too frequently be unfavourable to that gentleman.

Considering, as I do, that not only the profession, but the whole public, are deeply indebted to Dr. Williams as a valuable scientific and eminently practical worker in his profession (take only, for instance, the foundation of the Brompton Hospital and the introduction of cod-liver oil as a medicinal agent, with both of which events his name must ever be associated), I think there can be no difficulty in our paying a small portion of our debt by the plan I propose; viz., for every member of the profession to sign an address expressive of the high and undiminished esteem in which Dr. Williams is held in the minds of the profession, and of the thorough confidence in his skill and character which he has inspired in the case under consideration. In this address, reference might be made to the practical work already mentioned, that the public may see how their most faithful friends may be subjected to unjust persecution.

Dr. Williams has been subjected to personal wrong where he could easily have obtained substantial damages, that a desire for money formed no part of his object in bringing the action.

I would therefore suggest that an address, in accordance with the views I have just imperfectly sketched out, should be printed and posted to every gentleman in the *Medical Directory*. If each one, when he returned the address with his signature, enclosed six postage stamps, I believe every expense would be met. Should there be any balance, it might be given to the Medical Benevolent Fund.

The fact that I am almost unknown personally to Dr. Williams, will not, I trust, diminish the value of the above crude suggestion. I am, etc.,

J. L. B.

Wellbeck Street, February 1890.

#### A QUESTION OF POOR-LAW MEDICAL RELIEF.

SIR, Dr. McIntyre, an able contributor to this JOURNAL, asks the opinion of the profession upon the propriety of a pauper bringing his case before a medical officer requiring amputation. In common with other Poor-law medical officers, I wrote to ask him this question: Does he think that he acted fairly towards the district medical officer in not calling him to the case? If Dr. McIntyre, instead of referring to the relieving officer, had consulted me as to his medical opinion, he would have acted most kindly. The operation might have been performed, the fee divided, professional good-will evinced, to the benefit of the patient and the mutual credit of the surgeons concerned in the case. The guardians acted in a commendable, if not in an incipiently laudable manner. Dr. McIntyre will find it not a trade, that the first stray patient who comes to us is to be treated irrespective of the claims of our brethren. It is getting too much the practice among young surgeons to act inconsiderately, often most unprofessionally. If a man gets a patient in his own field, does not consult the surgeon who has first treated him is to insist upon the necessity of keeping the case, and to ride out of the area of his practice to attend the case? Assuredly not. Yet I have known such proceedings to take place. Dr. McIntyre will forgive me when I tell him that he has, with humane intentions, acted incorrectly towards the Board and unfairly toward his officer. I am, etc.,

GEORGE HARDAY.

SIR, May I ask Dr. McIntyre, Would he have driven three miles to see a pauper had the case been one equally urgent, but not requiring operation; say hæmiplegia or hæmiparesis?

The parish doctor has an immense amount of routine work to do, both unpleasant and unprofitable. I have had to drive or walk several miles twice daily to draw a man's urine and get nothing for my trouble. We have to do the one thing with another; and look to the fees for casualty and midwifery operations to make up in some degree for the loss on other business. But these are the very cases which are constantly appropriated by brother practitioners who would not do a bedridden patient under other hands, though they paid him a fee for every day of their lives; and they even have the hardihood to apply for their fees. Dr. McIntyre would be glad to know what best he can do for the interest of the profession. I should like to hear from him, as I have seen that he has treated patients in the same circumstances—hand them over at once to their appointed medical attendant. By so doing, he will avoid much jealousy and ill feeling.

February 1890.

I am, etc.,

PAROCHUS.

PROFESSOR FONSAGRIVES, of Montpellier, has published tables, which, he proposes, shall be filled up by mothers with records of the health of their children. Such records would be of permanent and fairly reliable sources of record for the medical attendant. Every such attempt at exactness and permanence in records is valuable, and we hope the suggestion will be taken up in this country.—*Practitioner*, February 1890.

#### INJECTION OF AMMONIA INTO THE VEINS.

IN the November number of the *Illustrated Medical Journal*, Professor Halford reports another successful case of his method of treatment for snake-bite. In this instance, however, the symptoms were simply those of drunkenness—the bite being doubtful. The patient was a lad, aged 17, who had had three tumblers of brandy in seven hours, and was admitted into the hospital at 11 o'clock. Dr. Starke, after consultation with Dr. Steele, injected 30 minims of liquor ammonia fort. B.P. (of specific gravity 0.891), mixed with 40 minims of water, into a vein at the bend of the elbow. The boy recovered unusually quickly from the drunkenness. Although the dose was double that used in other cases, the only symptom complained of was a sudden pain in the head and eyes about half a minute after the injection was commenced. Dr. Halford reckons this as the best case in which the ammonia has been injected, with benefit, into human veins. Dr. Tyler Smith's recent case makes a twelfth. The case is a valuable example of antidote to snake-bite for this method, considering it only as a valuable method of treatment.

NOTICES of Births, Marriages, Deaths, and Appointments, intended for insertion in the JOURNAL, should arrive at the Office not later than 10 A.M. on Thursday.

#### THE ST. PANCRAS INFIRMARY.

SIR,—In the recent investigation at the St. Pancras Infirmary, it was stated by Dr. Edmunds, the spokesman of the Guardians, that during six months of Dr. Ellis's tenure of office, two thousand more patients were admitted than during the corresponding months of office of his predecessor, Dr. Gibson, and yet that the number of deaths was the same in both periods. The admitted object was to charge Dr. Ellis with crowding the wards with trifling cases, and to prove that the Infirmary could not be, with such a low rate of mortality, so unwholesome as it was represented to be. Mr. Berr, the Commissioner, remarked that the comparative death-rate might be due to Dr. Ellis being a better medical officer than Dr. Gibson. As the same inference might be drawn by others besides the Commissioner, I feel it due to Dr. Gibson and to the public, and to the considerable authority, that Dr. Edmunds's statistics are most erroneous. Instead of a majority of two thousand, only nine hundred patients altogether passed through Dr. Ellis's hands during the six months alluded to, being about the same number as were admitted during Dr. Gibson's six months.

My only object being to vindicate the professional reputation of Dr. Gibson, I make no further comment on the evidence. I am, etc.,

Bristol, February 1890.

W. F. MORGAN.

#### TWO CASES OF TYPHUS FEVER OCCURRING IN PASSENGERS BY THE "GREAT BRITAIN" AFTER THEIR ARRIVAL IN AUSTRALIA.

IN the *Australian Medical Journal*, for November 1889, Dr. G. C. Gutter, physician to the Melbourne Hospital, reports two cases of typhus fever—one at Geelong, the other in his wards in the Melbourne Hospital. His patient was a single woman, aged 30, a passenger by the *Great Britain*, arriving in the Colony on October 13th. She was attacked on the 22nd, and was admitted into the hospital on the 26th, with the characteristic rash and other symptoms of typhus. On the 12th of November, she was progressing favourably. There was no typhus on board the *Great Britain*, and none before in the Colony; but there was another case, as stated above, another passenger, who went to Geelong. The only malady worth mention on board was scarlet fever. Was the typhus-poison conveyed in the clothes in the boxes of the passengers suffering from this disease?

We are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Indian Medical Gazette, Jan. 1890; The New York Medical Record, Feb. 1890; The Parochial Critic, March 2nd; The New York Medical Record, Feb. 15th; The Boston Medical and Surgical Journal, Feb. 15th; The Madras Mail, Dec. 21st; The Gardener's Chronicle, Feb. 26th; The Croydon Times, Feb. 19th; The Staffordshire Sentinel, Feb. 19th; The Birmingham Daily Post, Feb. 26th; The North Wales Chronicle, Feb. 26th; etc.

#### COMMUNICATIONS, LETTERS, ETC., have been received from:—

Dr. Rutherford, London; Dr. T. H. Flemming, Bath; Mr. J. Wood, York; The Rev. J. B. Allison, Brighton; Dr. H. R. Hadden, Clonakilty; Dr. E. Waring, London; Mr. J. Cartwright, Leitwinde; Surgeon-Major Atchison, London; Surgeon-Major Saunders, Clifton; Mr. J. Bridger, Cottenham; Dr. Gloag, Bristol; Dr. Mercer Adams, Boston; Mr. T. Partridge, Stroud; Dr. E. Ludlow, Bristol; Mr. F. W. Mackenzie, Tiverton; Dr. D. P. B. Perry, Twickenham; Messrs. Ferris and Co., Bristol; J. Messrs. Berry, London; Dr. Wm. Williams, London; The Secretary of the Hunterian Society; and The Secretary of the Royal Medical and Chirurgical Society; etc.

#### LETTERS, ETC. (with enclosures) from:—

Dr. George Johnson, London; Dr. J. A. Campbell, Carlisle; The Secretary of the Rivers Commission, London; The Honorary Secretary of the Royal Medical Society, Edinburgh; Dr. Felce, London; Mr. H. C. Lawrence, London; Mr. Jukes Stryp, Shrewsbury; Mr. W. F. Morgan, Clifton; Dr. W. Dale, Plymouth; Mr. T. Chambers, London; Mr. T. D. Saunders, Bath; Mr. I. Lennox Browne, London; Dr. F. Bateman, Norwich; Dr. G. Hill, Hooton; Messrs. W. J. Coleman and Co., London; Dr. James Russell, Birmingham; The Resident Assistant-Surgeon of the Cancer Hospital, Woompt; The Secretary of the Ethnological Society of London; Mr. H. P. Leech, Woolpit, Bury St. Edmunds; Mr. P. C. De la Garce, Exeter; Dr. T. H. Bartlett, Birmingham; Dr. Broadbent, London; The Registrar-General, England; The Secretary of the Army Medical Department, India; Dr. Ireland, Mr. T. M. Stone, London; The Registrar of the Medical Society of London; Mr. Vincent Jackson, Wolverhampton; Mr. C. Steele, Clifton; Messrs. Mayer and Meltzer, London; Mr. F. C. Mudd, Uckfield; Dr. J. M. Fothergill, Leeds; Dr. G. Mitchinson, Lincoln; Mr. R. Dacre Fox, Crumshall; Dr. Foster, Birmingham; The Secretary of the Clinical Society; Mr. Clover, London; Mr. D. K. Jones, Beaumans; etc.

#### BOOKS, ETC., RECEIVED.

Luacy: its Past and its Present. By Robert Gardiner Hill, F.S.A. With Appendix. London: 1890.  
On Abscess and Tumours of the Orbit. Part II. By Spencer Watson, F.R.C.S. Eng. London: 1890.  
The Health and Meteorology of Newcastle and Gateshead. Seventh Report for 1889. By G. H. Philpotts, M.A., M.D.  
Report of the Dunster and Minehead Village Hospital for 1889.  
Clinical Cases in Lying-in. By the Registrar General, for the year ending November 5th, 1889. By George Johnston, M.D. Dublin: 1890.  
Hospital Expenditure in London and the Provinces. By F. G. Wilkinson. London: 1890.  
Cancer of the Uterus and other Parts. By A. Wynn Williams, M.D. London: 1868.  
The Twenty-Second Annual Report of the Manchester Medico-Ethical Association. On the Present State of Therapeutics. By James Rogers, M.D. London and Edinburgh: 1890.

## CLINICAL LECTURE

ON THE

TREATMENT OF CANCER OF THE BREAST  
BY EXCISION.

By WM. S. SAVORY, F.R.S.,

Surgeon to and Lecturer on Surgery at St. Bartholomew's Hospital.

WHEN you are called upon to advise in a case of cancer of the breast, the first question which, in almost every instance, you will have to consider, is—whether it should be removed by operation. Now, upon what grounds are you to base your decision? The fact of the existence of cancer in the breast being established, it is practically incurable—that is to say, we have no means at present of permanently getting rid of it. The mass itself may be cut out or otherwise completely destroyed, and the patient may be for a time—for years—apparently free from all disease; but at length it will return and gradually destroy life. Cases may be quoted, and indeed are recorded, in which cancer of the breast has been removed by operation, and has never, even in the course of many years, returned; but, however interesting and instructive such examples may be from another point of view, they have, practically, no bearing upon our decision in any case submitted to us for an opinion. If such instances of complete cure could be thoroughly sifted, they would turn out, to say the least, to be very few indeed. All cases are not cancer that have been described as such; but, even accepting the record as it stands, it cannot materially affect our calculation of the result. We may recal such for the encouragement, if need be, of our patient; but, in our judgment, we can give no appreciable weight to them.

Then, if an operation cannot extirpate the disease permanently, what can it do? Why, it may remove all traces of the disease for a time, and so prolong life. About this fact there can be very little doubt. There are some very excellent statistical tables on cancer of the breast which answer, though necessarily in a general way, some important questions. Let me especially refer you to the articles by Mr. Sibley in the forty-second, and by Mr. Morrant Baker in the forty-fifth, volume of the *Medical-Chirurgical Transactions*.

The questions to which in the inquiry before us one naturally turns to statistics to answer are these.

What is the average duration of life in cancer of the breast where no operation has been performed?

What is the average duration of life when an operation has been performed?

What is the average duration of life after operation?

What is the average date of recurrence of disease after operation?

In reply to these questions, I quote the following passages, on the influence of operation on the duration of life, from the papers referred to.

Mr. Sibley says: "It is thus seen that the patients operated on lived 53 months, while those on whom no operation was performed lived only 32 months. This result should not be accepted without making due allowance for certain disturbing causes. In the first place, the cases submitted to operation are certainly more or less selected, and, as a rule, are to be looked upon as somewhat favourable forms of the disease, and thus the duration of life may be only apparently lengthened. Again, in the results just given, all the cases operated on have not been traced to their end; it is, however, right to infer that the numbers stated include a due proportion of cases in which the disease recurred quickly." He gives as the average duration of life after operation, 30.5 months.

Mr. Baker writes: "Some allowance must be made for the patients included who are still living. As many of these are in good health, and may yet live for a considerable time, the average length of life may be taken to be rather longer than the tables by themselves would show. The average length of life taken from this table is—Scirrhus cancer: primary disease not removed, 43.0 months; primary disease removed, 55.6 months, after first observance of cancer.

"It is hardly necessary to observe that the striking difference in the length of life in all the varieties of cancer, according to the removal or non-removal of the primary tumour, is due in a great measure to the more favourable cases being those for which an operation would be

most often undertaken. But, though it would be impossible to tell exactly how far this may account for the contrast, it seems almost certain that the operation in itself has a tendency to prolong life. This, however, is not a question which statistics alone would answer."

As the average date of recurrence after operation, Mr. Sibley gives 14.8 months, and Mr. Baker 13.9 months. With regard to the average duration of life after operation, I will quote again from Mr. Baker farther on. But I would advise you to read these valuable papers; they are easy of access, and will show you how judiciously the figures have been handled, and how much the worth of the conclusions to which they point is enhanced by the care which has been exercised in not laying upon the tables more weight than they will bear.

It cannot, therefore, be doubted that in many cases life may be prolonged by an operation, to say nothing now of the fact that by this means for a while—it may be for a considerable period—all traces of the disease are swept away. But in order that the most may be got from an operation, we go farther in our question than these tables can answer, and ask, What are the circumstances or conditions of the disease favourable or unfavourable to an operation? Such valuable tables as I have referred to give precision to general experience, and tell us plainly that life may often be prolonged by an operation; but what we want to know further is, when are we to operate in order that we may do good and not mischief? For I need hardly add that in many cases an operation would be nothing better than 'an useless and utterly unmeaning cruelty.'

First of all, let us look at the tumour itself. It will of course vary in size absolutely and relatively as regards the breast itself; but this is of comparatively little moment. Unless its bulk were something very extraordinary, the mere size of the tumour could hardly affect the question of operation, although, naturally enough, one would rather have a small than a large mass of cancer to deal with. A far more important matter to note is whether the tumour is sharply circumscribed or more or less diffused; is the outline distinct and well defined from the gland structure, or does the mass of disease appear gradually to fade into healthy tissue? There is a very general and strong impression—which is no doubt well founded—that the ill-defined tumours are the worst. Some of them appear to be, as we say, infiltrated into the substance of the breast, and these usually prove to be very ugly cases indeed.

With the degree of circumscription you will probably associate another feature—the amount of induration of the mass. I am speaking, now, of course, of that form of cancer which is usually distinguished as hard scirrhus cancer; but even in this form you may soon learn that there are many degrees of induration, and you will find that the masses which are hardest and densest—stony, as they are called—are usually more circumscribed and slowest in their growth.

A question to which I would attach still more importance—although in truth it is closely associated with the last—is whether and to what extent the skin over the gland is invaded by the disease. I venture to think that on this point we sometimes hardly discriminate enough. We employ the term cancer of the breast for all these cases; but many of them are cases of cancer of the breast and of the integuments over it, which means a great deal more. This is a character of the disease which some of us especially dislike. I think it is always, so far as it goes, a favourable sign when the disease, however extensive it may be, is limited to gland-tissue, and the skin, of its natural texture, moves freely over it. On the contrary, those cases appear to me most intensely malignant where the skin is brawny and fixed. I advise you to look narrowly into these cases; more particularly when the nipple is retracted, observe closely the surrounding skin. If it have an unnaturally coarse aspect, look rougher, feel thicker than it should do, you will find, I think, that the case will prove a bad one, even for cancer. But in every case of cancer that comes before you, when the skin appears free, do not fail to pay particular attention to this feature. Apart from its other value, it is useful as a good point in diagnosis between cancer and other tumours of the breast. Take a horizontal view of the surface over the tumour, and see whether you can detect any suspicious depression; raise the integuments between your thumb and finger gently off the surface of the tumour beneath, and observe whether any slight fold or small spot is held or adheres. Should the skin be fixed on the tumour, is it discoloured? If it have a dusky aspect, are there any signs of softening in the centre of the patch? This is the usual course, and, as a rule, will happen sooner or latter. The disease as it advances involves some portion of the skin over it; and this, as it is invaded, undergoes a change, which may be described as a low form of inflammation, until it gives way. A dusky or livid and somewhat softened spot indicates the approach of this event as a natural course; but the affection of the skin to which I first of all alluded is of very different import. That means not merely that the skin is implicated in due course by the advancing disease, as any structure around it will be, but that the skin



itself is the seat of what may be called an independent formation of cancer; and this texture, from its extent and continuity, does not admit of extirpation like the mammary-gland.

Ascertain whether the mass of disease moves freely on the pectoral muscle. The absence of anything like marked adhesion is unquestionably a favourable sign; for, when the gland is fixed, you cannot tell how far the muscle beneath may be invaded. In the worst cases, the whole mamma, with the skin over and around it, is converted into an uniform solid lump, which is not only firmly and immovably fixed to, but appears to blend with, the muscle below. But short of this, the muscle is often, in various degrees, involved in the disease; and, although this condition is certainly an unfavourable one, I cannot subscribe to the doctrine that under these circumstances an operation is forbidden: but then of course every portion of muscle upon which suspicion may rest must be carefully cut away. Then turn your attention to the neighbouring glands; examine the axilla for enlarged and indurated glands. Undoubtedly affection of the glands tells strongly against the success of an operation, but not conclusively. In the first place, although they are enlarged, the increase may be so slight and with so little induration that it may be they are suffering rather from simple irritation—as they are very apt to do—than from being the seat of actual disease; still, any degree of fulness is always a matter for grave suspicion. Then, although much enlarged and hardened, they may, from their situation, admit of complete removal; they may be dissected out by an extension of the incision by which the breast is removed. When this is done, however, it usually happens that the glands are found affected than we could discover by external examination. One enlarged gland leads to another which lies deeper, and so on. I need not tell you that as you work up towards the apex you get into the dangerous neighbourhood of the great vessels; but, nevertheless, with care and moderate skill you may often make a clean sweep of all suspicious glands. Then, again, in certain cases where the glands, although affected, appear to be in an indolent or passive state, or where, from the general condition of the patient, you have no desire to make an operation larger than is immediately necessary, you may prudently determine to leave the glands alone for the present, only removing the mamma at first, and the glands afterwards by another operation if they should show any signs of activity. But the glands in the axilla are not the only ones which are apt to become directly affected in cancer of the breast: those at the base of the posterior triangle of the neck, immediately above the clavicle, also demand a minute scrutiny. There is, I think, a general impression—and to this I should subscribe—that disease of these is of worse omen than of those in the axilla. They could for obvious reasons hardly be removed, and I have never seen the attempt made; but I have felt them enlarged, although scarcely indurated, before an operation, and have known this unnatural condition to subside afterwards.

Then inquire into the rate of progress of the disease. How long has the patient been conscious of something amiss in the breast? Is the tumour enlarging rapidly? Is there much or constant pain? If the glands in the axilla are enlarged, is she conscious of anything wrong there, and, if so, how long since did she discover this additional trouble? Unless the glands be very considerably affected, patients are not usually aware of mischief there. The slight disturbance that may result is overlooked when the attention is concentrated upon the more obvious and formidable disease. Of course, the more rapidly the disease is advancing the more unfavourable will the prognosis be, and this whether an operation be performed or not. It will influence our decision chiefly in this way. If upon other grounds we are in doubt about the propriety of an operation, our decision may be determined by what appears to be the state of the disease itself. If it appear very passive and indolent, enlarging but slowly and giving little or no pain or trouble, we may be content, at least for the present, to let it alone.

Then we look to the patient herself. Her age? I suppose we may accept it as a general rule that cancers are least active in those who are most advanced in life. The most malignant cancers occur in those younger and full-bodied. In the very old the progress of the disease seems to be determined by the state of nutrition of the body generally. Sometimes it even appears disposed to wither and dry up. It becomes very hard and looks shrunken, and the parts immediately around it preserve their naturally lax and flaccid condition. Such cases as these are best left alone, for it is doubtful after all whether the old woman will live long enough to die of cancer; and, in calculating the risk of an operation, of course we must take into account the declining powers of advanced life. In such cases I am guided chiefly perhaps by the present amount of suffering and distress which the disease entails. Where it gives but little pain and anxiety, I would not attempt to interfere; and I would subject any one far advanced in life to the risk of an operation only for the sake of getting rid of that which was making life miserable. Let it be remembered that the old are less easily disturbed by troubles

than the young: they suffer less acutely, and more readily become resigned.

Then as to the condition of body at which I have just hinted in passing. Undoubtedly the most favourable subjects for these operations are spare ones—persons with very little fat. Except in those who are much wasted, there is always fat in the mammary region; but the difference in regard to an operation is enormous in two extreme cases. In some, removal of the entire mammary gland consists in little more than in complete extirpation of the tumour itself. It is a very moderate operation, and the risk to life is very small; but, on the contrary, in very fat women with huge mammary glands, the operation itself is a formidable one. The incisions are necessarily very extensive, the dissection very free, involving many long sweeps of the knife; the hæmorrhage very abundant, use what precautions you will; and withal, such subjects are very bad ones for shock and repair. Therefore you must always give chief heed to this—the kind of subject you are about to submit to operation. No doubt it is the dread of the consequences of removing the entire gland in these unfavourable cases that has led some to question the rule which strictly enjoins entire extirpation of the gland when any operation for cancer of it is undertaken. This rule, which for a long time past has governed the practice of the most able and experienced surgeons, and which is indeed but a part of a more general one, that enjoins not only the complete removal of every fragment of visible disease, but also that the incisions should be, if practicable, wide of the disease, and thus of the structure itself, which is the actual seat of disease, should be, if possible, wholly removed—the rule which lays this down is acknowledged by those who have watched most closely and thought most deeply to be a sound one. Still every rule must, I suppose, have its exception; and it may perhaps be a justifiable, may even a prudent, course in a case where the fat is very abundant, the breast itself very large, and the mass of obvious disease small and circumscribed, to remove only, yet very freely, the tumour itself, and not the entire gland. But, after all, with regard to the danger of these somewhat formidable operations, I remember that Sir William Lawrence was wont to point out how much depends on the extent of skin which it is necessary to remove. If enough of that can be left to allow the edges to come easily together afterwards, so that the large surface exposed in the operation can be covered and nothing but a simple line of incision left, the danger is very much diminished. He thought far more of the extent of wound left open and exposed afterwards than of the amount of structure removed in the operation. On one occasion he proposed to remove the entire breast, as it was his practice invariably to do when he operated at all, in a case of this kind. If I remember rightly, all his colleagues who saw the case were, without exception, opposed to the operation, because of the enormous size of the breast and the amount of fat about the patient. But Lawrence said, "I shall be able to save skin enough to bring the edges well together afterwards, and so I shall avert, I think, the worst danger of the operation." Well, he took the whole breast away—and an enormous mass it was—brought the edges carefully together, and the woman recovered without an untoward symptom. Nevertheless, you must always remember—what he never forgot—to cut wide of the disease. This must be your first care; then, afterwards, you may think how your incisions will fit.

There are, unfortunately, strong grounds for believing that germs of the disease exist among the tissues wide of anything we can detect in the way of tumour, so that, after we have removed every suspicious particle, it is only too probable that there are still left behind the seeds of future growth. There is one fact which has always struck me as very significant in this respect. When the disease returns after the breast, which was apparently the exclusive seat of it, has been entirely removed, it comes back as a rule, not in the same structure on the opposite side, not in the other breast, but in structures immediately adjacent to its original site. This proneness to return in the very parts amongst which we are cutting should always be in the mind of the surgeon during an operation for cancer.

Apart from all these considerations, of course you will look to the general health and strength. You will understand what this means; and I will not dwell upon it, only remarking in passing that where on other grounds you decide in favour of an operation, you will not often find that your patient is not strong enough to submit to it. So far as recovery from the operation itself is concerned, it is most favourable amongst the larger ones of surgery.

[To be concluded.]

TESTIMONIAL TO MR. THOMAS DAVIES.—A testimonial, consisting of a large silver cup, together with an address illuminated on vellum, has been presented to Mr. Thomas Davies of Mold, on the occasion of his leaving that town for Leeds.

## ON MEDICO-LEGAL EVIDENCE.\*

By FREDERIC BATEMAN, M.D.,  
Physician to the Norfolk and Norwich Hospital.

I PROPOSE occupying the time of the meeting but a very few minutes, as my object is simply to introduce a question for discussion, rather than to express any very decided opinion myself upon the particular subject which it is my privilege to bring under your notice; besides, my position here to-day is simply a vicarious one, as will be seen when I explain to you, as I shall at once do, how it is that I have the honour to appear before you on the present occasion.

On the 18th of last June, Dr. Lowe, of Lynn, brought before the united meeting of the East Anglian and the Cambridge and Huntingdon Branches, the following question:—"Is it proper that medical men should be compelled to divulge in courts of justice facts of a criminal nature, which may have become known to them in answer to strictly professional questions?" A most animated discussion ensued, and, at its close, the following motion was passed:—"That, in the opinion of this meeting, the question which Dr. Lowe has brought forward should be noticed at Leeds."

It is, therefore, in compliance with the above minute, and by the wish of the local Branch of the Association to which I belong, that I ask your opinion to-day upon the same question that Dr. Lowe submitted to us at Cambridge last month. My *raison* in the matter, therefore, is a very simple one; Dr. Lowe, who is unable to attend himself, has placed his notes in my hands, and I shall do little else than recapitulate the arguments which he and others used, and then ask you kindly to express your opinion upon a matter which, I must think, is one of great interest and importance to the profession in general.

In the first place, let me briefly state the circumstances in which Dr. Lowe was placed, and which suggested to him the present inquiry. Dr. Lowe was summoned to the house of a gentleman whom he found in bed suffering from tetanic spasms. The wife was sitting by his side. After noticing him for a second or two, and observing that the slightest touch brought on the paroxysms, Dr. Lowe said to the wife, "How long has he had these convulsions?" Instead of answering the question, she leaned forward and whispered, "Doctor, I have poisoned myself." "With strychnia?" Dr. Lowe asked. She replied, yes. "And your husband?" "Yes". This latter is the reply which Dr. Lowe was called upon to communicate to the judicial authorities, and which he maintains ought not to have been compulsorily divulged. This being the painful situation in which Dr. Lowe was placed, I cannot do better than briefly mention the arguments used by him, and I shall proceed to read from his notes.

The question which I now submit to your consideration is one which might, at first sight, appear to be readily answered, and I have no doubt that most people would at once and unhesitatingly answer it affirmatively. Medical men, especially, would do so, I think, for they are always prominent as supporters of the law, and shrink, with almost morbid repugnance, from anything which could bear the faintest semblance of thwarting the ends of justice, or becoming morally, or in any sense, participators in crime. Whilst thus most properly jealous of the reputation of our profession, is it altogether certain that we are not occasionally, by the present state of the law, made to step beyond the strict and legitimate limits of professional evidence, and commit a breach of professional trust? You will observe that I ask, not whether it be necessary that we should divulge certain facts, for upon this point the law is plain and explicit, but whether it is right that we should be compelled to divulge them; and if this be answered affirmatively, then we arrive at a second question, viz., are we bound to put questions to a patient which may lead to criminal answers, without first giving a caution that such answers will be used against him? In any case of a suspicious nature, we take it for granted that the physician ought, in the interest of his patient, to obtain all the information which can throw any light on the nature of the case. The patient may, with the view of saving his life, make an admission of a criminal nature; this would, in fact, be a confession. It is obvious that, if a caution were first given, no such statement would, in all probability, be made. Now, a confession made by a patient, with the view of saving his life, is, I ought to be, I conceive, on the same footing with one made to a lawyer for the same purpose, or that to a priest made for the purpose of saving his soul. Ought such a confession to be held inviolate? Under the existing law there is no protection for the medical witness. He must divulge all he knows; and Professor MacLagan, who has kindly given me information on this subject, says that "he is even bound to state

what he thinks." We have to ask questions from a patient whose replies may be necessary to save his life, and we must divulge those replies at the risk of sacrificing it. Our position in such cases is, I take it, something worse than that of a detective in plain clothes. We invite the confidence of the patient, entrapping him, as it were, through that trust which he instinctively places in his doctor, and we are compelled to betray that trust; and we do this without telling him the consequences of his confession."

Dr. Lowe is not the only person in my own neighbourhood who has been placed in circumstances of great difficulty from a similar cause. Another member of our East Anglian Branch, Mr. Kendall of Lynn, attended, some years ago, a domestic servant, who had the misfortune to be seduced and subsequently miscarried. Her mistress was in ignorance of the fact for several years, and, after she became acquainted with it, left the servant a legacy in her will. The will was disputed by the heir-at-law, on the grounds, among others, that this servant and her sister, who was also a servant in the same establishment, had exercised undue influence over the testatrix. The family medical attendant, Mr. Kendall, was examined against his wish, in behalf of the heir-at-law, and was asked by the counsel for what disorder he attended the girl (who had a miscarriage) in 1861. Acting under the advice of Mr. Keane, Q.C., he demurred to the question, and it came before Vice-Chancellor Kindersley, who argued *aye* or *no*. Was he, as the medical attendant, bound by law to answer the question? After argument, his honour held that he was so bound—that he had no privilege to conceal his disorder in judicial proceedings in which her character was in question; and the result of it was that this gentleman was directed to pay the costs (£30) incurred, by reason of standing on what he considered to be professional etiquette.

This very week, one of my colleagues at the Norwich Hospital, Mr. Nichols, told me that, some years ago, a lady of doubtful virtue quarreled with her lover, who afterwards attempted to force himself into her presence, and for his reward was stabbed by her and died. As this happened in a house of ill fame, there was a difficulty in bringing the crime home to the woman, who was, however, arrested on suspicion. Now, Mr. Nichols, as surgeon to the gaol, had occasion to visit this woman in his professional capacity, and, during one of his interviews with her, she confessed to him that she had killed the man. As she afterwards told some other person that "Mr. Nichols knew all about it", he was called at the trial to give evidence for the prosecution; but, although threatened with punishment for contempt of court, he resolutely refused to reveal what this poor wretch had confidentially communicated to him in his professional capacity. The woman, therefore, was acquitted; but Mr. Nichols, more fortunate than Mr. Kendall, escaped without fine or imprisonment.

I think enough has been said to show that medical men are liable to be placed in circumstances of peculiar delicacy and difficulty in certain cases where they are unwillingly made the depository of the secrets of those whom they are called upon professionally to attend; and, although I agree in the main with Dr. Lowe's views, still it seems to me that there are two sides to the question. The circumstances in which Dr. Lowe was placed were peculiar and exceptional; and, although it may occasionally happen that the recovery of a patient may be retarded by his not daring to make a confidant of his medical attendant, for fear that information given to save life in one way may jeopardise it in another way, still it may with great propriety be urged, that the perpetrators of crime must take their chance: the medical man must not be the depository of their guilty secrets, even if the information given be necessary to avert impending death. He must, *coute qui coute*, tell the truth, the whole truth, and nothing but the truth; and act in every sense as any other non-professional witness would be expected to do, without exposing himself to the charge of a breach of professional trust.

Whatever may be your opinion as to the justice of it, there can be no doubt as to the legal aspect of the question. As the law now stands, the medical man, in judicial affairs, is in a totally different position from the lawyer. Counsel, solicitors, and attorneys, cannot be compelled to disclose communications which have been made to them in professional confidence by their clients; but communications made to medical men are not privileged; and it has even been held by Vice-Chancellor Kindersley in a civil court, that the report of a medical officer of an insurance company, confidentially made, as to the state of health of a certain person, must be produced in court, and was not privileged.

It will readily be admitted that, in the present state of the law, the position of a medical man may become one of great embarrassment; and it is with the view of calling the attention of the profession to the very peculiar circumstances in which any one of us may suddenly be placed, that I have ventured to bring the subject under the notice of the Association.

\* Read in the Public Medicine Section before the Annual Meeting of the British Medical Association in Leeds, July 1876.



# CASE OF PERITYPHLITIC ABSCESS: WITH REMARKS.

By JOHN A. CAMPBELL, M.D.,

Assistant Medical Superintendent, Cumberland and Westmorland Asylum, Carlisle.

H. F., aged 36, was admitted March 10th, 1869. He is stated to have been insane for seven days; but no satisfactory history of his case could be got. When admitted, he was so weak and exhausted that he had to be carried in a horizontal position to the ward. He seemed unconscious of the presence of any one unless loudly spoken to. He kept moving his head about, gesticulating with his arms, and muttering in a low voice, but occasionally speaking loudly. The pulse at the carotid artery was 140 per minute (the radial pulse could not be counted, it was so weak). The temperature in the axilla was 101 deg.; the tongue furred; the pupils were equally dilated. The lungs and heart appeared normal; the abdomen seemed rather swollen; on percussion it was very tympanitic. Owing to his weak state and muttering, an accurate examination could not be made. He was put to bed, fed with some beef-tea, with an egg beat into it; half an hour afterwards he was found dead, lying on his back, his arms clasped over his abdomen, and his left leg flexed, the knee being bent outwards.

**AUTOPSY** Twenty-eight Hours after Death.—*External Appearances:* The head was shaved; the body in good condition, without any marks of injury. *Head:* The skull-cap was normal; the dura mater was strongly adherent to it. Under and over the arachnoid there was a clot of blood of recent formation over the whole of the anterior lobe of the left hemisphere, a quarter of an inch in thickness, and on the remainder of the hemisphere in a thin layer. The right hemisphere had also a very thin clot on it. Under the arachnoid there was a bloody fluid all over the brain. The dura mater in the fossa at the base of the brain was covered with a thin clot. The pia mater was much congested. On section, the grey matter was found exceedingly congested, and divided into two distinct layers. The white substance was quite pink, and full of large puncta throughout. The cerebellum was also much congested; its white substance had a very doughy feel. The pons Varolii and medulla were normal; the membranes of the spinal cord were much congested, and so was its substance. *Chest:* The pericardium contained two ounces of clear straw-coloured fluid. The left side of the heart was contracted; it contained no clot; the right side contained both red and white clot; the heart's valves were normal; the aorta was normal; the muscular substance of the heart was red outside and pale inside; the pale part was beginning to become fatty, as was seen on microscopical examination. The lungs were free in the cavity of the chest; both were oedematous and much congested at their bases, in small spots, almost amounting to pneumonia. *Abdomen:* The liver appeared very white in patches near the anterior margin of the right lobe. On section, the whole organ was found somewhat fatty and friable. Under the white patches there was purulent infiltration in spaces about the size of eggs; there were four or five such: the section looked as if studded with small abscesses close together, with some liver-tissue between them; there was no great surrounding inflammation. The spleen was very light-coloured, except in patches at the lower and posterior edge; these, on section, looked quite black and changed in structure. The kidneys were somewhat fatty and soft in texture. The stomach contained some yellowish half-digested matter; the mucous membrane of the pyloric end was very thick, and in parts very soft and half digested. The mucous membrane of the cardiac end was pale. The intestine, except at the lower end, where there were a few nodules of feculent matter, contained nothing but flatus. The solitary glands were enlarged. Surrounding the posterior part of the caput cæcum, there was a large abscess with dark semigangrenous walls, easily opened by pulling forward the intestine. The vermiform appendix was inflamed, ulcerated into at the base, and its point gangrenous; there was no foreign body in it. The abscess communicated with the gut by means of the vermiform appendix; but, the communication not being very direct, the abscess filling had closed the orifice (it seemed valvular). The abscess contained about four ounces of pus; and its anterior wall was formed by the posterior part of the caput cæcum coli. The mesenteric glands opposite the abscess were greatly enlarged; and, when cut into, were found completely infiltrated with pus; half of their entire number were in this condition. The lymphatic duct contained no pus. There was some urine in the bladder.

**REMARKS.**—In this case, the history of the excitement and its duration hardly accounted for the weakness. The temperature and pulse were higher than they are found in any cases of mental aberration without inflammatory disease, except epilepsy shortly after a fit, or general paralysis in its last stage. The extremely tympanitic state of the abdo-

men pointed to something wrong there. The position of the body when found dead seemed as if the patient had been sensible to the pain in the abdomen; though at the time when he was examined he was too delirious to communicate it.

At the *post mortem* examination, the state of the vermiform appendix—its point gangrenous, its base ulcerated—and the otherwise healthy state of the cæcum and large intestine, would support the hypothesis that in this part the mischief had begun; and from the gangrenous walls and contents of the abscess, the infiltrated state of the glands, the abscesses in the liver, their number and size, the congested state of the brain, spinal cord, and their membranes, we may fairly come to the conclusion that obstruction at the vermiform appendix was the cause, the perityphlitic abscess was the result, and that it caused septæmia, which accounts for the state of the mesenteric glands, the abscesses in the liver, and the congestion of the brain, spinal cord, and membranes, with the delirium which existed during life.

## ON THE TREATMENT OF CERTAIN FORMS OF UTERINE CANCER.\*

By C. H. F. ROUTH, M.D.,

Senior Physician to the Samaritan Free Hospital for Diseases of Women and Children; Consulting Physician for Diseases of Women to the West London Hospital for Diseases of the Chest; etc.

**CASE VII.** *Cancer in an advanced Stage; Bromine used frequently: Complete Abdominal Recovery, and Covering by Mucous Membrane; Recurrence in small Puncta, and Removal; Refusal to continue Treatment; Irritative Fever; Death.*—Mrs. H., aged 65, was under Mr. Robinson's care, who asked me to see her. She had been married thirty-five years, and had had five children. She had had two or three miscarriages since the birth of the last child, twenty-six years ago. The catamenia stopped when she was about fifty-eight. At that time she had piles, followed by moderate bleeding; these recurred even now occasionally. She was a moderate liver; took scarcely any wine, occasionally a half-pint of beer. For the last two years she had had frequent discharge of offensive fluid from the vagina, of a dirty brownish colour. It was unaccompanied with pain until lately, when she had suffered occasionally from pain, or rather a sensation of drawing, in the lower part of the abdomen and across the loins. She consulted nobody, being apprehensive that it was due to her husband's indiscretions, and not being willing to expose him. More lately, the discharge had become more bloody, and seemed to lodge in the vagina, so that she could remove it with a spoon. On examination, on February 22nd, the uterus was found large, moveable, ulcerated specially at the external os, which was irregular and enlarged, and bled freely on touch. There was some extension of the ulceration upwards into the cavity. On March 29th, bromine was freely applied, and the whole of the os destroyed by it. Tincture of sesquichloride of iron was ordered in full doses, with free living. On April 16th, I proceeded to apply sea-tangle, covered with cotton dipped in bromine, within the uterine cavity. Contrary to advice, she chose to get up, and moved about in her usual way, when she was seized with severe pain and rigors. I removed the tent the next day. No bad result followed. On May 1st, I reapplied the bromine. Perfect rest was enjoined and observed. The discharge and odour soon ceased. The parts were healing well. Pain had disappeared. She left town on June 6th, comparatively well, all unpleasant symptoms having disappeared. On July 17th, she returned to town. The parts were all healed, looking very well, and covered with mucous membrane. One little spot, about as large as a pea, appeared, however, at one side, looking rather suspicious. This was destroyed; and she left London on the 31st, apparently well, complaining only of weakness.

This patient continued to improve for about three months, the discharge having ceased, and her state being one of great comparative comfort. She then began to complain of some increased leucorrhœa; but, as she was unwilling to come to town, I saw her once at her own residence, several miles distant. I found very little wrong with the uterus. One suspicious point only, of about the size of a pea, presented itself. She, however, declined further treatment, on account of the expense; and I also learnt that, for the same reason, the nourishing diet prescribed had been relinquished. It was of no use to remonstrate: she could not afford it. From this time I never saw her; but I learnt that she gradually became weaker, and died of exhaustion in March 1868.

**CASE VIII.** *Dubious Epitheliomatous Growth on the Posterior Surface of the Urethra; Removal by Scissors, and subsequent Destruction by Iodine; Cure.*—M. H., single, aged about 60, was several times under

\* Concluded from page 257 of last number.



my care for dysuria. She was a nurse by occupation. The dysuria was from time to time accompanied by sharp and darting pains at the "bottom of the stomach," as if a lancet were put into her. The slightest touch of the urethra produced the most intense agony, and she could not bear the finger introduced. Menstruation appeared at the age of 20, and continued regularly up to 40, when it ceased. On the first occasion, she being placed under chloroform, I removed several excrescences from the urethra; but, owing to these having been originally removed by another practitioner by the red-hot iron, the posterior portion of the urethra was so contracted as to admit with difficulty a very small catheter. I had consequently to open the urethra by the hysterosome, and subsequently introduced a sponge-tent. This produced great relief, and she left the hospital greatly improved.

She was admitted a year afterwards, for a fungous growth in the vagina, in every respect resembling a cauliflower-excrecence, very irregular, indurated at the base, and giving great pain. Most offensive discharges, like rotten eggs, came from it. I removed, however, this growth; and then applied the strongest iodine paint to it, guarding the surrounding parts with cotton-wool. The pain produced was most agonising. The result, however, was very satisfactory. The growth was entirely destroyed, and healthy mucous membrane covered it. This is about four years ago; and, except a little occasional dysuria, she is well. The internal remedy given in this case was tincture of perchloride of iron in large doses.

CASE IX. *Carcinomatous Growth of Uterine Lip, with Menorrhagia, of at least Six Months' Duration; Removal by Ecraseur; subsequently, Bromine Treatment; Apparent Cure.*—E. G., a Frenchwoman, aged 32, a milliner. The catamenia began at 13, lasting three or four days; and had occurred regularly from that period, except when she was pregnant. She had had one child twelve years ago, and two miscarriages four years ago. Six months ago, she began to suffer from menorrhagia, alternating with leucorrhoea, but without offensive odour. The periods were of much longer duration than formerly, lasting fifteen days, instead of one or two, as in the preceding year. There was no abdominal pain. Connexion did not bring about any bleeding, but produced intense pain. She consulted Mr. Bibby, who brought her to me. She was admitted into the Samaritan Hospital on August 1st. On examination, the uterus was found larger than normal, and heavy. The upper os was enlarged, rounded, in a regular mass about the size of a large walnut. The inferior os was irregular and semi-ulcerated. There was foetid discharge. On August 2nd, the upper os was by the *écraseur* removed with considerable difficulty, owing to the excessive hardness. The removal was followed by very copious bleeding. Solution of persulphate of iron was applied, and the vagina plugged. The plugs were removed next day. There was no bleeding. On the 10th, the discharges *per vaginam* had become very offensive. Tannin lotions were now used, and afterwards iron. On the 11th, I applied bromine, which gave intense pain, but was followed by the usual good effects. This was repeated twice. She left the hospital on September 1st, the parts being greatly better, and cicatrising. I saw this patient about the beginning of December. She expressed herself as feeling quite well, and able to resume all her duties. The uterus was covered with mucous membrane, was much smaller, and to all appearance quite healthy. [In January 1870, this patient remained quite well.]

CASE X. *Corroding Ulcer of Womb; Treatment unsuccessful.*—A. M., aged 33, was admitted under me in October. She had been married seven years, and had one boy, now two years old. Up to nine months previously, she was quite well, her chief ailment being sick headache. She had a very brutal husband, who "kicked her in her privates"; this being followed by a flow of blood and great pains. She first came under the care of Dr. Wynn Williams, and had been bleeding at times ever since the injury. She first noticed a bad odour in the discharge a fortnight before admission. Her mother died of cancer of the womb. She never had any sores on the pudenda; nor did her husband appear to have had syphilis. The catamenia began at 18, and had been regular every four weeks, lasting three days; there were no clots. She saw them last on October 31st. On examination, there was found a serious offensive bloody discharge. The neck of the uterus was much ulcerated; the wound was very jagged. The uterus was somewhat fixed. The sound could not penetrate more than an inch. The case was seen with me by Drs. Savage and Williams. Destruction of the os by bromine or red-hot iron was recommended. On November 1st, bromine was applied freely, with the usual gutta-percha cap, etc. On November 4th, the sloughs had all come away. There was still some smell, but less marked. The wound was hollowed out, less jagged. Bromine was again applied. The plugs, etc., were removed next day. On the 11th, the bromine was repeated. There was a deep excavation, but the wound was still bleeding. The discharge continued offensive. On the 17th, she appeared very much better. Weak

bromine injection was used. The patient continued to improve up to the 22nd. On this day, the catamenia were present, or at least a bloody discharge. She was very low. The wound looked pretty fair. Tannin injection was used, instead of the bromine. On December 2nd, the patient appeared so far recovered that I allowed her to go out and see her friends between this and last visit. On her return, I found that the discharge and bad odour had returned, and that ulceration had recurred in the deepest parts. I learnt that it was owing to some unkind treatment on the part of her husband towards her and her child. The parts were again destroyed by bromine, which was introduced on a piece of stick covered with cotton within the uterine cavity. She was ordered a drachm of tincture of sesquichloride of iron, with half a grain of disulphate of quinine, three times a day. On the 5th, the parts appeared healthier again, but were still bleeding and sloughing.

This patient left the hospital in consequence of a cowardly threat from her husband. For the last two days prior to her departure, the mucous membrane was reappearing, and the parts were healing and contracting. She continued to be brutally tormented by her husband. She became subsequently an out-patient, under Dr. Williams, at the Western Dispensary. I saw her again lately. The disease had broken out again. She was hopeless of her recovery, and under privation.

CASE XI. *Corroding Ulcer of Uterus; Cure.*—E. R., aged 30, married thirteen years, the mother of six children, was admitted under my care on July 4th, 1867. She had generally been a healthy woman, except that, since she has had children, she had a good deal of headache, particularly in the erect position. Her husband was healthy, and her children also. About twelve months ago, she began to suffer most agonising backache, low down. There was also a sense of internal burning about the uterus. She was not aware of any cause that could have brought on the present attack. She had not seen the catamenia regularly since her last confinement, though she had ceased to suckle for six months. On examination, the uterus was found large; there was a copious thick milky discharge, occasionally very offensive. The vagina was very red. The uterus was large, somewhat fixed. The os was tumid and red; and in the centre of it was a large excavated ulcer, with fungoid granulations at the bottom, bleeding readily. All around was very much congested. She was ordered to have six leeches to the womb, a blue pill and calomel purge; with grain of quinine to a scruple of bitartrate of potash three times a day. A very intense febrile attack had followed the measures employed, with intense thirst and dirty tongue. Ice was given with an effervescent. Measures to ensure cleanliness only were ordered to the vagina. On July 11th, she was much relieved. On examining the uterus on July 17th, it was found still more fissured within the ulcer, looking very ragged, secreting pus in abundance, and having quite the appearance of a cancerous ulcer. I therefore used the usual bromine solution (1 part to 5), putting it on a piece of lint, and covering it with oil-silk. On the 19th, the application was removed. A deep slough had formed; the discharge was greatly reduced. She complained chiefly of her head, and was ordered to be well purged. On the 23rd, the slough was separating, but slowly; there was more discharge, and offensive, but sanious. The head was still painful. The purge was repeated; and an injection of ten minims of bromine solution in two pints of water was ordered. On August 5th, the parts looked very much more healthy. The entire slough had come away, as if scooped or gouged out. Tannin injection (two drachms to two pints of water) was ordered to be used alternately with the bromine injection. The granulations were healing. She was discharged cured, the parts being all healed. In January 1868, this woman was quite well, and had had a child, which was born quite healthy. The uterus presented no trace of the former disease. [In February 1870, she is still quite well. She has had another child and is pregnant with a third.]

I might allude to two other cases, one of which proved fatal, but the other recovered. I regret to say that I do not possess the particulars in full of the cases.

The first was a case of scirrhus of the uterus, sent to me from France, occurring in a lady about 45. She had been once insane, and was of most ardent imagination. I first saw her a fortnight before the catamenial function was due. The uterus was semi-flexed, ulcerated at the os, with the peculiar fetid odour and discharge so characteristic of this form of disease. The most troublesome symptom, however, to her, was the agony of pain, which compelled her to take tremendous doses of laudanum, but which I found in my hands to yield best to large doses (two drachms) of nepochine. This patient I treated three successive times with the bromine. The healing process, locally, at last set in. The uterus became more moveable, all fetid discharges ceased, and the ulcer healed. Family considerations at this time began to prey on her mind; and I advised her return to France to attend to these, urging a return, at the latest, in three weeks. My design was then to

proceed to destroy a larger surface of the indurated uterus. She did not, however, return to me till three months; and then I found the uterus quite fixed. There was no ulceration, but the pain was increased. I could do nothing more for her than try absorptive measures in the way of bromine lotions, and destroying one or two indurated projections. She died insane some months afterwards; the uterine disease, so far as I could learn, having made no further progress.

The other case was that of a cabman's wife, with extensive malignant uterine ulceration and the usual concomitants, which first occurred about three years back. The uterus here was not fixed. I could only destroy the ulcerated surface; but her husband would not allow her to remain in the hospital, threatening to introduce some lewd woman into his house to take charge of his children; and so she left me. About three years afterwards, I was agreeably surprised to see this poor woman walk one morning into my study, looking well and fat. She had come to me not professionally, but to sign some club-paper. I demanded an examination, which she granted. I found a healthy uterus; and she informed me that, since she had seen me last, she had had a healthy child.

## CLINICAL MEMORANDA.

### THE TREATMENT OF ACUTE RHEUMATISM BY TINCTURE OF PERCHLORIDE OF IRON.

By J. RANDLE BUCK, L.R.C.P., M.R.C.S., etc., Inkberrow.

A PAPER by Dr. Russell Reynolds appeared in No. 468 of the BRITISH MEDICAL JOURNAL, in which he related the beneficial results which had been produced by the perchloride of iron, in eight cases of acute rheumatism. This amount of success led me to try the remedy in a very severe case at that time under my care. Two other cases have since occurred; and in all three the result clearly convinces me that iron ought to hold a most prominent place in our list of remedies for this most formidable disease. I will enumerate, briefly, the essential points of each case.

CASE I.—Jane C., aged 32, had a second attack of rheumatic fever, most affecting the lower extremities. There was a high state of fever; the temperature 103 deg.; the pulse 110. The heart was weak and irregular in its action; dilated, with aortic regurgitation. She was ordered 60 grains of the bicarbonate of potash in an effervescing draught every three hours, with 10 grains of ipecacuan powder with opium at night. At the end of seven days, with this treatment, there was absolutely no improvement; the upper extremities, in addition to the lower, had become affected; the pulse and temperature were rather higher. I then substituted 30 minims of the tincture of perchloride of iron every six hours. On the following day, there was very marked improvement; the pulse was 100; the temperature 102 deg.; the pain was relieved, and there was less uneasiness about the heart. This improvement continued till the sixteenth day, when there was an attack of urgent dyspnoea, with tumultuous action of the heart. I added 10 minims of tincture of digitalis, which soon relieved the heart; and from that time there was no bad symptom. The digitalis was continued in five-minim doses in combination with the iron, and recovery was complete on the thirtieth day.

CASE II.—Ellen M., aged 18, had a first attack; she was seen on the second day of illness. Both knees were affected; there were great heat of skin and prostration. She was ordered 30 minims of the tincture of perchloride of iron every six hours. In thirty-six hours the pain was relieved, and the patient was better in every respect; there were no cardiac symptoms, and on the twelfth day she was convalescent.

CASE III.—Henry H., aged 26, ill with a first attack, was seen on the fifth day of illness. The feet and hands were most affected. He had profuse perspiration and great prostration. In this case, I gave the tincture of the perchloride every four hours in 30-minim doses, and on the following day the patient expressed himself as easier. On the third day of treatment, he complained of pain in the cardiac region, and a blister was applied. From this time there were no further bad symptoms; and on the twentieth day (the fifteenth of treatment), he was sufficiently recovered to sit up in the room.

I may remark, in conclusion, that in none of the cases did the iron induce any feeling of discomfort; the tongue cleaned, and the patients all expressed themselves relieved after its use. I therefore think we shall do well in adopting this mode of treatment as one productive of better results than any other.

## CLINICAL LECTURE ON THE DIAGNOSIS OF ANEURISM.

By MR. PAGET, F.R.S.

ON Wednesday last Mr. Paget lectured on a case, under his care, of *Aneurism of the Left Common Iliac Artery*. The patient is a man aged 29, who stated that about eighteen months before admission he first began to suffer from pain in the back and lumbar region after bathing in the sea. The pain, which was of no great intensity, persisted, and was believed to depend upon lumbago. Towards the end of 1869, he first noticed a tumour, and, in addition, some numbness in the feet after exertion; about this time Dr. Gull saw him, and, after a physical examination, at once diagnosed the nature of the disease, and sent the man to Mr. Paget, by whom he was afterwards admitted. Mr. Paget remarked on the negative character of this man's symptoms, and on the readiness with which, in the absence of a manual examination, the case might have been mistaken for lumbago, commencing paraplegia, or even hypochondriasis. On admission, he was pale but fairly nourished, and complained of pain in his back and loins and of numbness in the lower extremities after exertion. The heart-sounds were normal, but the circulation generally was somewhat excited. He did not complain of pain down the thighs or in the legs, nor was there any oedema or enlargement of the veins of the lower extremities. On examination, a pulsating tumour was found in the abdomen, situated below and rather to the left of the umbilicus; the pulsation ceased when the abdominal aorta was compressed. Slight pulsation could be felt in the left common femoral artery, but the pulse could not be detected over the posterior tibial of the same side; on the right side, the pulse was detected with ease in both these vessels. A right soft *bruit* was heard on auscultation over the tumour. Mr. Paget considered that the aneurism probably occupied the extremity of the abdominal aorta, and the whole of the left common iliac, and that four vessels communicated with it, viz., the aorta, right common iliac, and left external and internal iliac arteries.

In speaking of the diagnosis of abdominal aneurisms, Mr. Paget said that the difficulty in these cases was twofold; for, *first*, there were many pulsating tumours not aneurisms, and, *secondly*, aneurisms were occasionally met with which, at the time of examination, did not pulsate. In the case under consideration, the second source of error did not interfere for the tumour pulsated strongly. The pulsating tumours from which aneurism was to be distinguished, were arranged under the heads of *medullary cancer, arterial aneurism, tumours growing from bone, and enlarged lymphatic glands*, or any other tumour seated upon or around a large artery; and the following points were insisted upon as furnishing, collectively or singly, the means for arriving at a correct conclusion. The character of the pulsation: the pulsation of an aneurism was described as "firm, full, and strong," while that produced by any of the other pulsating tumours was said to be weak and soft. Mr. Paget laid great stress on this difference, and considered it a most important aid to diagnosis. The direction of the pulsation: the "expanding pulsation" of an aneurism was to be carefully distinguished from the merely "forward push or throb" communicated to the fingers by a tumour seated on an artery; if a tumour, such as a mass of enlarged glands, however, surrounded an arterial trunk, Mr. Paget considered that it might be quite impossible to determine whether an aneurism existed or not, for the pulsation in such a case would be truly expanding in all directions. Pain of a "rending" character, and coming on in paroxysms, was mentioned as a valuable sign of aneurism, and probably denoted the occurrence of rapid increase in size. The existence of a *loud rasping bruit* over the tumour and along the artery above and below was said to be a symptom of some value when present, although its absence, as in the patient under consideration, by no means negated the existence of aneurism, for a soft *bruit* was heard in many cases of vascular tumour.

Mr. Paget alluded to another class of cases in which the diagnosis of abdominal aneurism was sometimes made, and in which there was not only no aneurism, but no tumour of any kind. In some persons, a large artery, generally the abdominal aorta, pulsated very strongly; and it was this strong pulsation of a healthy vessel that was mistaken for aneurism. It occurred, Mr. Paget observed, chiefly in hysterical women or nervous men; sometimes in association with pains in the back, which rendered the resemblance to aneurism still closer; or in persons in whom the bodies of the lumbar vertebrae were unusually prominent, the head of the pancreas enlarged, or the colon distended; and, lastly, a certain number of cases were found to be connected with incessant nausea and vomiting in nervous people—a case being mentioned of a woman who was supposed by several observers to be the subject of abdominal



aneurism. She was suffering from excessive and continued sea-sickness, and, in fact, died of exhaustion from this cause; and Mr. Paget had an opportunity of confirming his previous opinion that no aneurism existed. The absence of the lateral or expanding pulsation in these cases of excessive arterial pulsation was mentioned and insisted on. The lecturer alluded to one case in which a phantom tumour of the rectus abdominis muscle was superadded to a pulsating aorta. In this instance, the diagnosis was at length made by placing the patient under chloroform, when the tumour disappeared completely.

Mr. Paget added that the same state of excessive pulsation was sometimes noticed in other arteries, especially the subclavian and the carotid. If the patient happened to possess a cervical rib over which the pulsating subclavian passed, as in a case lately under Mr. Paget's care, the resemblance to aneurism might be very close. The simulation of carotid aneurism was said to be most deceptive when the internal carotid was elongated and tortuous in old persons, and when the naturally somewhat bulbous condition of the lower part of this vessel was more than usually marked.

## REPORTS

OF

### MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

WARNEFORD, LEAMINGTON, AND SOUTH  
WARWICKSHIRE HOSPITAL.

[BY OUR OWN REPORTER.]

THIS hospital contains ninety-two beds, a considerable majority being medical, and as many as twenty out of the whole number devoted to children. A good many of the latter, however, were said to have been unoccupied for some time. The ward floors are oiled with boiled oil, which produces a sort of varnish on the surface when it has been freely used. The floors are washed as ordinary floors; and the oil prevents the substance of the wood from being wetted. There is a separate building, intended, we believe, for a fever-house, should it be required for that purpose, but used chiefly as a sort of convalescent hospital for patients from the general wards. The hospital is pleasantly situated, and has a good piece of garden behind.

Dr. Carter showed us the following very interesting case, which had been under his care, on and off, for about five years. The patient, a girl aged 7½ years, had suffered ever since about two years old from slow dry gangrene of the distal ends of some of her fingers and toes; this had been accompanied by great emaciation, and at times by ulcerations, which were described as having been rupial, on various parts of the skin. The child's mother is believed to have had syphilis; and her eldest child died at the age of a few months, with sores on the skin. When we saw the patient, she was extremely emaciated. The skin of her face was dusky, almost cyanotic; but this appearance was said to vary a good deal. The condition of the hands and feet was most peculiar; she had lost almost the whole of the *left* little finger; the corresponding part of the *right* hand was dead, dry, brown, and shrivelled up; and there was a distinct line of separation. Part of the index finger of the left hand was in the same condition, as were also the ends of several toes. The nails of several fingers and toes were distorted and shrivelled up. The gangrene was always preceded by a painful and inflammatory condition of the part about to mortify; and the process of separation was slow. There was symmetrical ulceration and scarring of the posterior part of each ear, of the ala nasi, and of the upper lid. There were small circular scars about the forehead, and one or two on the right hand; and a large patch of scar, with some ulceration, still in progress, was seen at the back of each elbow. The ulceration was every where confined to the skin. The upper permanent central incisors were just coming through, and were well formed. There had been no keratitis; and, unlike most tertiary syphilitic ulcerations, the disease was accurately symmetrical. There was dry eczematous scab on the scalp, and the whole skin was dry and harsh.

*Fracture of the Skull, Depressed, and probably Compound; Recovery, followed by Optic Neuritis and Atrophy.*—Under the care of Dr. Slack, we saw a girl aged 22, who had become blind after a fall on the head. She stated that, five months before our visit, she fell and struck her head against some sharp portion of a wheel. She was insensible for about two hours, and her nose bled. A day or two afterwards, her eyes

became bloodshot. She was troubled with sickness for several days after the accident, but did not seem to have vomited blood. There was neither deafness nor discharge from the ears. About four weeks after the accident, she suffered for several days from headache and sickness; and about the same time her sight began to fail, the right eye being affected first. She stated that, simultaneously with the failure of the right eye, she partially lost power on the right side; but that she afterwards quite regained it. The left eye afterwards became affected in the same way as the right. She had no medical advice for the injury to her head, but stated that there was a wound of the scalp which bled somewhat. When we saw her, there was a depression, admitting the tip of the index finger, in the scalp, nearly over the supero-posterior part of the right parietal bone. She was quite blind. The pupils were widely dilated—the right somewhat more so than the left. In the right eye, the retinal veins were congested and somewhat tortuous; the disc was pale, and its margins very indistinct, from the existence of semi-opaque effusion, which, however, did not completely hide the vessels at any point. In the left eye, there were a crescent and myopic refraction; the retinal veins were markedly less distended than in the right eye; the disc was quite white; and there was no trace of effusion.

We are indebted to Dr. Haynes, the house-surgeon, for the opportunity of seeing this case, and for much information about the hospital.

### BIRMINGHAM AND MIDLAND EYE HOSPITAL.

[BY OUR OWN REPORTER.]

We paid a short visit to this institution on January 31st; and, although the morning was wet, we saw a considerable number of serious and interesting cases under the care of Mr. J. Vose Solomon.

The hospital contains fifty beds; the wards are roomy; and there are two large day-rooms for male and female patients. The outpatient consulting-room is large, and fitted with two dark compartments for ophthalmoscopic examinations. About five hundred out-patients are seen every week; and the in-patient accommodation is large enough to allow of many cases requiring careful attention and good diet being admitted, which at some of our larger ophthalmic hospitals would be compelled to put up with treatment as out-patients.

We saw one operation by Mr. Solomon for the removal of a bit of capsule left after a needle-operation for congenital cataract. The cannula-forceps was employed. Mr. Solomon has hitherto used chloroform in preference to all other anaesthetics.

A large number of operations is performed yearly at this hospital. Thus, we see from the Report for the year ending March 1869, that one hundred and fifty operations were done in the previous year for cataract, twenty-three of which were by Von Gräfe's method. There were one hundred and sixty-seven cases of iridectomy, and a large number of minor operations upon the ocular appendages, including nearly two hundred cases of strabismus.

*Counterirritation.*—Mr. Solomon makes use of counterirritation largely in inflammatory conditions of the conjunctiva, cornea, and ciliary region. He often employs the caustic stick, wetted, and rubbed on the skin around the orbit; combining this treatment with a seton when a more continued action is required. Mr. Solomon finds the wetted caustic rubbed on the eyelids very serviceable in cases where it is important to keep the lids at rest. The swelling and soreness which follow the application effect this admirably.

In using solutions of atropia, Mr. Solomon remarked that its irritating effects on the conjunctiva may sometimes be advantageously prevented by adding a very small quantity of nitrate of silver (one-twentieth of a grain to the ounce) to the atropine solution.

*Administration of Iodide of Potassium.*—Mr. Solomon sometimes uses carbonate of ammonia in combination with the iodide, for the purpose of stimulating a weak stomach. He considers it unnecessary and inconvenient to give iodide of potassium more than twice a day, inasmuch as the blood does not become free from the salt even after so comparatively long a period as twelve hours. He also advocates the use of small doses of *strychnia*, in combination with mercurials or iodides, in all syphilitic patients who are markedly cachectic.

*Operations for Cataract.*—Mr. Solomon, as a rule, completes the operation for cataract at one sitting. He considers that an interval of five or six weeks between the iridectomy and the extraction is not only needless, but sometimes injurious; and assured us that he had seen worse results follow this mode of procedure than when the whole operation is done at once. In cases of choroidal disease, he sometimes prefers the preliminary iridectomy; but always allows five or six months to elapse between it and the extraction.



## ST. BARTHOLOMEW'S HOSPITAL.

OPERATION DAY, MARCH 5TH.

*Carcinoma of Foot and Ear in the same patient.*—Mr. Paget removed a carcinomatous growth from the sole of the foot of a man aged 88. It was rather larger in size than a walnut, and on section proved to be a well-marked example of melanosis. Mr. Paget remarked on the comparative rarity of this form of cancer. When it did occur, it very commonly did so in the situation of a wart or mole, until then, perhaps, unnoticed. This man had had a black spot on the sole of his foot as long as he could recollect. One very interesting point in connexion with this case which Mr. Paget mentioned, was that eighteen months ago he had removed a growth of well-marked epithelial cancer from the external ear of the patient. Whether this present growth was epithelial, in which melanosis had developed, would be shown by the microscope.\* The fact that two growths had existed in such widely separated parts as the ear and the sole of the foot would, Mr. Paget remarked, conclusively show the constitutional origin of the cancer. No one could imagine the growth in the sole of the foot to be a deposit secondary to the one in the ear.

*Umbilical Fistula.*—Mr. Paget afterwards had a lad brought in for examination, who was the subject of a malformation of the umbilical region. A vascular mass, of the size of a small egg, protruded from the umbilicus. On careful examination, it was evident that it was not a mere florid out-growth, but a protrusion of some vascular mucous membrane from within the abdomen, and a probe could be passed through a rather narrow opening for nearly four inches. The fact that feces did not escape readily, renders it improbable that it was actually a piece of gut. There was the history, however, that in early life feces had escaped. Mr. Paget was not quite satisfied as to the nature of the case, but, on the whole, was inclined to the opinion that the omphalo-mesenteric duct was pervious. No urine escaped through the fistula. Mr. Paget reserved treatment for a future occasion. Analogous cases in young children are not uncommon.

*Iliac Aneurism.*—Mr. Paget has now under care a very interesting case of iliac aneurism, probably involving the left common iliac artery and lower part of the aorta. There is an evident tumour with distinct pulsation. The patient is a man aged 29, and has noticed the tumour for eighteen months or more; but it has only been really troublesome for about six months. On Friday, Lister's abdominal tourniquet was applied for two hours under chloroform. At the end of that time, though the pulsation of the tumour had not ceased, there was no pulsation to be felt in either femoral artery. Several observers detected pulsation in the posterior and anterior tibials. On Saturday following, no pulsation could be felt by Mr. Paget and others in either of the iliac arteries or their branches. The tumour still pulsated, but was smaller, and the abdomen very much less distended. The man was directed to abstain from fluids as far as possible. (See abstract of Clinical Lecture, page 260.)

*Morist Sculis Gangrene.*—Mr. Savory has under care a case of gangrene attacking the toes and anterior part of the foot in a man 57 years of age, which presents the peculiarity of being moist.

*Ligature of Femoral Artery for Popliteal Aneurism.*—Mr. Willett lately ligatured the femoral artery in a case of popliteal aneurism, under somewhat unfavourable circumstances. The patient was so exhausted that it was absolutely necessary to do something immediately on admission. The aneurism was of considerable size, and its walls seemed thin. The question of amputation was entertained, but decided against. The patient has done well since the ligature.

## UNIVERSITY COLLEGE HOSPITAL.

NOTES ON MISCELLANEOUS CASES.

(Under the care of Dr. TILBURY FOX.)

*Eczema of the Legs.*—A distinction is drawn by Dr. Fox between those cases of pustular eczema in which the pus-formation is accounted for by the intensity of the inflammation, and those in which it is not to be so explained, but rather upon the supposition of a pyogenic habit of body; and, in elderly and old subjects, the existence of a strumous tendency is thought to be often overlooked. Whilst cod-liver oil and the like are given freely to the latter class of cases, one point in the local treatment insisted upon is the avoidance of any stimulant or irritant applications; and the application of the compound lead-ointment of the old London Pharmacopæia, during the crusted and discharging

\* By the kindness of Mr. HOLLAND, we have since learnt that the microscope showed epithelial elements in the second growth.

stages, constantly applied, so as to exclude the air, and subsequent strapping with diachylon or leather, are approved. There is a woman now in the Hospital who has had an eczema impetiginodes of the leg for twenty-five years, off and on, and becoming more worse of late, who is now practically well of her ailment from the adoption of the above treatment.

*Co-existent Favus and Tinea tonsurans: the former derived from the Cat.*—A. B., aged 8 years, came to the Hospital on the 23rd October, 1869, with distinct and characteristic tinea tonsurans above the right ear, in a large patch of the size of half the palm of the hand, and a patch of what turned out to be favus in the site of the vaccination-scars of the right arm. The child lived in a mews, and was one of a family of five. The father had been out of work, and the children had had meat usually three times a week, but little of it. About six weeks previously, the old vaccination scar on the arm became "covered with a white head, then came a dry white humour, but no discharge." Once, when injured, the place bled, the scab being knocked off. In a fortnight, the scab reached its present size. The formation of the scab was attended by itching. On admission, there was a patch at the junction of the middle and upper thirds of the arm, about the seat of the old vaccination scar, of what at first sight looked like impetiginous crusting, covering an area of more than that of a shilling; but, on close inspection, it had a warty and a very dry appearance, and little yellow pieces could be picked away; it was also sulphur-yellow in colour in the middle, and looked like favus. On a piece being put under the microscope, perfect specimens of the acchorion were at once seen. At the side of the head, as before said, there existed a perfect patch of tinea tonsurans; the hairs were broken off short, dry, brittle, and loaded with fungus-elements of the trichophyton character—a few oval cells being seen, with mycelial threads about the outside of the shaft of the hairs. There were one or two smaller patches. About the favus patch were several small circular scurf patches, having all the characters of tinea circinata. The evidence that the favus was caught from a diseased cat was tolerably conclusive. The mother of the child said that in the previous July she had a kitten which became very weak, and which was then attacked by a "sort of breaking out" on the ear and on the top of the back. The neighbours said it had the "mange". Subsequently crusts formed about its nose as well as on the ear, and they were like those on the girl's arm. The cat was then destroyed—that was three months ago—lest the children, who used to play much with it, should catch the disease. This case was seen by several gentlemen well able to judge on the point, and they agreed that the characters of co-existent favus and tinea tonsurans were well and distinctly marked. The favus patch was eradicated by first poulticing and then using tar and iodine, with, subsequently, ointment of bichloride of mercury.

## COMPARATIVE PATHOLOGY.

## RICKETS IN THE LOWER ANIMALS.

(Continued from page 136.)

In the Horse, rickets is rare, if indeed it occur at all. Hurtrel D'Arboval (*Dict. Vétérinaire*, Art. "Rachitisme") says that it is less common in this animal than in any other species; but he afterwards mentions that he has seen colts die of the results of rachitis in their first or second years, the symptom being inability to stand, extreme emaciation, dry skin, and diarrhoea. This account does not fit with that of rickets in other animals, for no mention is made of any deformity. Professor Dick says that "in foals there is sometimes an appearance of it, but they soon get well" (*Manual of Veterinary Science*, 1862, p. 41).

We may just mention in connection with this animal, that the disease known in America as "Big-head", and very fully described by Professor Varnell and Dr. George Harley in the several numbers of the *Veterinarian* for 1860, and in the *Transactions of the Pathological Society*, does not seem to be rickets. Gangee calls it osteoporosis (*Domestic Animals in Health and Disease*, vol. i. p. 20).

Ox.—Rickets is mentioned incidentally by Finlay Dun as occurring in calves, in connection with an inherited "scrofulous diathesis". He says that such calves "are troubled with indigestion and acidity of the stomach; their appetites are capricious, their skins scurfy, their legs rickety, and their joints swelled; and death generally results from imperfect alimentation and the results of irritative fever" ("Hereditary Diseases of Cattle," *Journal of Royal Agricultural Society*, vol. xv). Mason Good (*Study of Medicine*, vol. v. p. 327, Art. "Parostia Flexilis") says that it has been seen in the ox; and Hurtrel D'Arboval mentions its occurrence in "the large ruminants."

Turning next to the Sheep, we again find rickets associated with a

scrofulous tendency, by Finlay Dun, in young sheep ("Hereditary Diseases of Sheep and Pigs"; *Journal of Royal Agricultural Society*, vol. xvi.; "Lameness in Sheep and Lambs"; *ibid.*). Such lambs are said to be liable to "intractable swellings of the joints" and to "rickets, a disease of the bones occurring in early youth from perverted nutrition, and consisting in a softening of the osseous tissue." The same author describes the bending and distortion occasionally met with in rickety lambs.

*Pigs*.—Several authors assert that young pigs are very liable to rickets. Finlay Dun classes it with tabes mesenterica and pulmonary consumption in these animals. Dick (*Manual of Veterinary Science*) says that it is frequently met with in young pigs; and his brief account shows that the disease described agrees essentially with rickets. We also find rickets in pigs referred to, again in connection with scrofulous enlargements and abscesses, etc., in the *Journal des Vétérinaires*, Toulouse, 1850 (translated in the *Veterinarian* for 1853), where it is stated that young pigs sometimes become affected with swellings of the joints and legs—especially those of the carpus and tarsus.

*Dogs*.—The dog is said by all authors to be especially liable to rickets. Heusinger says that "dogs especially are often born rhotic, or become so shortly after birth" (*Recherches de Pathologie Comparée*, p. 133); Dr. Cumin, in the *Cyclopædia of Practical Medicine*, refers to its presence in young pointers and greyhounds; and Hurler D'Arboval mentions its occurrence in carnivora, including dogs. Blaine asserts that many puppies of fancy breeds and in large towns become rickety soon after birth; such puppies grow slowly, except the "heads, belly, and joints, all of which enlarge at the expense of the rest of the parts"; and further on he says that all the joints of the extremities swell into protuberances (*Canine Pathology*, Art. "Rhachia," p. 177). In his opinion, it is commonest in "pugs and the smaller sort of bull-dogs." "Stonchenge" (*British Rural Sports*, p. 743) gives substantially the same account of rickets in young dogs, referring to its frequency in large towns, although "it is sometimes seen even in rural districts"; to the enlargements of the joints and the distortion of the limbs; and probably the same disease is included by Hertwig under the head of Fractures, when he says "the bones of some dogs are especially liable to fractures, because for want of proper pabulum they have become brittle; this is the case in very old dogs, but also in some young ones which have been fed chiefly on sour bread" (*Les Maladies des Chiens et leur Traitement*; translated into French by Ad. Scheler, p. 346). Dr. Dick has recorded cases of rickets in young greyhounds, and has described the condition of the bones in a way that leaves no doubt as to the identity of the disease in children and puppies. Professor Dick (*loc. cit.*) says that rickets is common in puppies. The writer once had a puppy which was probably affected with rickets, though the nature of the disease was not recognised at the time; the animal was brought up by hand, and was not well taken care of, one result of which was that one of its thigh-bones was fractured; the fracture united rapidly, but the puppy continued to grow thinner and weaker, and shortly before death it could hardly walk. At the time, it was thought that the enlargement of the joints was only apparent and due to the general emaciation; but this was probably incorrect.

*Birds*.—Young poultry of various kinds are liable to become rickety. Dr. Cumin says that whole broods of young ducks and geese suffer from swelling of the joints (this, however, might refer to rheumatism or to synovitis). Dr. Horner, in some remarks on "spinal disease," states that "rickets or distortion of the spine" occurs in certain delicate breeds of fowls; that it comes on at the age of two or three months, and is first shown by "leg-weakness"; he says that the spine becomes laterally distorted, and that the distortion generally gets worse with age (*Meubray's Poultry*, by L. A. Meall and Dr. Horner, 1854, p. 494). "Leg-weakness" is, however, assigned by Tegetmeier (*The Poultry-Book*, p. 332) entirely to rapid growth and increase in weight without proportionate development of muscular power; an account which seems to throw some doubt on the truly rickety nature of the disease described by Horner. A fuller account of deformities of the osseous system in poultry is to be found in the *Gardener's Chronicle* (1850, p. 618), where nothing is said about weakness of the legs; but mention is made of the frequency, in turkeys and fowls, of a peculiar distortion of the keel of the sternum, and of angular (not lateral) curvature of the spine. Water-birds and gallinaceous game birds are said not to be subject to the disease. In the same journal (1862, p. 1038), in an article on turkeys, we find it stated that, if they are neglected when young, they become debilitated, their heads grow too large for their bodies, and their joints enlarge.

*Causes of Rickets in Animals*.—We find that many authorities consider rickets, or at least a tendency to rickets, in a high degree hereditary. This is the opinion especially of those who place rickets in

the same category as the scrofulous and tubercular affections, and these authors lay great stress on the influence of breeding in-and-in upon the production of tubercular disease and rickets. We have already alluded to the opinion that certain breeds of mal-formed animals are considered by some high authorities to have been produced by the transmission of rickety deformities. Livingston (quoted by Youatt) says of the so-called *Otter* breed of sheep, that their legs are short, "and turned out in such a manner as to appear rickety. . . . They appear as if their legs had been broken, and set by some awkward surgeon" (*Sheep, their Breeds, Management, and Diseases*, p. 135). Several writers believe that some breeds of terrier dogs have descended from rickety ancestors. Thus Youatt, Blaine, and Moncourrier (*Essai sur le Rhachitis ou L'Osteomalaxie*, 1803) refer to a small breed of very-legged terriers which is believed to have originated in some rickety specimens in which the head, belly, and joints enlarged more than the other parts, and in which the deformity of the legs "remaining after the disease, has transmitted itself from generation to generation." Blaine (*Canine Pathology*, 1854, p. 17), however, complicates the question by saying that many varieties of dogs are the "effect of monstrosity, or have arisen from some anomaly in the reproductive or breeding process," an opinion which seems to show a want of discrimination between deformity and an inherited tendency. Improper food, wet, cold, and bad ventilation are, however, all mentioned as important factors in the causation of rickets by many veterinarians. One author especially mentions that chickens hatched late in the season are more liable to deformities of the bones than those which are the produce of earlier broods. Good food, especially such as is rich in oily matter, is recommended for rickety animals.

#### NOTES ON "STRANGLES."

Most young horses suffer more or less severely from the disease to which the very expressive name of "strangles" is given by veterinary surgeons. Strangles is a specific disease, and its phenomena are generally well-marked and recognised without difficulty. Many authorities consider it infectious and contagious, and some think that it is communicable by inoculation; others again (and among them was the late Mr. Percivall), deny that strangles is communicable from a diseased to a healthy animal. It seems to us, however, that the weight of evidence is decidedly in favour of the disease being infectious, and this belief is supported by the well-known fact that strangles rarely occurs twice in the same individual. Like all other infectious diseases, strangles is much more abundant in some seasons than in others; and probably it is this fact which has led to the belief in its being a non-communicable malady, depending for its frequency solely on external conditions. Although strangles is by far the most frequent between the ages of two and five years, it is by no means confined to this period; for cases now and then occur in very young as well as in old horses. This may probably be explained by the circumstances under which horses are placed; up to the age of two years, or thereabouts, most horses are less congregated, or at any rate less closely packed, than they are during the next two or three years of their lives; and we should therefore expect, just what we find to be the case, that an infectious disease like strangles would be most frequent at the latter period, when, either at fairs, in strawyards, or in stables, young horses are crowded together for days or weeks together.

Strangles is ushered in by fever, usually of a mild type, and probably never so severe as to threaten life directly; it is followed, in a day or two, by discharge from the nose (at first watery, afterwards muco-purulent), sore throat, and cough; and these signs of catarrh are accompanied by the pathognomonic symptom of the disease, viz., inflammation of the lymphatic glands on the lower jaw. This inflammation is generally symmetrical, and accompanied by much induration and swelling of the neighbouring parts, and usually goes on to the formation of one or more abscesses of considerable size between the rami of the lower jaw. Sometimes, the tumefaction is so great as to threaten suffocation, but generally the abscess is near enough to the surface to admit of its being opened before any danger arises. After evacuation of the pus, the other symptoms generally disappear, and health is quickly restored, tonics and nourishing food rapidly making up for the loss of condition during the disease. In some cases, the swelling under the jaw does not suppurate, but gradually disappears, the symptoms of catarrhal fever being present but in a comparatively mild degree; such horses are said by some authors to suffer from "strangle-fever," a sort of modified strangles (=measles without eruption), which probably has the same protective power as a severe attack. Occasionally, the animal does not recover quickly after the abscess has been opened, and sometimes secondary abscesses form in various parts of the body, which interfere with convalescence. In other cases, again, fatal pyæmia follows: this result, however, is very rare.



There are several interesting points in the natural history of this disease which seem to link it with measles in the human subject, although, in the formation of abscesses, it is more like scarlatina. It will be necessary to know more about the condition of the lungs and the kidneys before the exact pathological affinities of the disease can be made out; the presence of a skin-eruption corresponding to either of the human diseases mentioned, would be very difficult to establish satisfactorily in the horse, but should be sought for. For the present, it is instructive to note that most horses, like most human beings, suffer from an infectious catarrhal fever, occurring only once in a lifetime, and in each species happening generally at the time of life when a number of young individuals are living together.

## REVIEWS AND NOTICES.

OUTLINES OF CHEMISTRY, OR BRIEF NOTES OF CHEMICAL FACTS. By WILLIAM ODLING, M.B., F.R.S., etc. Pp. 468. Longmans, Green and Co. 1870.

DR. ODLING has revised and extended the book, originally intended as, and used for, notes of his chemical lectures at St. Bartholomew's Hospital, so as to give a connected outline of the leading facts of chemistry, in their relation to each other. In this form, the work may be used as a companion to larger ones, such as Miller's *Elements*, etc. It is not adapted for mere beginners, unless they are also attending lectures; but would be found very useful to medical students reading for the University of London, pharmaceutical students, and workers in laboratories. All words of mere connective character, unless essential to the sense, are omitted; and hence the author is enabled to compress into less than five hundred pages an immense amount of collateral information in arts, science, and manufactures. He has adopted the French weights, measures, and thermometric scale; and the general plan of the work is cast in an essentially modern type; whilst by the use of common well known names, such as nitre, alum, and borax, the transition from the old style to the new is rendered more easy of comprehension. One or two brief quotations will show the style of the work. Thus, under Silica (p. 101), we find:

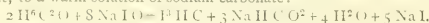
"Crystalline silica, met with in form of sand, and quartz, the latter occurring either in crystalloid masses or distinct crystals, usually six-sided prisms, with pyramidal summits. Finest form of crystalline quartz known as rock-crystal if colourless, amethyst if purple, rose-quartz if pink, and cairngorm if yellow or brown. Rock-crystal less hard than diamond or corundum. Its specific gravity 2.6. Its insolubility in solutions of alkali. Its unalterability by ignition, but capability of being pulverised after ignition and sudden quenching," etc.

Again, p. 106:

"Glass, a variable mixture of silicate of alkali-metal and silicate of calcium or lead, with, in some cases, silicate of aluminum, etc. Its characteristic property of passing into a plastic state before fusion. Fusibility of glass below the mean fusibility of its constituent silicates. Principal varieties of glass known as crown or window-glass; plate-glass; crystal, flint- or white bottle-glass; and green bottle-glass. Window-glass a disilicate of calcium and sodium in about atomic proportions, represented approximately by formula  $(\text{Ca}^{\text{II}} \text{Na}) \text{O} \cdot 2 \text{SiO}_2$ . Plate-glass a trisilicate, with far less of lime than alkali, the latter often in part of potash  $(\text{Ca}^{\text{II}} \text{Na}) \text{O} \cdot 3 \text{SiO}_2$ . Bohemian hard glass a potash-lime trisilicate, with at least as much lime as potash  $(\text{Ca}^{\text{II}} \text{K}) \text{O} \cdot 3 \text{SiO}_2$ ," etc.

With one more example, we must conclude our quotations.

"Iodoform, or trisiodomethane,  $\text{I}^3 \text{HC}$ ; produced by action of a hypiodite, or mixture of iodine with caustic or carbonated alkali, upon alcohol, wood-spirit, gum, albumin, and divers organic substances. Also by action of hypochlorites upon an alcoholic solution of potassium iodide. Usually made by adding alcohol, and then iodine, little by little, to a warm solution of sodium carbonate:



After separation of precipitated iodoform, additional deposit obtained by passing slow current of chlorine through mother liquor, to utilise iodine of resultant iodide of sodium. Occurrence of iodine in yellow, fusible, hexagonal plates, of sp. gr. 2.0, melting at  $115^\circ$  to  $120^\circ$ , volatilising in vapour of water, but undergoing partial decomposition when heated alone, insoluble in water, soluble in ether, alcohol, fixed and essential oils, etc. Its reactions similar to those of chloroform. Chloroform  $\text{Cl}^3 \text{HC}$ , produced by its distillation with corrosive sublimate; and cyaniodoform  $(\text{C N}) \text{I}^3 \text{HC}$ , by treating its alcoholic solution with cyanogen." (Pp. 124-5.)

We may add that the characteristic spectra are given under most of the metals.

ON PARALYSIS IN INFANCY, CHILDHOOD, AND YOUTH; AND ON THE PREVENTION AND TREATMENT OF PARALYTIC DEFORMITIES. By DR. MATHIAS ROTH. London: Groombridge and Sons. 1869.

We have before us a little book not to be passed by, and yet one upon which we cannot bestow unqualified praise. In the very commencement our author writes: "To speak of an infantile or juvenile paralysis as distinct from paralysis in adults, is only a conventional term." But we would ask him whether the adjectival expression is not justified by the description of *infantile* paralysis which he has himself given in translation from Heine and Laborde? And further, if we admit that "every variety of paralysis which occurs in adults can also occur at an early age," we would ask Dr. Roth whether the exact form of paralysis which he describes at page 4 ever occurs except in infancy? Again, we fail altogether to see the advantage of multiplication in the use of qualifying adjectives, as adopted by Dr. Roth, *ex gr.*, in the expression *atrophic localising* infantile paralysis, whereby he attempts to particularise what is generally known as infantile paralysis. Regarding the treatment of infantile paralysis, Dr. Roth speaks of frictions and of passive movements with some confidence, and strongly advocates gymnastics, insisting also upon the necessity of raising the temperature in the paralysed limb. Regarding electricity, however, he says: "Notwithstanding my sincere wish to benefit my patients by any means, I cannot conscientiously say I have seen any remarkable effects from electricity in the *a. l. i.* paralysis." We note the observation of our author upon the ignorance often displayed in the application of localised electricity, "which is too often left to the tender mercy of a nurse; the common practice being to inflict upon the little patient as many electrical tortures as he can bear."

We pass on to comment briefly upon the composition of the work before us, which might have been happier, not to say more elegant. Some allowance may be made for the use of the word "periphrastic" in antithesis to central; and for typographical errors, such as *politis* for *pollitis*; but we could not but be struck whilst reading the book with the occasional use of the singular for the plural verb; and, as a specimen of style, we give one more quotation: "There was neither an abscess nor pain observed on the angular projection of the os sacrum, which a specialist promised to remove by electricity, which was in vain applied daily during at least six months." Another inelegance which we cannot look over is the abbreviation *a. l. i. p.*, by which our author indicates, we presume, *atrophic localising infantile paralysis*, though he has not explained his symbol. Abbreviations and symbolic expressions certainly should be avoided when an author wishes to impress the value of his nomenclature or of his new terms upon the readers of his book.

## NOTES ON BOOKS.

*On the Morbid Appearance met with in the Brains of Thirty Insane Persons.* By J. B. TUKE, M.D., and W. RUTHERFORD, M.D. London: 1870.—This paper is too concise to bear cutting down; for details we must refer to the original. It is sufficient to notice the important fact that changes demonstrable by the microscope have been detected in every one of the brains examined, and that the brains were not taken from selected cases. The morbid appearances are classified under nine headings, and some of them are believed to have been described for the first time by the authors. Much stress is rightly laid on the necessity of very extended and minute microscopical scrutiny of diseased nervous structures, by a number of different observers, in order "to place mental insanity in its proper position as a bodily disease, and a pathological entity." The paper is an important contribution to the pathology of mental diseases.

*Artistic Cookery: a Practical System suited for the Use of the Nobility and Gentry and for Public Entertainments.* By URBAIN DUBOIS, Chef de Cuisine to their Majesties the King and Queen of Prussia, etc. Longmans, Green, and Co.—We have received the *Practical System of Artistic Cookery*, which in style and matter is worthy of its title. It is splendidly illustrated; and the care and detail into which every branch is carried bear witness to the writer's conviction that cookery is both a science and an art, and that his book has within it "elements that necessitate serious and profound study." This large volume, with its eighty pages of elaborate illustrations, is but the first part of a complete work; and if, in thus bringing good taste and refinement in cookery to perfection among the higher classes, the author succeeds in raising the standard of wholesome and inviting food among the English generally, his work will have a wider usefulness than might at first seem likely. One of his axioms for all cooks is, that in some departments "weight, quantity, and number, are absolute laws." Yet he says also "a man must



possess an enlightened and infallible intelligence, an incessant attention, and his taste must be refined and delicate; practice must be his instructor; he must know the reason of difficulties as well as how to meet them; and, in a word, he must possess the intelligence that creates unlimited resources." M. Dubois's English is very good on the whole, though not lacking in the *piquante* mistakes which Frenchmen so often make. He informs us that "shad exists in the Atlantic, in the Ocean, and in the Mediterranean."

## AMERICAN GYNÆCOLOGY.

THE following are abstracts of some of the more important papers in the *Journal of the Gynecological Society of Boston*, edited by Dr. Lewis, Dr. Storer, and Dr. Bixby.

**BROMIDE OF IODINE.**—Dr. H. Gerould, of Massillon, Ohio, exhibited a sample of a compound bearing this name, at the April meeting of the Gynecological Society of Boston. Dr. M. C. Taibott, of Warren, Pennsylvania, had given it to him. The exact chemical composition appeared undetermined. In cold weather the compound is about the consistency of confection of roses; when warmed, it becomes liquid. It is used as a topical application in chronic endometritis, enlarged, congested, flabby conditions of the cervix uteri, and tumours whenever accessible, in the form of one part of bromide of iodine to six parts of glycerine. It is also used by him for "bronchial and pulmonary difficulties," in the form of spray, with the steam atomiser.

**OXALATE OF IRON.**—Dr. Henry Field, and Professor Craig, of the Smithsonian Institute, call attention to the use of this preparation, as being a light and tasteless powder, easily given in that form to those who cannot take pills, and as less liable to cause irritation and derangement of the stomach or constipation of the bowels, than any other form of iron.

**PREMATURE PUBERTY.**—Sophia Ganz, aged 3½ years, the child of Jewish parents, began to menstruate at the age of 23 months. She weighs 38 lbs., is 38 inches high, and measures 33½ inches at the hips, and 10½ inches from one anterior superior spinous process of the ilium to the other. Her legs are much bowed. The mammae are large; the pubes and axillae are covered with hair. Her general appearance is pleasing, maidenly, and lady-like, without unnatural constraint or effeminity.

**TWO NEW METHODS OF EXPLORING AND OPERATING UPON THE FEMALE RECTUM.**—The first method is eversion by pressure from within the vagina. At a meeting of the Gynecological Society, Dr. Storer exhibited a masked patient with external and internal piles, and a polypoid outgrowth above the unnaturally contractile sphincter ani, which rendered other modes of diagnosis difficult or impossible; and showed how instantaneously, painlessly, and perfectly the diagnosis became possible by eversion of the rectum by pressure from within the vagina. The second method is the use of vaginal specula after rupture of the sphincter ani. An enema should be given, and the upper part of the bowel plugged with tow. Sutures may thus be used in recto-ovarian fistule, and also in urethro-rectal fistule of male subjects.

**OBLITERATION OF AN OVARIAN CYST BY THE PERMANENT RETENTION OF A CANNULA.**—Dr. John L. Sullivan, of Malden, reports a case of this in a married woman, aged 26, who had had two children. The tumour was first tapped, and refilled in a week, and the cannula was retained and plugged. It was opened twice daily. This was done in Jan. 1856. By June 1st the discharge almost ceased, and she was gaining flesh and strength. In July the cannula escaped, and the wound healed. In November she took cold, and had general peritonitis. The fluid from this (not ovarian) was removed by tapping. She died in January 1857. The peritonitis was much indurated, and the omentum shrivelled; but the ovarian cyst, which had been tapped, was no larger than a filbert, and had a slender cord-like cicatrix, one inch and a half long, passing through the abdominal parietes, terminating where the cannula had been worn. This is, perhaps, the only case where a *post mortem* examination has verified the obliteration of the cyst. The other ovary had a small cyst.

**EXTIRPATION OF THE UTERUS BY ABDOMINAL SECTION.**—Dr. Storer lately did this operation on a woman, aged 37, at the full term of pregnancy. The tumour, the nature of which was doubtful at the time, so completely filled the pelvis, as well as extending above it, that there was less than one inch and a half between it and the symphysis pubis, and therefore no room for craniotomy or cephalotripsy. The patient urgently begged for some operation to be done, although told it was hopeless. It proved impossible to avoid cutting into the fibroid out-

growths from the uterus (as they turned out to be), but a part of the tumour was obliged to be left, being an outgrowth of, and firmly adherent to, the pelvis. There was considerable hæmorrhage, and the operation lasted three hours. The patient died on the third day. This is probably the first case of removal of the puerperal uterus. There is no account of the microscopic appearance of the tumour.

**RETROVERSION OF THE UTERUS COMPLICATED BY HERNIA OF THE BLADDER DURING GESTATION.**—The case is related by Dr. H. O. Hitchcock, of Kalamazoo, Michigan. A married Dutchwoman, aged 33, who said she was five months pregnant, applied on account of dysuria, with frequent inclination to pass urine, which flowed only in drops. The abdomen was found to be enormously distended and pendulous, reaching almost to her knees; as she lay on her back, the hand was passed with difficulty between the abdomen and her thighs. The meatus urinarius was drawn up from behind the pelvis. Six quarts of clear normal coloured urine were drawn off. The husband was taught to pass the catheter, but only succeeded partially. Four days afterwards, three quarts of bloody, foetid urine were drawn off by Dr. Hitchcock. Further examination of the abdomen revealed a large aperture in its muscular wall, 9½ by 8½ inches, the umbilicus being near its centre, and through this the distended bladder had prolapsed, and hung before the thighs. The uterus was retroverted. By manipulation with the hand, with a bladder in the rectum, and hooking down the cervix, the uterus was replaced; but she aborted five days afterwards, of a five-and-a-half months' foetus, weighing two pounds, and a healthy placenta. The patient was convalescent, but the aperture in the abdominal walls (covered only by the fascia and common integuments) remained as before. Was it congenital; or the remains of an old umbilical hernia, enlarged by the distended bladder? Did this cause, or was it caused by, the retroversion?

**A PESSARY WORN FOR FIFTY YEARS.**—The pessary was removed from a German woman aged 84, by Dr. J. V. Schertzer of Massillon. She had forgotten its existence till reminded by some irritation occasioned by it. The instrument was made sixty years ago. It was neatly carved by a knife, from thin light wood, circular, two inches and a half in diameter, with a central opening an inch and a half in width; and was found still to retain to a great extent its original wax coating.

**REMOVAL OF A LARGE PEDICULATED FIBROID OF UTERUS BY ABDOMINAL SECTION.**—Dr. Storer removed this tumour (which weighed five pounds, and was attached by an inch-long pedicle to the posterior part of the uterine fundus) through an incision in the abdominal wall, and applied wire ligatures to the pedicle. It bled freely, however; he therefore passed a double ligature of silk; tied and passed the end through the vaginal roof by a seton-needle, as proposed by Dr. W. W. Greene of Portland; and then closed the abdominal wound. All went well till the fifth day, the wound healing by first intention; but the patient died suddenly of embolism. The *post mortem* examination showed the condition of the pelvic organs to be very satisfactory; in proof of which, the uterus and ovaries were exhibited. Out of five such cases, Dr. Storer had saved one; and Dr. Atlee of Philadelphia had had still greater success.

**POCKETING THE PEDICLE IN OVARIOTOMY.**—Dr. Storer reports the first successful case of ovariectomy ever done in Boston, on a patient aged 28, in which he *pocketed* the pedicle and right cornu of the uterus within the abdominal wound. In the same number, he vindicates his claims to priority in proposing this method of dealing with the pedicle; in which he is supported (at least partially) by Mr. Spencer Wells.

**SUPPLEMENTARY NIPPLES.**—Dr. Bixby of Boston reports a case of a wet-nurse who had several lactiferous tubes external to the areolæ, freely discharging milk on slight pressure; and these mammary eminences were much more marked than the usual little tubercular papillæ by which they were surrounded. The woman professed herself ignorant of her condition. [This case is very imperfectly recorded.]

**DISCHARGE OF HAIR FROM WITHIN THE BLADDER.**—The patient, a single woman, aged 36, was under the care of Dr. Bullard of Blackstone. She had suffered from hypogastric pains, dysuria, and vesical and rectal tenesmus. Six months ago, she passed a lock of hair from the bladder; and subsequently, eight or ten additional masses. Dr. Bullard removed the hair, carefully examined, and detected a vesical calculus, but failed in extracting it. She finally died of "diarrhoea and exhaustion." The uterus was found to be anteflexed. The bladder, hypertrophied and ulcerated, contained two calculi, with nuclei of hair; and one of them occupied a sacculus at the upper and posterior portion of the bladder, connected by a minute and tortuous fistula with the left ovary, which itself contained two indurated fibrous masses, and a cavity containing about half a drachm of semiliquid cheesy material. There was also a fistulous opening from the small intestine into the bladder.

It appeared that the ovary had contained a dermoid cyst, and this occasioned the passage of hair from the bladder.

**IMPALEMENT WITH THE LEFT LABIOPERINEAL FOSSA.**—Dr. Bisby of Boston was called to see a little girl aged 5, who fell on a broken chair, the round of which, measuring six inches and a half in length and three-quarters of an inch in diameter, tapering down and ending in a tenon (?) with a flat extremity a quarter of an inch in diameter, had entered to a considerable depth in the direction mentioned above. There was frightful hemorrhage, arrested by plugging with wool saturated with the persulfate of iron. In about a month, the child had made a good recovery. Dr. Sargent of Worcester reported a case where a rake-handle entered the perineum, passed through the whole abdomen and thorax, perforating the diaphragm, and fracturing the upper left rib (*sc*); the patient being seen by Dr. Jackson, a year afterwards, in perfect health.

**PRELIMINARY AND SUBSEQUENT TREATMENT OF PATIENTS IN CASES OF OVARIOTOMY.**—In reporting an unsuccessful case of polycystic ovarian tumour removed by operation, Dr. Storer remarked on the importance of putting patients to bed for several days before an abdominal section, so as to get entirely over the ephemeral but very constant bed-fever, so serious when occurring after an operation. He believed that chloroform was less liable to cause vomiting than ether, and explained European success by this difference. He was not quite sure of the benefit of giving opium as a mere matter of routine, but believed in administering freely such food as the stomach could retain and dispose of.

**OBSTINATE EROTIOMANIA.**—At a meeting of the Society, Dr. Storer exhibited a masked patient, a female, aged 50, unmarried, in whom the complaint had existed for nearly a quarter of a century, and was said to have followed a single coitus. There was pruritus of the vulva, and a constant twitching of the clitoridial region, like the movements sometimes noticed in the infraorbital muscles. There was a constant state of nymphomania, with delusions; and masturbation was freely indulged in. The clitoris had been removed before Dr. Storer saw her. He had also passed setons beneath the crura of the clitoris, against the pubic arch; and allowed them to slough out, so as to divide the nerves. All kinds of sedatives had been employed, both locally and internally; also blisters, nitrate of silver, etc. There appeared to be no disease of the uterus, rectum, or bladder; nor could any worms be detected. Dr. Storer thought the difficulty was to know how far the brain was diseased, and whether any treatment at all would do any good. He doubted the efficacy of the ordinary routine of an asylum. After some discussion, Dr. Sharp suggested Faradisation, but did not explain the *modus operandi*.

**EXFOLIATION OF THE ENTIRE UTERINE MUCOUS MEMBRANE, AS THE RESULT OF TOPICAL TREATMENT.**—Dr. Warner of Boston exhibited a specimen which was found protruding through the os uteri seven days after the application of the acid nitrate of mercury. It proved, on examination, a complete and unbroken cast of the entire uterine cavity. The patient was not pregnant. There was no constitutional disturbance after the application.

**RETENTION OF A PORTION OF THE PLACENTA FOR TWENTY-SEVEN DAYS AFTER DISCHARGE OF THE FŒTUS.**—The patient was twenty-six years of age, and had been rather more than three months pregnant. Dr. Bacheider of South Boston, who reports the case, says that there were hardly any symptoms, and the patient had been travelling about from place to place. A little hemorrhage and a few lumbar pains, etc., made her nervous. The portion of placenta was nearly as large as a hen's egg.

**THE NORMAL POSITION OF THE FEMALE PELVIC ORGANS.**—Professor A. Breisky, Berne, Switzerland, sent to the Gynecological Society of Boston a stereoscopic photograph of the pelvic organs *in situ*, from a section of the pelvis of a virgin aged twenty years, hardened in alcohol—a method which he prefers to frozen sections. The uterus is seen to be slightly anteflexed, with its long axis at a right angle to that of the vagina, and almost coincident with the axis of the inlet of the pelvis. The following measurements may prove interesting. Conjugata vera diameter of the pelvis, 3 inches  $\frac{4}{5}$  lines; conjugata diagonal diameter of the pelvis, 4 inches  $\frac{4}{5}$  lines; antero-posterior diameter at the outlet to the point of the coccyx, 2 inches 2  $\frac{1}{2}$  lines; antero-posterior diameter to the point of the sacrum, 3 inches  $\frac{1}{2}$  lines; length of vagina (external wall) 2 inches  $\frac{1}{5}$  lines; length of the entire uterus, 2 inches  $\frac{2}{5}$  lines; length of the uterine cavity, 1 inch  $\frac{1}{5}$  lines; length of the cervix uteri,  $\frac{1}{2}$  lines; length of the vaginal portion, anterior lip,  $\frac{1}{2}$  lines; posterior lip,  $\frac{2}{5}$  lines; diameter of the uterine wall at the point of incision—fundus,  $\frac{4}{5}$  lines; anterior wall,  $\frac{3}{5}$  lines; posterior wall,  $\frac{3}{5}$  lines; diameter of the perimetrium, 1 inch  $\frac{1}{5}$  lines.

## NOTICE.

THE ANNUAL SUBSCRIPTIONS TO THE BRITISH MEDICAL ASSOCIATION FOR THE YEAR 1870 ARE NOW DUE: and it is a matter of great convenience to the Association, and conduces to the efficiency of its working, that they should be paid promptly.—Members of Branches, and all others who usually receive circulars at the beginning of the year from the local Secretaries, will greatly oblige, and will prevent trouble, by PAYING THEIR SUBSCRIPTIONS TO THE LOCAL SECRETARIES, AND NOT TO THE GENERAL SECRETARY.—All other members should pay their Subscriptions without delay to the General Secretary, T. WATKIN WILLIAMS, Esq., 13, Newhall Street, Birmingham.

Members of the Association residing in the counties of Middlesex, Essex, and Hertfordshire (except those belonging to country Branches), should pay their Subscriptions to Dr. A. P. STEWART, 75, Grosvenor Street, W.; or Dr. ALEXANDER HENRY, 16, Great Corn Street, W.C.

## BRITISH MEDICAL JOURNAL.

SATURDAY, MARCH 12TH, 1870.

### HABITUAL DRUNKARDS.

It is to be hoped that Mr. Dalrymple will be in no way discouraged by the reception which his resolution met with on Friday last. There can be no doubt that legislation for the proper reception, detention, and management of drunkards is most desirable. It is one of the special needs of our age and our country; and that it has not already been attempted is not to our credit. Nor is it easy to see that the subject is embarrassed by such weighty difficulties as Mr. Bruce would have us to suppose. The object contemplated is a special and limited one. It by no means includes the general repression of intemperance, although incidentally it might perhaps do much good in that direction. It aims rather at the care and cure of a species of insanity not hitherto provided for by our laws as to lunacy. What is wanted is simply a modification of those laws, so as to make them applicable to the special case. We join with Mr. Bruce in hoping that the extension of education will do something to diminish the attractions of drinking, and to show its false pleasures in their true light; and we share his hopes that certain exemptions may, by a change in our licensing laws, be put in the way of the inebriate. The frightful facilities now offered to the drunkard, and the elaborate temptations provided for those who have not yet become such, may probably be somewhat diminished. Experience, however, offers us little ground of hope that these or any other measures of a similar kind will suffice to prevent society from still presenting instances of the extreme results of that terrible vice, of which Mr. Bruce mildly states that it "may be almost regarded as a national curse." We shall still have instances of the finest natures succumbing to the seductions of alcohol, and sacrificing to an irrepressible taste for it the hopes and happiness of themselves and their families. Although cases of self-reformation are by no means so infrequent as the advocates of extreme measures sometimes assert, yet the experience of our profession will fully bear out that of all others who have known much of social life, to the effect that it is lamentably common for the habit to gain such a hold that by no ordinary means can it be shaken off. Under such circumstances, the poor victim himself bewails his weakness with regret not less keen than that of his friends, and to which the sting of remorse is added. All, however, avails nothing; and, with character lost and health and resources sacrificed, he sinks, year by year, lower and lower towards a sad end. It is for such cases that special laws and special institutions are needed.

It is necessary to provide for two classes of those needing care—1st, those who seek it voluntarily; and 2nd, those whom it is desirable to seclude by compulsion. The first of these seem to present no great difficulty. That a man should be permitted formally to enter into an agreement for a most desirable end to forego his personal liberty for a definite period, can surely involve no departure from the principles of

our jurisprudence; nor, admitting the principle, would the details of the plan be very complex. The establishments would require responsible supervision by government inspectors, much as lunatic asylums do. As to their cost, this would probably be more than provided for by the industrial employment of the inmates and by their payments.

The compulsory detention of habitual drunkards who might decline to become, in the first instance, parties to the arrangement for their benefit, is a matter confessedly more open to criticism. Yet, supposing due precaution to be taken against the infliction of injustice, it might, we think, be done with the greatest promise of good. Establishments for this class would probably be less industrial and more expensive than those for the voluntary refugees, since they would unavoidably resemble prisons more closely, and labour would be less easily secured. Perhaps, however, under judicious management these difficulties would prove less in reality than in anticipation. At any rate, we have the assurance that, in America, establishments of the kind contemplated have succeeded admirably. We have already remarked that very exaggerated assertions as to the irreclaimability of drunkards have gained currency; and the experience of some of the institutions referred to, in which thirty or forty per cent. are said to have been permanently cured of the habit, supports our statement.

Let it be acknowledged that the habit of drunkenness, when once confirmed, is of such a nature in respect to its effects upon society as to warrant the compulsory control of its victim with a view to his restraint, and, if possible, to his restoration, and we can see no great difficulties as to the details. There would surely be no greater risk of injustice in carrying out the provisions of a law for this object than there is in respect to those for the care of lunatics. The fact must be fully and openly proved; and, after proof, its evidence must be kept on record and subject to supervision. As we have already remarked, responsible visitors of all such establishments would of course be appointed, and all doubtful cases would be promptly investigated.

It is our belief that a law of the kind suggested in Mr. Dalrymple's resolution would be productive of almost unmixed good. Its compulsory provisions already have its analogue in those which permit magistrates to send young criminals to reformatories for long periods rather than to prison for short ones. The stigma which it would affix on habits of intemperance, as partaking in part of the nature of crime and in part of that of insanity, and in both respects as justly depriving those who display them of their right to the full enjoyment of personal liberty, would be salutary to all classes. We are glad that the subject has been brought forward by a member of our own profession; and we trust that Mr. Dalrymple will, as he has promised, speedily accept Mr. Bruce's challenge and bring in a Bill. If judiciously drafted, it will be received, we can scarcely doubt, with great satisfaction by all who know as much of its necessity as do the members of the medical profession.

#### TOBACCO.

IN spite of the loud outcry against smoking, made with so much energy a few years ago, and in spite also of the alarming facts which ophthalmic surgeons have recently offered us, the consumption of tobacco does not decrease. The returns show that, during the year just ended, the British population consumed tobacco at the rate of one pound and a third per head. During the last three years there has been each year a slight increase. The quantity used in 1867 was 41,048,000 lbs.; in 1868, 41,280,000 lbs.; and in 1869, it had risen to 41,719,000 lbs. The increase is probably not greater than increase in population will explain. As regards the deleterious influence of the habit, we should like the attention of those who are investigating it to be directed to the differences in the kind of tobacco used. There appears good reason to believe that some kinds are much more injurious than others, and that the shag—the favourite of the English bar-room, and perhaps of English working men in general—is the very worst. It is chiefly in reference to disorders of the nervous system—including, of course, all

forms of nerve-amaurosis and nerve-deafness—that the problem must be worked out. Unless far greater evils can be proved against tobacco than any scientific evidence has yet hinted at, there is probably little reason to expect that the health argument can even weigh as a feather against the attractiveness of the habit. It becomes, then, of the more importance, if it be practicable, to reduce the physical ill results in other directions; and it may be that knowledge as to which kinds are most hurtful would do something. It is quite possible also that we may acquire useful and more definite knowledge as to the temperaments most likely to be injured by it, and as to other dietetic habits—the use of stimulants, etc.—which increase or diminish the danger.

#### HALLUCINATION OR CRIME?

THE Finsbury Square murder offers some points for debate, which, it not of any very great interest to society at large, are sufficiently so to the poor wretch who now lies under sentence of death. The facts may be briefly stated so far as they are known. The convict was a Swiss servant at a boarding-house, and had a sleeping-room in the basement. To this room one morning at two o'clock he introduced a prostitute; and, as he had provided several bottles of wine, a debauch was doubtless intended. At five o'clock in the same morning he rushed up stairs and called his fellow-servants to come below and see what had happened, assuring them that the devil was there (*"der Teufel ist unten"*). His manner was wild and excited, but he did not appear drunk; indeed, that he was by no means incapably intoxicated is evident from his conduct and expressions. Down stairs in his bed-room was found the body of the woman, recently dead, with her throat cut, and with evidences of a prolonged conflict. The man asserted that he had fought with the devil for half an hour; and some marks of bites on his fingers showed that his victim had resisted. Here our facts end, if perhaps we add that the man had been regarded as mild and inoffensive before this sad event, and that he asserted his innocence afterwards, pleaded "not guilty" at the trial, and manifested unusual unconcern in court on hearing the verdict and the sentence. The problem for those who have to determine his fate is to form some idea as to what probably took place during the few dark hours that the two were together. We cannot say that the Judge in his summing up seemed inclined to exercise much ingenuity in this task. The hypothesis to which he leaned was that the woman had resisted the man's endeavours to get possession of her person, and that a quarrel had ensued, which had resulted in murder. He instructed the jury that the woman had a legal right to so resist; and that if such had been the case, her conduct did not reduce the prisoner's acts to manslaughter, however much his passions might have been roused. This may be admitted; but the doubt is as to whether the conjecture assigns for the man's mental state its most probable cause. It admits, we may remark, that it is necessary to find some reason for anger, or some motive for violence. There does not seem any probability whatever for the supposition that the man was, like the Alton murderer, the subject of a horrible thirst for blood and butchery, and that this induced him to entrap his victim. There can be little doubt that, when he brought the woman to his bed-room, he had no thought of killing her. Robbery was clearly not his motive; nor is any sentiment of revenge suggested. We have to find some explanation for the change within a few hours of a peaceful man, intent only on his sensual pleasures, into a brutal murderer. Various suggestions might be made as to possible causes of quarrel—each at least as probable as the one which was offered to the jury—but none of them really sufficient to explain the deed. The woman may have been unwilling to leave the house when he wished, and may have demanded a higher bribe than he chose to give, or she may have threatened to disclose his secrets. It is of course possible that a quarrel, beginning in some such comparatively trivial circumstance, may have been exasperated, until it resulted in his destroying her life. But, supposing such to have been the case, it is probable that the man would have acted afterwards as he did? He made no attempt to conceal his deed or to escape from the house; on the



contrary, he drew attention to what had happened, and appeared amazed when he was treated as responsible for it. There seem to us good reasons for doubting whether he enjoyed at the time of its occurrence such use of his faculties as would be needful to make him guilty of the crime of murder. That the deed, purposeless else, or with only some very inadequate motive, was enacted under an impulse of frenzy, seems by no means improbable. The extent to which drink had been a contributory cause to such excitement is legally of some importance, since intoxication is no excuse for crime. It might be urged, however, in this case, that drunkenness was probably not the sole, and very possibly not the main cause, and that the seizure did really partake of the nature of an hallucination, and was perhaps connected with a dream. If the man in making the strange statements which he did to his fellow-servants—statements, we may remark, for which, if he were sane, he could not for a moment have expected to obtain credence—if he intended in so doing to assume insanity, then it is remarkable that he has done nothing since to keep up the character; on the contrary, his whole conduct fits with the hypothesis that those statements were *bona fide*, and were the result of a temporary loss of intellect.

Whilst we by no means find fault with the verdict of the jury, we think that there are features of uncertainty in the case which make it very desirable that the full penalty of murder should not be exacted. Should the advisers of the Crown not incline to mitigate the sentence, we would still urge that a respite should be given, and some further inquiry be made as to the man's antecedents. It is quite possible that, as a foreigner at a distance from home, he has scarcely had the full advantage of evidence as to pre-existing mental peculiarities which an Englishman would have obtained.

#### MEDICAL REPRESENTATION.

THERE is one point involved in the proposed new method of representation of the profession, which seems not to have received the kind of attention it deserves. It is the education of the profession in medical education itself. It is of great importance that as many members of our profession as possible should concern themselves with the careful education of those who are to join it. Nothing would with greater certainty lead to the much-talked-of unity of professional feeling, than a common ground of endeavour for the general good like this, into which personal selfishness could not well enter to any considerable extent. To obtain this common ground, direct representation is a necessary first step. Cesarism in the government of the profession, as in the government of nations, gives directness of purpose and precision of results at too great cost. It is, in our profession, a Cesarism of a very mild kind; but it serves to keep the mass of the profession without a real interest—the interest that comes from influence with responsibility—in matters of the greatest moment to their well-being. The medical profession should now try self-government. Besides, the "directness" of our modified Cesarism is too often an aim at settling present difficulties; and the efforts at precision result in making things work so glibly, that a mechanical habit results, which renders free development impossible. We require order; but we require constant change too. Education in all departments of knowledge is developing, and medical education must keep pace.

The twofoldness—order and constant change—are not incompatible. The highest development admits unceasing modification, with conservation of general stability. To ensure that the former should not be sacrificed to the latter, it is fitting that members of a profession should have some voice in the management of the affairs of their profession. We do not assert that we should be entirely free from control by the State; but we must ourselves bear the chief responsibility of a system which affects every one of us directly. Each member of the profession who has influence should be able to bring it to bear on its efficiency and status. Every medical man is, so to speak, the result of the past system; and now, being always in contact with work for which that system purported to fit him, he should be able to say how the system has answered in

his own case, and where alteration is necessary. Although representation should be popular, it is, in a profession like ours, simply impossible that mere number of voices should overpower the utterances of the higher intelligence. Numbers will, however, supply us with variety of opinion. It is true that the present system gives us variety of a kind; but that variety is rather the result of different traditions of each of our many corporations; and the "unity" of action which results is but the outcome of a series of clumsy compromises which satisfies no one, and may lead to State interference. We require the variety of intelligent thought of bodies of men who in their lives are putting to different tests—in the army and navy, in poor-law and in public practice, in medicine and surgery—the efficiency of the corporations themselves as educators. By a popular plan of representation, the best men have at least a chance of being chosen, irrespectively of age of social position; and, in the long run, the best men will be chosen. Men of eminence should represent us, it is true; but, however eminent a man may be, if he know nothing or little of methods of education, he is a man out of place in the Medical Council. His eminence in certain branches of science, or from success in London or in provincial practice, is irrelevant, if he have not thought of education. It is not necessarily the member of Council of some corporation who is best fitted for ascertaining what should be taught and how it should be taught. The man who has been licensed to do a particular kind of work finds out most certainly how well or ill his education has fitted him for it, and will best weigh the claims of those who should license others. Moreover, it will be a legitimate ambition for a young man to look forward to representing his fellows; and the hope of election will lead him to consider early in life how best the "raw lad" from the country may study so as to become a member of a profession which, above all other professions, requires at once large general culture and special aptitude. It will not be necessary to try to climb high in some one or other of the medical corporations, or perhaps to live up to posts given on the principle of seniority. We have misgivings that some of our governing bodies have far too little young blood. We want ability of all kinds, and not that only which the experience of age gives. Not the least advantage of popular representation will be the bringing actual experience of many earnest men to bear on the plans of *doctrinaires*. No one's education has been so good but that he is forced, in the exigencies of practice, to recognise, not vaguely, but clearly, where it might have been better; and he must have full freedom to criticise the scheme of the *doctrinaire*. For instance, those who have been often in the coroner's court and in the witness-box know best how useful education in State Medicine would have been to them. Although no training can supply a dull man with tact and skill in medico-legal cases, every system of medical education worth the name should tell him in what directions he must investigate when he is called to a child who is supposed to have been suffocated; on what points the law demands confirmation in cases of insanity; what means he should take for the public safety when a case of fever breaks out in a village. It can supply him with facts and opinions as to the diagnostic value of appearances found *post mortem* in cases of drowning, hanging, and poisoning; and thus aid in reducing the possibility of blundering in such cases of great emergency to a minimum. Teachers cannot tell a student what special means he must take when fever breaks out at "Little Pedlington"; but they can tell him how to look after drains and sewers, and how to enforce the desirability of isolating infectious cases; and they can so educate a man of good intelligence, that he can speak clearly, and with authority, to officials whom it is his duty to advise. Those who were turned out as competent to meet every kind of medico-legal difficulty without any special training whatever, would be the very persons to insist on such training for their successors. What they have had to learn in the hard school of experience, they would insist, if they had any share in the election of the members of the Medical Council, on being taught systematically to those who are about to come to medical practice.

Because he who has often been at a loss in practice, knows what he

lacks, it does not follow of course that he has views of value of his own, as to the kind of medical education which will best prepare a man for its exigencies; but he will, at all events, give his vote for men whom he knows to have taken the question of medical education to heart, and he will care little or nothing whether the candidate belongs to this or that corporation. He will, for instance, easily see whether any proposed plan of teaching will tell the student plainly of the things he will actually have to face, and whether or not it deals in vague generalities, euphemistically called "general principles," which look like a practical joke, when, for instance, he is all of a sudden called to give an opinion on a case where poisoning is suspected.

Another thing is that the Medical Council, as at present constituted, is not sufficiently within reach of the opinion of the profession. We cannot bring influence to bear effectively on those in whose election we have had no voice. There is a degree of independence which every representative worth having would claim; but he should not have independence without responsibility. Of course those who now constitute our Council are high-minded men, who undoubtedly feel that they are acting under very grave responsibility, and to whom the privileges of their own corporations are not everything. But it is rather a responsibility to something abstract, whilst it is most desirable that it should be directly to those who can give definite criticism on their doings. The independence of a representative is not that he may do as he likes, but that he may do what is best for his constituents. Although he must judge for himself in special cases as to what is best, his judgment must not pass without criticism. And criticism, to bear fruit for the good of the profession, must come to him from the profession itself, and not from a few people of his own corporation, who are nearly of the same class, age, and social position as he is. The plan which we uphold will really widen the limits within which the representative can act freely. For he is now too much the mere delegate of a few, and represents opinions which the body of the profession have had very little share, and that indirectly, in making. He will be responsible to a greater constituency, and will be upheld in making reforms which tend to do good to the whole, however inconvenient they may be to a few.

It is true that we have already the criticism of the medical press on the doings of our corporation, and we by no means wish to underrate the effects of this; but the press will be far more effectual in reforming abuses, when it can reach the corporations by a proper influence on the constituents who choose representatives for the Medical Council.

DR. MAUDSLEY has been appointed Professor of Medical Jurisprudence in University College, to fill the vacancy caused by the resignation of Dr. George Harley.

HIS ROYAL HIGHNESS THE DUKE OF CAMBRIDGE will preside at the King's College Hospital Festival Dinner, at Willis's Rooms, on the 18th May.

DURING the three weeks from February 6th to 26th, 228 deaths from small-pox occurred in Paris; a little over 6 per cent. of the total number of deaths.

THE Medico-Chirurgical Society of Bologna has awarded the Sgarzi Galani prize of 2,000 lire (£80) to Professor A. Corradi of Pavia, for the best work on the improvements effected in surgery by Italians during the present century.

A DISPENSARY department has been organised at the central bureau of hospitals in Paris, where the poor suffering from acute and chronic diseases may be supplied with medicines, etc. Several of the physicians and surgeons attached to this department will give clinical instruction.

IN the Whitechapel district, the deaths from scarlatina during the first three quarters of 1869 were at the rate of 247 to 100,000, the corresponding number for all London being 152. These proportions are considerably more than double the annual mortality from the same disease for the preceding nineteen years.

AN anonymous donor, "D. V.," has contributed the sum of £1000 to the Small-Pox and Vaccination Hospital.

#### AN INTERESTING QUESTION.

IN 1868, the population of the Whitechapel district was less by two or three thousand than in 1857, while the number of cases of illness among the pauper population had risen from 10,708 in the latter year to between 17,000 and 18,000 in the former. In 1869, a decrease in the sickness took place to the extent of more than 3000 cases. It would be interesting to know all the causes of the steady and very considerable increase during eleven years. Was increased destitution at the bottom of it all? and was the decrease of 3000 cases last year in any way connected with free emigration?

#### THE ABUSE OF MEDICAL CHARITIES.

WE are sorry to hear that there is much abuse of medical charities in Brighton. We believe that Brighton is not peculiar in this respect: in many towns—especially, we think, in fashionable watering places—poor people are petted by the rich visitors to the great detriment of their self-respect and independence. The remedy is, to a great extent, in the hands of medical practitioners; they can act directly by refusing to see well-to-do patients at charitable institutions, and perhaps still more indirectly by influencing the well-meaning but misguided givers of superfluous wealth.

#### THE WHITECHAPEL LODGING-HOUSES.

MR. LIDDLE says that the police inspection of the lodging-houses in his district (Whitechapel) is carried out judiciously and effectually on the whole. He states, however, that there is a great deal of overcrowding, for which the surveyor who measures the rooms is responsible, 250 cubic feet being almost the maximum space allowed per head in even the most airy of these cheap abodes for the poor. Mr. Liddle states that these lodging-houses are by no means so healthy as is often supposed—an opinion which is borne out by the fact that 66 out of 113 cases of relapsing fever were sent from the registered common lodging-houses.

#### SMALL-POX AND VACCINATION IN PARIS.

THE prevalence of small-pox in Paris has been attended by a failure in the supply of vaccine matter. The Government has therefore granted the Academy of Medicine 2000 francs, in order to keep up a supply from the heifer. The Municipal Council of Paris, on the proposal of the Prefect of the Seine, has voted 10,000 francs for the organisation of a system of gratuitous vaccination and revaccination at each of the *mairies* of Paris. The Prefect has given notice to each of the mayors of Paris that, on and after March 2nd, and throughout the prevalence of the present epidemic, vaccination from the heifer will be performed at each *mairie* in turn, from the heifer. The inhabitants of Paris are availing themselves of the opportunity to a very great extent. On one morning of this week, as many as two thousand persons presented themselves for vaccination at one *mairie* alone.

#### DEATH FROM CHLOROFORM IN VIENNA.

WE learn from a private source that on Wednesday, February 23rd, another death from chloroform occurred in Professor Billroth's clinic at Vienna. This eminent surgeon was about to effect forcible extension of the knee on a female aged 24, when, in consequence of chloroform narcosis, hardly complete, symptoms of asphyxia prevented his proceeding with the operation. The operator at once commenced artificial respiration. The patient breathed regularly during one minute; but, before the interrupted operation could be continued, breathing became again irregular, and the pulse ceased to be perceptible. Tracheotomy was now performed, but to no effect, as the lungs only acted a few times. Finally, venesection and electropuncture were tried, but all in vain. The *post mortem* examination showed small vegetations on the valves of the heart. It is to be noted that the pulse ceased to be perceptible before respiration stopped.

## QUEKETT MICROSCOPICAL CLUB.

THE monthly meeting was held on February 25th, at University College; P. Le Neve Foster, Esq., being in the Chair. A communication was read from M. Alphonse de Brabazon, a corresponding member, entitled "Critical Notes on British and Normandy Diatomacea." The structure of the Cornua of the Bee was demonstrated and explained by Mr. Lowndes. Some remarks were also made by the Honorary Secretary, Mr. T. C. White, on the Triceratium and other Diatoms found in the marsh deposit of Jutland. It was stated that the annual *soirée* would take place on Friday, March 11th, at University College. The meeting terminated with the usual *conversazione*.

## A SATISFACTORY REPORT.

MR. RIGDEN, in reporting on the sanitary state of the city of Canterbury during the year 1869, says that it is satisfactory to record not only that the mortality was considerably less than in the year preceding, or than the average in the three years immediately preceding, but that during the last three years, viz., 1867, 1868, and 1869, there have been at least 200 fewer deaths than in the three years 1864, 1865, and 1866; or, in other words, that there has been a saving of this number of lives during the last three years, which would have been sacrificed had the mortality continued as in the former period. This result he considers in great measure due to increased attention to sanitary arrangements. He believes that with increased attention to sanitary improvements and a complete system of drainage and water-supply, there is a probability of making Canterbury, like Salisbury, one of the healthiest cities in the kingdom. The number of deaths during 1869 was 441, or 19.5 per thousand inhabitants; the average number for the three preceding years being 487.

## SUDDEN DEATH FROM HEMOPTYSIS.

A CASE of "sudden death" from a somewhat unusual cause is reported this week. A compositor, aged 37, was found on Wednesday evening leaning against a lamp-post. He was bleeding at the nose and spitting up blood. He was placed in a cab and taken to Charing Cross Hospital. He was there found to be dead. A *post mortem* examination showed that death resulted from hæmorrhage, consequent on disease of the lungs.

## THE MALVERN RURAL HOSPITAL.

AT the Malvern Rural Hospital last year, several important operations were performed, and a considerable number of serious cases (all surgical) were under treatment. Among the operations, we may mention two for strangulated hernia, two for cancer, and others for fistula, necrosis, and piles. Out of thirty-seven in-patients, only two died, and of these one was admitted moribund with fracture of the base of the skull.

## MEDICAL TEACHERS' ASSOCIATION.

IT will be seen by the following notice that important subjects are to come under the consideration of the Medical Teachers' Association. It is to be hoped that there will be a good attendance. The next General Meeting will be held on the 18th inst., at 32A, George Street, Hanover Square. The following are the agenda. 1. To consider the following proposal of the Medical Council in regard to Class-Examinations:—"That it be recommended that Class-Examinations, both written and oral, be held, as a means of tutorial instruction of the student." 2. To consider the following Report of the Council on the formation of a combined Examining Board:—"a. That it is expedient that a single Examining Board for each division of the United Kingdom be established, and that a single license to practise be granted to the candidates who pass these Examining Boards. b. That means should be taken to secure uniformity of examinations and equality of fees." 3. To consider the following proposition of the Council in regard to schedules:—"That, after the establishment of an efficient system of Examinations, it would be expedient that the certificates of attendance on lectures required by the Examining Boards should be abolished."

## SUFFOCATION FROM THE FUMES OF GAS-WATER.

A FATHER and Mother and three children were found this last week in the cabin of a sloop, on the river Mule, quite dead. The sloop was being laden with gas-water from some gas-works. The mother is said to have called from the cabin that her daughter was dead. The father went down to help, and they were all found suffocated about a quarter of an hour later.

## MEDICINE AS A PROFESSION FOR WOMEN.

A MEETING has been held to discuss the subject of a paper by Dr. Drysdale, on "Medicine as a Profession for Women". The Earl of Shaftesbury was in the Chair. Dr. Drysdale supported the idea of the fitness of women to undertake professional work. Miss Faithfull spoke on the same side, and instanced the fact that Miss Garrett and Dr. Elizabeth Blackwell had their hands full of work. Miss Garrett urged ladies intending to join the profession to give themselves up wholly to it; it could not be engaged in as subsidiary work. She objected to special schools for female students. The Chairman spoke in favour of throwing open the medical profession to women. The discussion was adjourned till April, when it is expected that Sir George Grey will take the chair.

## ACTION AGAINST A RAILWAY COMPANY BY A SURGEON.

MR. HUNSTON, surgeon, of Manchester, brought an action against the Lancashire and Yorkshire Railway Company for an injury to his right foot. While attempting to get into a train, he did not see that the platform was two feet distant from it, there being only a very bad light at that part of the station. The consequence was, that his foot slipped between the platform and the train, and was violently twisted. For several months, he had to employ an assistant. It was considered probable that he would be more or less lame for life. He stated his practice to be worth £1000 a year. He was awarded £700 damages.

## POISONING BY STRYCHNINE.

A WOMAN named Callandine, aged 22, has been convicted of attempting to poison her husband with strychnine. On various occasions he had been seized with illness, accompanied by twitchings of the limbs and of the muscles of the face. On the evening of the 22nd October, he was seized in a more violent manner than previously, after partaking of a packet of powder brought to him by the prisoner. Two surgeons were sent for by his mother, and they considered that he was suffering from the effects of poison. It was found that the prisoner had several times purchased packets of vermin-killer. She asserted that "the powders had been ordered by a surgeon for her husband". The husband remained very ill for months, and the wife was apprehended and remanded several times. The man ultimately died in Derbyshire Infirmary; but, at the inquest held on his body, a verdict was returned which did not mention anything about poison, and did not implicate the prisoner. After his death, she admitted she had given him poison. She did not know any motive except poverty. She was entitled to six pounds from a club on his death. He was a collier. The judge sentenced the woman to fourteen years' penal servitude. It would have been more satisfactory to have known whether the poison was present or not at the time of the man's death. Quite recently, there was a suspected poisoning case at Bristol, not unlike this, in which no poison could be found.

## MANSLAUGHTER IN A LUNATIC ASYLUM.

THE two attendants who were lately sent for trial on the charge of manslaughter of a lunatic have been sentenced to seven years' penal servitude. The facts of the case were, that a man named Wilson, paralytic and feeble, and 50 years of age, was admitted into the County Lunatic Asylum on Wednesday, December 15th. On the following Sunday, he was noticed to "breathe hard", and bruises were found on his chest and abdomen. He died on the 26th. A *post mortem* examination showed that six ribs on each side had been fractured; on the right side, three of the ribs were broken in two places. He died from



pleurisy, the result of these injuries. The man had made no complaint of being injured; his brain was too diseased to enable him to do so; but two fellow lunatics stated that two of the attendants had caused the injuries. At the trial, one of the lunatics was not produced, but the other gave his evidence in a highly satisfactory manner. One of the attendants began "sparring" with the deceased, apparently in fun, but he soon hit hard enough to knock the man down, and then kicked him. Afterwards, the second attendant also maltreated the poor man, without any cause whatever. This trial has established the fact that, under certain circumstances, the evidence of inmates of a lunatic asylum may be satisfactorily received in a court of justice. The case is of a somewhat similar nature to that of Vestri, at Hanwell, who died ten days after admission. It was said that an attendant had knelt on his chest. His sternum was broken, and some of the ribs. He also was a "refractory patient." Though the circumstances were very suspicious, still the evidence was not considered so definite as in this latter case.

#### PUERPERAL FEVER.

WE regret to hear that several deaths from puerperal fever have recently occurred at the City of London Lying-in Hospital. It had, we believe, for some years enjoyed remarkable immunity from all forms of fatal disease.

#### ROYAL COLLEGE OF SURGEONS.

At the meeting of Council held on Thursday, the Report of the Medical Teachers' Association was referred to the Committee of the Court of Examiners to report on to the Council. The requisition sent by Fellows and Members requesting permission to hold a meeting in the College under Mr. Erichsen's original motion, was considered. It was moved by Mr. Charles Hawkins and seconded by Mr. Erichsen, that the President and Vice-Presidents fix a day and hour for that meeting, which was accordingly ordered to be convened for Thursday, March 24th. The hour was not fixed; it will, however, be announced by advertisement, and also the regulations as to the admission of Fellows and Members. It was determined that a motion, of which notice had been given by Mr. Quain, that four members of the Court of Examiners should not be members of the Council; one by Mr. Simon, that the offices of Examiner and Councillor ought, as far as practicable, to be made disqualifications one for the other; and another by Dr. Humphry, that at least half the Examiners in Surgery shall be appointed from Fellows who are not members of the Council—should be considered at an extraordinary meeting of the Council on Tuesday, March 22nd. Mr. Charles Hawkins's motion, seconded by Mr. Hilton, "That the reports from committees appointed for special purposes be forwarded to the members of the Council previously to the meeting of Council at which the reports could be taken into consideration," was carried.

#### SUFFOCATION FROM THE FUMES OF CHARCOAL WHILE IN A STATE OF TEMPORARY INSANITY.

THE bodies of a man and his wife were found in a house at Old Ford on Sunday last, some three days, it is supposed, after they had been suffocated by inhaling the fumes of charcoal. Evidence was given to show that the man had been in a troubled state of mind for a long time. He had formerly been in the building trade, and acquired sufficient money to retire from business. Not liking an idle life, he began as a linendraper, but lost money; then speculated, and lost more; so that he became a bankrupt, and then worked as a bricklayer. His temper became violent, and he took to drinking. He ill-used his wife, and was sentenced to five years' penal servitude. He was let off on "ticket-of-leave." His wife went to live with him again, and bore with him, though he often ill-treated her. It was said that he constantly expected to be exposed as a "ticket-of-leave" man. His landlord gave him notice to quit; and he thought this was because he had found out the story of his punishment. It was supposed that this so preyed on his mind that he committed suicide, and either murdered his wife, or, as is most probable, persuaded her to die with him. Mr. W. R. F. Lane,

surgeon, deposed that the woman had died first; that he had made a *post mortem* examination of the bodies; and that both the husband and wife died from suffocation, and not from any poison having been administered. A letter was found in the wife's pocket, in her own handwriting, containing a farewell message to her mother, and tending to show that she submitted willingly. The jury, after a long consultation, agreed to a verdict to the effect that both the man and his wife were in a state of temporary insanity when they committed suicide: the causes of the mental derangement being a dread of poverty, chiefly, in the one case, and of discovery of the ticket-of-leave secret in the other. The man was aged 42, the woman 40.

#### THE WELSH FASTING GIRL.

A CHARGE of "wilfully killing and slaying" has been made against Dr. Lewis, Mr. J. P. Rowlands, and Mr. J. Hughes, of Carmarthen, and Mr. Davies of Llandysil, the Welsh medical men recently engaged in the watching of the fasting girl, Sarah Jacobs. The local magistrates have been engaged in investigating the charge, which is preferred on behalf of the Crown. Dr. Fowler, and the nurses from Guy's Hospital who watched the girl, have been examined as witnesses.

CHARGE OF MANSLAUGHTER AGAINST A SURGEON AND HIS ASSISTANT. THE Carnarvon county magistrates have lately had before them a case involving a serious charge against a member of the medical profession and his assistant. On the 9th of last month, a woman named Ellen Jones was, as she believed, taken in labour; and Dr. Roberts of Clwt-y-bont was sent for. He was not able to go, but sent his assistant, John Griffith, a young man aged 19. Griffith, without the knowledge of Dr. Roberts, took with him the midwifery instruments; and, according to the charge, employed the forceps in such a manner as to lacerate the uterus and tear away a portion of the intestines. He then sent for Dr. Roberts, who, of course, found the woman in a sinking condition; and she soon died. In a statement which he made, Griffith stated that he had been apprenticed six years; and that he had previously attended seven cases of midwifery with Dr. Roberts's knowledge. Griffith was committed for trial on the charge of manslaughter; and Dr. Roberts on the ground of his being responsible, in some measure at least, for the acts of his assistant. Bail was offered and accepted in both cases.

#### DEPUTATION TO THE HOME SECRETARY.

ON Thursday last, a deputation of the "Medical Reform Union" waited on Mr. Bruce, the Secretary of State for the Home Department, to present to him a memorial in favour of reform of the Medical Acts. The memorial was that of which a copy was published in the JOURNAL for June 26th of last year (page 593). It was presented to Mr. Bruce by Dr. Bell Fletcher of Birmingham; after which Mr. Sampson Gamgee briefly explained the several clauses. Sir John Gray, M.P., said that he believed that the objects of the memorial were approved of by the profession in Ireland. He spoke of the licensing bodies as having for a long time carried on a system of rivalry, the result of which was to diminish the standard of education. It was probably a necessity of the position in which they were placed, that each should endeavour to draw as many students as possible to itself. He had been told by a professor of some eminence in a medical school, that it would be possible for a man fairly educated, but ignorant of professional subjects, to be rendered by good grinding, in six months, capable of passing an examination giving him a title to practise. Referring to his own Bill, he said that he had introduced it more for the sake of calling attention to the subject, than of carrying out any particular plan; he would gladly give way to the Government. Mr. Brady, M.P., expressed his satisfaction with the last remark of Sir John Gray. In 1858, the representation of the profession was provided for in the Bill originally introduced; but the provision was subsequently struck out. An injustice was then done, and required to be now remedied. He could not agree with Sir John Gray that the object of the corporations was rivalry and a lowering of the standard of medical education. He knew, from his own observation, that within the last twenty-five years the corporate

bodies had made great improvement in education, and had much raised the status of the profession. He hoped that the Government would bring forward some comprehensive measure. Mr. Bruce said that the subject would receive the most careful attention from the Government; the more so, as the amendment of the Medical Acts was now under the consideration of Her Majesty's Privy Council, assisted by the advice of their medical officer, Mr. Simon.

#### DEATH FOLLOWING THE APPLICATION OF CREASOTE TO A CARIOUS TOOTH.

*L'Impartial* relates that a man aged 36 has lately died in the San Maria Nuova Hospital at Florence, from the results of the application of creasote to a carious tooth. Gingivitis and gangrene of the mouth appeared, and death from septicæmia took place in sixteen days. The relator of the fact mentions that, when young, the free application of creasote to a carious tooth which he had was followed by inflammation of the fauces and fever, by which he was confined to bed for three days. These local effects ascribed to creasote are remarkable. We are not aware that any similar cases have been described as occurring in this country.

#### THE HOSPITAL OUT-PATIENT SYSTEM.

THE subjoined document has been forwarded to us. The subject for consideration is one of very great importance; and we hope that the invitation will be accepted by many.

"We, the undersigned, being of opinion that it is desirable to hold a conference on the subject of the present state of out-patient administration, hereby invite attendance at a meeting of the staffs of the Metropolitan Hospitals and Dispensaries, to be held at the Rooms of the Royal Medical and Chirurgical Society, Berners Street, on Thursday, the 24th inst., at eight o'clock P.M.:—George Burrows, Protheroe Smith, William Bowman, T. Spencer Wells, George Critchett, William Adams, J. Harrison Stallard, Holmes Coote, J. Burdon Sanderson, R. Brudenell Carter, Henry Power, Alfred Meadows, Gustavus C. P. Murray, Francis E. Anstie, Thomas Buzzard.—Sir William Fergusson, bart., will take the chair."

#### THE COUNCIL OF THE COLLEGE OF SURGEONS ON PROFESSIONAL EDUCATION.

AN important report has been agreed on by the Court of Examiners of the Royal College of Surgeons of England and approved by the Council; and a copy is about to be forwarded to the Metropolitan and Provincial Teachers. The report states that the Board have arrived at the conclusion that every part of the knowledge included in or accessory to the education of candidates for the diplomas of the College, ought to be taught practically. They intimate that, since the almost entire cessation of the apprenticeship system, students for the most part enter the medical schools quite unacquainted with any branch of medical knowledge or elementary science. "Under the old system, the learner, before commencing his school career, had gained some knowledge of the common facts of chemistry and of the appearances and the doses of drugs. He had also attained, by observation and in communication with a master, some familiarity with the names and the aspects of diseases; at the same time no little skill in manipulation was acquired." The Examiners complain that, now, too much reliance is placed on lectures and too little provision is made for practical teaching; and that prevalent defects in candidates for the diploma of member are a want of accurate knowledge and facts and want of skill in using the appliances of surgery. The remedy for these defects is practical teaching in every part of necessary knowledge. In surgery, they suggest that, while one of the required courses should remain didactic, the other should consist of a course of teaching in which each pupil shall be exercised in practical details; such as the application of anatomical facts to surgery on the living person or on the dead body; the methods of proceeding and the manipulations necessary in order to detect the effect of diseases and accidents; the performance, when practicable, of surgical operations on the dead body; the use of surgical apparatus; the examination of diseased structures; etc. It is recommended also in the report, that every student should be trained in the examination and

management of patients under the direction of a teacher. The Examiners refer also to the subject of Preliminary Education, and recommend that Physics, Chemistry, and a branch of Natural History, shall be increasingly required in the preliminary examinations. This would be a good element of mental discipline, besides allowing more time for the purely professional studies. The report from which we have made these few quotations shows that now, at least, the College of Surgeons is desirous of making its diploma the evidence of real fitness for the practice of surgery.

## SCOTLAND.

THE Edinburgh students have come forward and subscribed to pay for the fines imposed on certain of their number, and also to defray the cost of repairing the broken windows in the University.

#### UNIVERSITY OF ABERDEEN.

IN consequence of the difficulty which occurred in the case of a student who was registered at a late period of the Session, and whose vote turned the election for Lord-Rector, the University Court, on Tuesday last, unanimously agreed to the motion of Dr. Kilmour that all students, unless in special cases approved of by the University Court, must matriculate within three weeks of the commencement of the Session.

#### ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

DR. ANDREW WOOD read his Report of the late Session of the Medical Council at a meeting of the College on Wednesday last. A vote of thanks was accorded to Dr. Wood, and a Committee was appointed to confer with the other Licensing Corporations in Scotland, with a view to the formation of a Conjoint Board for this division of the Kingdom. There was a pretty general feeling in the College that the representatives of the English Corporations had ridden rough-shod over the Scotchmen, and that the steps for legislation had been too hasty. A Royal Commission was approved of by Professor Spence.

#### ROYAL EDINBURGH HOSPITAL FOR SICK CHILDREN.

THE tenth Annual Report of this Institution has been published. 44,962 children have been under treatment since its commencement. Additional fever-wards have been built since last report. Dr. Stephenson gave clinical lectures in the wards last summer, in connection with his systematic course at the Medical School. We trust that these lectures will be continued next summer, supplying, as they do, a want long felt in the Edinburgh School of Medicine.

#### UNIVERSITY OF EDINBURGH.

THE Senatus Academicus having lately granted Professor Balfour leave to teach the "lady doctors" in the same class-room with the male students, an appeal to the University Court against this resolution, at the instance of Professor Muirhead of the Faculty of Law, was sustained by that body at its meeting, held a few days ago. The advocates of an admixture of the sexes naturally feel aggrieved at this decision. The general impression seems to be that separate classes are unworkable, but it is thought that the new system might be tested in the class of Botany; more especially as Professor Balfour is willing to give it a trial.

#### THE ROYAL MATERNITY HOSPITAL, EDINBURGH.

WE were pleased at a recent visit to observe the marked improvement which has taken place in the Maternity Hospital since the publication of our Report a few months since. The state of filth and unfitness in which it then existed, the overcrowded state of the wards, and the wretched bedding, have now given way to something like order. The whole building has been thoroughly cleansed, the wards have been painted, the number of beds diminished, and new or renovated bedding has been provided. The nursing arrangements have been improved; and the kitchen and other parts of the building give evidence that the Committee are determined to carry out the required reforms

in so far at least as circumstances will allow. We may therefore hope that other improvements will follow, and that something will be done to provide a proper supply of baths. The Committee are, no doubt, fully alive to the utterly ineffective accommodation at present afforded in this direction; and we have every reason to hope they will shortly take steps to remedy a state of matters which ought no longer to exist. Any improvement which the Committee may have effected, or still intend to carry out, must of course be only temporary, as the present building is in every respect unsuited to the purposes of a Maternity Hospital, and must, before long, be deserted. The Committee are shamefully hampered for want of funds, and, at the annual general meeting held a fortnight ago, an earnest appeal was made to the public for assistance to clear off a miserable debt of £312, which the directors had mostly incurred in washing the place—no easy task apparently. The Committee, ably assisted by Mrs. Hay, the matron, appear to be doing their duty—a thankless one, to all appearance; but it is to be hoped that the public of Edinburgh will at length come forward and give increased encouragement, pitifully meagre we must say hitherto, for the relief of a charity really deserving of support.

#### THE EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

FOUL AIR and typhoid fever had quite a field-day at the last meeting of the Medico-Chirurgical Society, when Dr. Gillespie read a long and interesting paper on an outbreak of enteric fever amongst the inmates of Donaldson's Hospital, for which, he asserted, foul air had much to answer, if it were not indeed the actual culprit. Up to the time at which the present epidemic appeared, no case of the disease had occurred in the hospital for twenty years. The cause of the outbreak was alleged to have proceeded from the lavatories which were indirectly but unmistakably connected with the cesspools. There was also at the time a very defective supply of water. The epidemic ceased after efficient precautions had been taken to prevent the continuance of the defect in the lavatories. The paper was followed by a discussion, in which the author's views received much opposition from Dr. Bennett, who, in a long speech, protested against the opinion that typhoid fever was ever produced by foul air. He instanced Naples and other towns where bad smells were most prevalent, but where, he said, the disease prevailed to a small extent only. He also brought forward the case of the Craigminty Meadows, near Edinburgh, in support of his opinion. He believed that diet was the cause of enteric fever. Dr. Balfour and Dr. Grainger Stewart considered that the disease was fairly traceable, in many instances, to foul air. Dr. Matthews Duncan, Dr. Benjamin Bell, Dr. Argyll Robertson, and others, also joined in the discussion. Several interesting cases were brought forward at the same meeting by Dr. Chiene and Dr. Joseph Bell.

## IRELAND.

#### SURGICAL SOCIETY OF IRELAND.

THE sixth meeting for the present session was held on Friday, the 4th instant; the President, Mr. Macnamara, in the Chair. Mr. Croly showed a recent specimen of extensive disease of the knee-joint. The affection was that described by Sir Benjamin Brodie as "pulpulent thickening of the synovial membrane", and the subject of it was a lad of about 13 years of age. A point of practical interest in the case was that, while the periosteum of the lower end of the femur was entire, the interior portion of the bone was much disorganised—a fact which led to the substitution of amputation for excision of the knee-joint.—Dr. Murney read the notes of a case of abscess situated in the left iliac fossa, which, after operative interference, had terminated favourably.—Mr. W. Stokes communicated a most valuable paper on the extraction of cataract after Von Graefe's method. Having detailed the steps of the operation, Mr. Stokes proceeded to point out its chief advantages. These were—(1) the lessened tendency to corneal suppurative subsequent to the operation; (2) the greater facility of giving chloroform; (3) the infrequency of secondary iritis; (4) the ease with which the lens

can be extracted; (5) the absence of any gaping of the wound; (6) the rapidity of the healing process; and (7) the extremely simple nature of the operation in general. The author's remarks were illustrated by notes of eight cases, all with a successful issue.

#### PATHOLOGICAL SOCIETY OF DUBLIN.

LAST week, Mr. Hamilton presented a case of gunshot-wound of the heart and lungs. The bullet had passed through the right auricle, the left ventricle, and the lower lobe of the right lung. Notwithstanding this extensive lesion of the heart, the patient had lived some minutes after the infliction of the injury. Scarcely two tablespoonfuls of blood were found in the pericardium, but the right pleura was filled with abundant coagula. Mr. Hamilton suggested that the wounding of the right auricle prevented any further supply of blood to the heart, and that the rupture of an intercostal artery might have been the origin of the hæmorrhage into the pleural cavity.—Dr. Finney exhibited some morbid specimens, which illustrated the possible consequences of extensive renal disease. The right kidney was the seat of fatty degeneration, and contained several small calculi; the left had been converted into a multilocular cyst. The left ventricle of the heart was much hypertrophied, without any valvular lesion. The left cerebral hemisphere was perceptibly softened throughout a large extent, and a recent clot was found in the left lateral ventricle. In this case the sequence of events seemed to be, first, the renal affection; secondly, the simple hypertrophy of the left ventricle dependent thereon; and lastly, the cerebral lesion, probably due to the strong impulse of the heart acting on the softened brain-substance.—Dr. Eames showed a remarkable case of aneurism of the ascending thoracic aorta, which during life had given rise to symptoms like those of aneurism of the descending portion of that vessel. These were, dysphagia and an intense boring pain about the level of the seventh dorsal vertebra. Death took place from sudden hæmoptysis. On post mortem examination, no fewer than three aneurisimal dilatations were found to spring from the ascending thoracic aorta. The first and largest of these took its origin at the right posterior sinus of Val-salva, and was of very large size. By pushing downwards it had given rise to the symptoms mentioned above: the third and uppermost aneurisimal tumour had, through bursting into the trachea, led to the fatal result in the case.—Dr. Finney exhibited specimens of hydronephrosis and of cystic disease of the kidney. The tumour in the first case weighed thirty-six ounces, and contained a fluid in which it was only with difficulty that a trace of albumen could be detected. The latter case was remarkable for the highly albuminous character of the contents of the cyst.—On Saturday, the 5th instant, Dr. T. E. Little exhibited an example of tubercularisation of the kidney, occurring in a woman from 45 to 50 years of age. No clinical history of the case was obtainable; but it appeared that there was no œdema present, nor was any lesion of the lungs, heart, or liver, discoverable. The left kidney was diseased throughout five-sixths of its extent, the cortical portion of the viscus being least engaged. In the right kidney were a number of cysts, of various sizes, filled with a "putty"-like substance, which appeared, from microscopical examination, to consist chiefly of inspissated pus. The pelvis of the gland was dilated to an extreme degree, while the ureter was constricted, but free from tubercular deposit. The bladder was very small; and at its fundus, as also in the urethra, there were evidences of tubercle. Two important facts in connection with the *locale* of disease in this case were—the healthy state of the ureter, while the kidney, bladder, and urethra, were implicated, and the perfect freedom from disease noticed in the generative organs.—Dr. Bennett showed a specimen of what he believed to be a congenitally small bladder in a lad of 14 years of age. During life, a persistent and intractable incontinence of urine was a distressing symptom. Shortly before death, the existence of a large fluctuating tumour in the right iliac region was detected. This was afterwards found to be an abscess situated posteriorly to the right kidney, and in front of the fascia lumborum. The left kidney had become one large multilocular cyst, while in the right, which was greatly enlarged, there were scattered depositions of purulent matter; both organs, in fact, afforded striking examples of scrofulous disease. It was with difficulty that the bladder could be found at all, of such a very minute size it was. The tip of the finger more than filled up its cavity. The prostatic portion of the urethra showed traces of congenital malformation; and at the neck of the bladder there existed an ulcer, scrofulous in character, which had opened both vasa deferentia.



# PROFESSOR FLOWER'S HUNTERIAN LECTURES ON THE COMPARATIVE ANATOMY OF THE MAMMALIA.

*Delivered at the Royal College of Surgeons of England.*

## LECTURE III.—Friday, February 18th.

MR. FLOWER proceeded in this lecture to describe briefly the distinguishing characters of the various orders of the subclass Monodelphia.

*Edentata*.—These form the lowest order—one to which it is difficult to assign any but negative characters as distinctive marks, and which has no particular affinities with any other order. The common character of the order is the absence of teeth; these organs being in many entirely wanting, while, when they are present, they are never found in the front part of the mouth—except in a genus of Armadillo, which has a tooth in the back part of the premaxillary bone. The teeth, when present, are destitute of enamel, and have persistent pulps; growing steadily as they are worn down at the point. The Edentata are generally (except an Armadillo and perhaps some others) *monophodont*; i.e., they have but one set of teeth. The teeth are also similar throughout, and cannot be divided into molars, etc. This order may probably be divided into three groups: 1. *Phyllophaga*, including the Sloths; 2. *Entomophaga*, represented by the Anteater and Manis or Pangolin; 3. *Fodientia*, including the *Orycteropus* or Cape Anteater. The Edentata appear to be representatives of a group which was once very abundant, and which contained animals of much greater size than at present, such as the *Megatherium* and *Myodon*. Very little is known of the placenta in Edentata; in the Sloth it is apparently deciduate; in the Cape Anteater, non-deciduate.

*Ungulata*.—These form a very large group, possessing certain well marked common characters; viz., non-deciduate placenta; never more than four toes; no clavicle; well developed teeth, preceded by a set of milk-teeth; molar teeth provided with a broad surface. They are all herbivorous; a few are omnivorous. The *Ungulata* (or animals with hoofs) may be further divided into *Perissodactyla*, where the number of toes is odd (1 or 3); and *Artiodactyla*, where it is even (2 or 4). The Rhinoceros and the Horse are examples of *Perissodactyla*; in the former, the hoof is formed of the second, third, and fourth digits; in the latter, of the third alone, the lateral ones being suppressed. Of the *Artiodactyla* we have an example in the Pig, where the enlarged third digit is joined with the smaller second, and the enlarged fourth with the smaller fifth.

In *Perissodactyla*, there are three trochanters on the femur, and twenty-two dorso-lumbar vertebrae. Horns, when present, are single; or, when there are two, one is situated in front of the others. The stomach is simple; the colon large and much sacculated. The premolar teeth are nearly as large as the molars. The *Perissodactyla* include the Horse and its allies, the Rhinoceros and its allies, the Tapir, and many extinct forms.

The *Artiodactyla* include all the other *Ungulata*. There is no third trochanter. The number of dorso-lumbar vertebrae is nineteen, whatever the number of ribs may be. The horns are always in pairs. The premolar teeth are smaller and simpler than the true molars. The stomach has a more or less complex structure; the caecum is simple; the colon is folded in a spiral manner. The *Artiodactyla* have been further divided into four smaller groups—Non-ruminantia, *Tylopoda*, *Tragulina*, and Pecora.

The Non-ruminantia, represented by the Pig, Hippopotamus, and Peccary, have a diffuse placenta; four complete toes on each foot, a single more or less complex stomach, and a complete and distinct fibula. The Pecora, comprehending the Cow, Sheep, Deer, Antelope, and Giraffe, all have a cotyledonous placenta. The third and fourth metacarpal, and the third and fourth metatarsal bones, unite; in each case forming a cannon-bone. The outer toes are small—often suppressed. There are seven teeth in the premaxillary bone, except in the first set, and the upper canines are absent. The stomach consists of four cavities. Horns or antlers are present.

The Camels and Llamas differ from other *Artiodactyla* in having a diffuse placenta, and in possessing incisor teeth in the premaxillary bone; the anterior premolar takes the form of a canine tooth. In the foot of the Camel, the greater part of the phalanges touches the ground; hence Milne-Edwards has proposed the name *Tylopoda* or cushion-footed for the group. There is no distinct third cavity in the stomach; the first and second cavities contain large cells, the so-called water-cells, the use of which is not precisely known.

The Chevroton or Pigmy Musk-Deer has no horns, and the placenta is not cotyledonous. There is no third cavity in the stomach.

A very important character in all true Ruminants is the rudimentary state of the fibula.

*Rodentia* are easily characterised, mainly by their teeth. They have a single pair of large curved incisors with persistent pulps in front both of the upper and of the lower jaw; sometimes there are two pairs. There are no canine teeth; the molars and premolars are all formed on the herbivorous type. The articulation of the lower jaw is elongated from before backwards; or it may be somewhat round; it is never elongated transversely. The clavicle is present. The Rodents are ungulate, possessing claws. Nearly all the *Rodentia* are small; but the order is very numerous and widely distributed, being represented even in Australia.

Between the two groups last described—the *Rodentia* and the *Ungulata*—there are two small groups presenting certain affinities with both, but which are best provisionally formed into separate orders. They are the *Proboscidea* and the *Hyrcoidia*.

*Proboscidea*.—These were formerly classed with *Perissodactyla* under the name of *Pachydermata*. The group is represented by the Elephant among existing animals; it contains also many extinct allied forms. They are apparently allied both with the *Ungulata* and with *Rodents*. The placenta is zonary and deciduate. There are five well developed toes, covered in to form a hoof. The teeth resemble those of *Rodents* in the presence of two large incisors in the upper jaw of the Elephant; in some extinct species, they are found also in the lower jaw. The molar teeth are ridged from before backwards. There are no clavicles. The *Proboscidea* have two superior venæ caveæ; in this they resemble *Rodents* and other lower *Mammalia*. The testes are abdominal, as in most *Rodents*. The nose is prolonged into a flexible trunk or proboscis.

*Hyrcoidia*.—This order includes a single genus, the Hyrax, of which there are several species extensively distributed in Africa. The animal is about the size of a rabbit. In many of the characters of the skull and teeth, it is allied to the Rhinoceros; but the placenta is zonary, like that of the Elephant and *Carnivora*. The fore foot is pentadactylous. The testes are abdominal. The Hyrax is the only known animal which, besides the ordinary caecum, has a secondary caecal appendage connected with the colon.

*Sirenia*.—These were formerly erroneously associated with the Cetacea. The existing animals of which the order consists are the Dugong and Manatee. Their mode of placentaion is unknown. There is no trace of hinder limbs; they have a horizontally flattened caudal appendage of integument. The fore limbs are entirely covered in, to form swimming organs; nails are very rudimentary, or absent. There is a very scanty covering of hair. The bones of the upper limb are distinct, and there is a ginglymoid joint at the elbow. *Vesiculæ seminales* are present. The brain is elongated, small, and nearly smooth. Teeth are present. All the animals of this order are herbivorous, and frequent the coasts.

*Cetacea*, unlike the *Sirenia*, have very few affinities with the *Ungulata*, but many with the *Carnivora*. The placenta in all is non-deciduate and diffuse. There are no hind limbs; there is a flattened caudal fin; and sometimes (as in the Dolphin) a dorsal cutaneous fin. The anterior extremities are much more changed than in the *Sirenia*. There is no elbow-joint; and the number of phalanges, instead of being limited to three, is greatly increased—sometimes amounting to twelve or thirteen. The teeth, when present, are all alike, and are never changed. There are no vesiculæ seminales. The order includes the Whales, Dolphins, and Porpoises.

*Insectivora* form an apparently well defined order; yet it is difficult to find characters by which it shall be absolutely separated. In all known forms, the placenta is zonary and deciduate. All are ungulate, never having fewer than four toes. There are four small pointed incisors in the middle line in each jaw; the middle ones being the smaller. The canine teeth are large; and the molars are generally formed for cutting. The stomach is mostly simple; the caecum small or absent. There are no vesiculæ seminales. The clavicle is often absent or very rudimentary. The scaphoid and lunar bones are united to form a scapho-lunar bone: this character exists also in other groups. The *Carnivora* are divided into *Fissipedia*, represented by the land animals; and *Pinnipedia*, including the Seals.

*Insectivora* were once classed with the *Carnivora*; but they have many characters which ally them with orders both above and below them in the scale of classification. The animals of this order all have a discoid deciduate placenta; all have numerous teeth, appearing in two successive sets. The anterior teeth are conical and sharp; the canines are sometimes large, sometimes small; the molars are always covered with tubercular points. With the exception of one genus, all the *Insectivora* have well developed clavicles. There are generally five toes; the animals are ungulate. *Vesiculæ seminales*, which are wanting in *Carnivora*, are present in *Insectivora*.

## ASSOCIATION INTELLIGENCE.

## YORKSHIRE BRANCH.

THE spring meeting of the above Branch will be held in the Board Room of the Infirmary, Bradford, on Tuesday, March 15th, 1870; WM. MATTERSON, M.D., President, in the Chair.

After the meeting, the members will dine together at the Victoria Hotel, at 5.15 P.M. Tickets, exclusive of wine, 6s. 6d. each.

It will greatly facilitate arrangements, if gentlemen intending to bring forward any communication, or join the dinner, will communicate with the Honorary Secretary.

York, March 1870.

W. PROCTER, M.D., *Hon. Sec.*

## SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT MEDICAL MEETINGS.

THE next meeting will be held at the Sussex Hotel, Tunbridge Wells, on Wednesday, March 16th, at 3.40 P.M.

Dinner will be provided at 5.30 P.M. precisely. Charge, 5s., exclusive of wine.

FREDK. CHAS. MUDD, *Honorary Secretary.*

Uckfield, March 9th, 1870.

## WEST SOMERSET BRANCH.

THE spring meeting of the above Branch will be held at Douch's Railway Hotel, Taunton, on Thursday, March 17th, at 5 P.M.; H. J. ALFORD, M.B., President, in the Chair.

Gentlemen intending to be present at the dinner, or to read papers after, are requested to give notice to the Honorary Secretary.

W. M. KELLY, M.D., *Honorary Secretary.*

Taunton, February 21st, 1870.

## SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

THE next meeting of the above Branch will be held at the Saracen's Head Hotel, Ashford, on Thursday, March 17th.

Gentlemen desirous of reading papers, are requested to communicate with the Honorary Secretary without delay.

ROBERT L. BOWLES, M.D., *Honorary Secretary.*

Folkestone, February 22nd, 1870.

## NORTH WALES BRANCH.

THE next intermediate general meeting of the above Branch will be held at the residence of Wm. Maughan, M.D., President, Northgate House, Carnarvon, on Tuesday, March 22nd, at 1 P.M.

The dinner will be provided at the Royal Sportsman Hotel, Carnarvon, at 4 o'clock, to suit early trains. Tickets, 5s. each, exclusive of wine.

Members having papers or cases to communicate, or who intend to be present at the dinner, will please to give notice, without delay, to the Honorary Secretary.

Beaumaris, March 1st, 1870.

D. KENT JONES, *Hon. Sec.*

## BIRMINGHAM AND MIDLAND COUNTIES BRANCH: GENERAL MEETING.

THE fourth general meeting of the present session was held on January 13th. Present: J. VOSE SOLOMON, Esq., President, in the Chair; and thirty-eight members.

*New Members.*—Mr. Bowstead (High Wycombe), Mr. J. H. Coleman (Wolverhampton), and Mr. Haywood Smith (Alcester), were elected members of the Branch.

*Cases* were brought before the members by Mr. Herbert Morgan of Lichfield, Mr. Gamgee, Mr. Gaunt of Alvechurch, and Dr. Thursfield of Leamington.

Mr. PEARCE read a paper on Unqualified Assistants.

The PRESIDENT read a paper on the Use of Counterirritation in Diseases of the Eye.

The fifth general meeting of the session was held on February 10th. Present: J. VOSE SOLOMON, Esq., President, in the Chair; and forty members and visitors.

*New Members.*—Dr. Edwards (Birmingham), Mr. W. F. Anderson (Coventry), Mr. W. A. Parsons (Tamworth), Mr. D. C. Lloyd Owen

(Birmingham), and Dr. Drummond (Birmingham), were elected members of the Branch.

*Paper.*—Dr. FARQUHARSON of Rugby read a paper on the Treatment of Syphilis. After referring to the prevalence of the disease, and the great loss of money and health from its ravages in our public services, he expressed some surprise that the therapeutics of the subject were not in a more settled state. This he considered to arise, not from the fact that syphilis might as well be let alone, but because the intensity of its type had diminished of late years; because of the distinct differences in the virulence of the infecting sore, adopting M. Diday's division into *vérole forte* and *vérole faible*; and, thirdly, because civil surgeons could not, like their military brethren, follow up their cases until health was restored. He expressed his opinion that the non-mercurocrats had not brought forward sufficient evidence; and stated that, having begun army practice with a horror of mercury, derived from the teachings of the anti-mercurocratic school, he was gradually forced to have recourse to it, from the comparative failure of his results. The worst cases of syphilis in his experience had been those in which either very little mercury had been given, or none at all; and three cases of phthisis, and several of most severe cachexia, were cited, as following indurated sores thus treated. Those who had had the opportunity of studying the untreated disease abroad bore out these views; Deputy-Inspector-General Paynter describing frightful cases of bone-affection witnessed in Algiers. Mercury must, of course, be used with certain precautions, first among which was good food, as he had once seen two, and several times three, calomel vapour-baths separate men who had been accidentally kept on low diet. But, if carefully administered, mercury would act as a tonic. The soldiers of the Coldstream Guards thus treated returned to their duty in robust health, and without any diminution of weight. It was important that mercury should be given early in the disease; and, while fully recognising the benefits of its endemic use, he was inclined, on the whole, to prefer its careful internal administration. We must daily satisfy ourselves that no injurious action was beginning, especially in those who had been salivated before; and we can thus almost always avoid the unpleasant results sometimes described. Regarding the influence of mercury, he did not believe that it could prevent constitutional symptoms, but it could both postpone and lighten them. Chlorate of potash he considered, after fair trial, to have no influence on syphilis. The difference of opinion respecting the dose of iodide of potassium was referred to. Mr. Syme states that this should never exceed two grains; while others frequently prescribed twenty, and even thirty grains. The Contagious Diseases Act was lastly referred to with approval, and the hope was expressed that its beneficial provisions might soon be more widely diffused.

The paper was followed by an interesting discussion.

A *Council Meeting* was held afterwards, at which eight new members were elected.

## CORRESPONDENCE.

## CROUP AND DIPHTHERIA.

SIR,—I beg to assure Dr. Laycock that I have read his letters with the care and attention which any suggestion coming from him demands, and I am not aware that I have misunderstood him. I venture, however, to say that, before we can accept his doctrine that there is a specific form of epidemic membranous croup, the result neither of simple inflammation nor of diphtheria, we shall require much more evidence than we have at present. Perhaps, on some future occasion, when your space and Dr. Laycock's time permit, he will favour us with a more detailed statement of his views upon this interesting question.

I am, etc., GEORGE JOHNSON.

Savile Row, February 28th, 1870.

## MAYER AND MELTZER'S SPHYGMOGRAPH.

SIR,—In the JOURNAL of February 19th, the favourable opinion previously expressed as to the merits of Mayer and Meltzer's sphygmograph is retracted; and it is pointed out that the pressure exercised on the artery is subject to variation quite independently of the change in the setting of the spring. It is true that this defect existed in the instrument as originally constructed; but, five or six weeks since, I pointed it out to the inventors, and suggested a simple and easy remedy, which was at once adopted. Instead of the writing lever being adapted to the varying positions of the spring by means of a screw raising or depressing the former, the writing lever and spring are in unvarying relation with each other and with the frame of the instrument, the distance between the spring and the artery being regulated by a screw. With

this modification, and perhaps some improvement in minor details, I believe that Mayer and Meltzer's sphygmograph will be found worthy of every word of praise which has been spoken of it; it is correct in principle, simple in construction, easy of application, and accurate in performance. It is in the readiness with which it can be applied, the ease with which the pressure on the artery can be varied, and in its comparative cheapness, that it compares favourably with Dr. Sanderson's and Dr. Anstie's modification of Marey's sphygmograph.

I am, etc., W. H. BROADBENT, M.D.

44, Seymour Street, Portman Square.

#### COMPLIMENTARY ADDRESSES FROM PUPILS TO THEIR LECTURER.

SIR,—As a Graduate, and, further, as a Graduate in *Medicine*, of the University of Dublin, I am in a position to remind the Medical Registrar of the School of Physic of one or two facts which seemed to have escaped his memory when he was writing the letter which appeared in the *JOURNAL* of the 26th ultimo.

Fifteen years ago, a complimentary address was presented by the students of Trinity College to the late Vice-Provost, Dr. Wall, on the occasion of that gentleman having attained the fiftieth year of his Fellowship of the College. As recently as June 1867, a complimentary address and testimonial were presented to Dr. Bennett by the students of the School of Physic. This gentleman was then, and is now, University Anatomist, and Lecturer on Anatomy, in the University School. Prominent among the names appended to this second address is that of "Samuel Haughton, M.D."

It is scarcely necessary to assign a reason for the raking up of a rule of college discipline, thus admittedly obsolete in practice, on the occasion of a proposed address to Dr. McDowell. I have merely to add that, at the meeting of the students held on Tuesday week, no word fell from the lips of any speaker which could be held to reflect in any way on the conduct of the Board of Trinity College. The tenour of every speech was respect for Dr. McDowell, and regret at the cessation of his clinical connection with Sir P. Dun's Hospital.

February 1870.

I am, etc., FIAT JUSTITIA.

#### SUFFOCATION OF INFANTS IN BED.

SIR,—In the *JOURNAL* of the 22nd January, 1870, reference was made to the frequency of "suffocation" as a cause of death in infants, taking place "while the children were sleeping with their parents." An account of two *post mortem* examinations of infants' bodies made by me in 1868, may be interesting in relation to this subject. The infants referred to lived three and four days respectively: both were found dead in bed beside their mothers, but neither died of suffocation.

CASE I.—A. B., aged 3 days, was born after a good labour by a primiparous mother. The child did not appear ill during life; its sudden death occasioned an autopsy. On the night of delivery, the infant's mother exhibited symptoms of febricula, with marked frequency of pulse; rigors followed; and, three days after delivery, well-marked scarlatina, accompanied by pneumonia, appeared and proved fatal. At the autopsy of the infant's body, all the organs were healthy, with the following exceptions. The brain-substance was unusually soft, and presented numerous puncta vasculosa. The pericardium was congested, and exhibited several distinct patches of ecchymosis; while its cavity contained two or three drachms of straw-coloured turbid serum. There was marked congestion of the left kidney.

CASE II.—C. D., aged 4 days, was a healthy infant, born by a healthy primipara, after a somewhat tedious labour, respecting which the chief points of interest are that the "pains" were strongly expulsive, and the midwife remarked that the head "did not pitch quite straight." A large cephalæmatoma occupied the upper and posterior part of the occiput on the right side. The child appeared well until the second day after birth, when the cephalæmatoma remained tense and tender, the head became hot, and a screaming cry came on, which nothing appeased. The babe was fed half an hour before it was found dead in bed, on its mother's arms, with its thumbs clenched. At the autopsy, the thumbs were clenched; no external marks of violence. On section of the scalp and its reflection, the occipito-frontalis muscle appeared congested posteriorly, more especially on the right side. The scalp-tissue over the right side of the head was also commensurately congested. On opening and removing the calvarium, the dura mater was slightly adherent to the parts of the bones corresponding to these external discolorations. The whole of the pia mater was intensely congested, while a quantity of serous fluid was found about the medulla oblongata. The other organs of the body were healthy.

These cases are of forensic import. Death was in each case attributed to the infant having been overlaid. The first autopsy suggests the occurrence of intrauterine pericarditis, the amount and character of the fluid tending to sanction the hypothesis; while the co-existence of the pericarditis and congestion of the kidney in the infant derives increased import, in that the mother immediately afterwards had scarlatina. It is remarkable that only the left kidney was congested. In the second case, the livid discoloration of the soft parts, most marked on one side of the head, at once directed the attention to a possible fall or blow; but no laceration of the integument externally could be detected, neither any fracture of the cranial bones; moreover, the most reliable evidence discontenanced the probability of any violence having been incurred. Dr. Taylor, in his *Medical Jurisprudence*, 7th edition, pp. 497-8, gives valuable information on these points. In the second case, death probably resulted from meningitis, ensuing upon an inflammation of the cephalæmatoma produced by pressure during labour. We must note, also, the absence in both cases of those evidences in the circulatory and pulmonic organs which would attend death from suffocation. The mothers were single women; and lest, in these or any similar instances, imputation of neglect of their offspring, or wilful intent to destroy life, should be attributed to them, these cases, in which the real causes of death, without autopsies, could never have been arrived at, indicate the necessity and value of pathological investigations in all cases of sudden death in infants.

I am, etc.,

H. CRIPPS LAWRENCE, L.R.C.P. Lond., etc.

53, Kensington Park Road, Ladbroke Square, W.,  
23rd February, 1870.

## MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.—Friday, March 4th.

HABITUAL DRUNKARDS.—Mr. D. Dalrymple moved a resolution asserting the desirableness of legislating for the proper reception, detention, and management of habitual drunkards. He did not propose to interfere with social enjoyment, but to grapple with the abuse, not the use of stimulants. Habitual drunkenness he regarded as a disease which, taking hold of the vital powers, and getting possession of the nervous centre, was capable of being transmitted from parent to child; and he maintained that provision ought to be made by the state for the victims of intemperance in the same manner as was done for the insane, the deaf, the dumb, and the blind. For this purpose, and acting upon the example set at Boston in the United States, he would establish reformatories for the reception of such persons, and their detention until they had obtained the control and mastery of their passion for drink. He would enable a person so afflicted to place himself in those institutions, or the persons who were nearest and dearest to him to place him there, and his property should be vested in the hands of trustees during his detention. With regard to the numerous class of drunkards comprised in the pauper class, or the *quasi* and proximate drunkards who were alternately reeling between the gutter, the gin-shop, and the gaol, he held, that from a political as well as social point of view, society had a right to step in and interfere with their freedom, so long as the undue exercise of that freedom were prejudicial to the comfort of their fellow citizens. For this class he proposed to create reformatory wards in gaols and workhouses, or separate institutions of the sort, to which they should be committed, and there detained until discharged on a medical certificate. The reformatory he would make self-supporting, as far as possible, and when the earnings of the inmates exceeded the cost of their maintenance, the balance should be handed over to them on their discharge. The motion was seconded by Mr. Pease, and supported by Mr. Miller. The Home Secretary met it with the objection that enormous difficulties stood in the way of carrying out the ideas of Mr. Dalrymple, and said that, if instead of a resolution the question had been submitted in the form of a bill, those difficulties would have been still more apparent. In his opinion some voluntary effort ought to be made in the first instance to establish a reformatory, and Parliament should not be asked to pass a law for shutting up persons of drunken habits until, in the opinion of the medical men in charge of them, they had become so far masters of themselves as to be set at liberty. On the whole he regarded the proposal as rather the dream of a benevolent mind than a proposition of a practical character, calculated to attain the object which the mover had before him. After a few observations from Mr. Downing, who mentioned that the reforma-



tory for drunks at Boston had produced the most beneficial results, Mr. Dalrymple withdrew his motion, at the same time intimating that he should take another opportunity of submitting a bill on the subject.

Wednesday, March 9th.

**ADULTERATION OF FOOD.**—Mr. Muntz moved the second reading of the Adulteration of Food or Drink Act (1860) Amendment Bill, stating that it was framed with the view especially of protecting the poorer classes. Mr. Bruce thought it right that a bill of this nature should not be read a second time without an opportunity being afforded for some discussion, and therefore appealed to the hon. member to postpone his motion. Mr. Muntz expressed his willingness to postpone the motion until Wednesday next; but the provisions of the bill were not new to the house, and he was therefore at a loss to understand what objections could now be raised. The debate was proceeding at a quarter to six, when, in accordance with the standing orders of the house, it terminated, no result having been arrived at.

## OBITUARY.

GEORGE SHAW, Esq., DURHAM.

MR. GEORGE SHAW, one of the oldest medical men in this district, died at Durham on February 19th. He was originally a pupil of Dr. Salkeld of Durham. In 1821, he became a licentiate of the Apothecaries' Company, and a member of the Royal College of Surgeons in 1827. He was an assistant to the late Mr. Clifton of Durham up to 1832, after which he practised in partnership with that gentleman. In 1835, he became Surgeon to the County Gaol, and also to the Durham County Hospital; and held both these appointments up to the time of his death. Mr. Shaw also was Medical Officer of Health. One of his last public acts was to advocate at a meeting the efficacy and importance of vaccination. His death occurred after about a fortnight's illness. He had undergone an operation for the removal of a tumour, and appeared for a time to be recovering, but gradually sank and died.

## MEDICAL NEWS.

**UNIVERSITY OF DUBLIN.**—At the Spring Commencements, held on Tuesday, March 1st, the following degrees in Medicine and Surgery were conferred by the Right Hon. Sir Joseph Napier, Bart., LL.D., Vice-Chancellor of the University.—Doctors in Medicine:

James, Henricus Wheeler, Gulielmus Ireland  
Little, Thomas Evelyn

Baccalauri in Medicina.

Fawcett, Edward Seymour, Robertus Humes  
Fenton, Marcus Antonius Thompson, Gulielmus  
Hartman, Rudolphus Wheeler, Gulielmus Ireland  
Kelly, Alfredus Hubertus Wolseley, Cadwallader Brooke

Licentiatius in Medicina.

Joynt, Henricus Gulielmus

Licentiatius in Chirurgia.

Joynt, Henricus Gulielmus

Magistri in Chirurgia.

Boyd, Johannes Craig Hartman, Rudolphus  
Fawcett, Edwardus Lett, Ricardus Alfredus

**APOTHECARIES' HALL.**—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, March 3rd, 1870.

Blenheim, William L'Henrens, Nuting Hill  
Carter, Alfred Henry, Pewsey, Wilts  
Cartwright, James Henry, Chelsea  
De Liefde, John, Tavistock Row, Covent Garden  
Gibson, John Charles, Somerset Place, Brixton  
Parsons, Richard, Stoke Newington  
Sleman, John, Tavistock, Devon

The following gentlemen also on the same day passed their first professional examination.

Jones, Maurice, Charing Cross Hospital  
Newington, Frank Enerfer, Guy's Hospital

As an Assistant in compounding and dispensing medicines.

Gwatkin, James-Ross, Brighton

## MEDICAL VACANCIES.

The following vacancies are declared:—

BARLINGSWOLD DISTRICT ASYLUM.—Physician  
BAROBY PARISH HOSPITAL AND ASYLUM, (Class 2)—Assistant Medical Officer.

BIRMINGHAM GENERAL DISPENSARY—Resident Surgeon: applications, April 10th.

BRACKLEY UNION, Northamptonshire—Medical Officer for District No. 4: applications, 15th; election, 16th.

BRADFORD (Yorkshire) INFIRMARY AND DISPENSARY—Two Resident Medical Officers, one for in-patients, one for out-patients: applications, 14th. BRIGHTON AND HOVE DISPENSARY—Resident House-Surgeon: applications, April 4th; election, May 3rd; duties, June 7th.

CORK UNION—Medical Officer for the Cork Dispensary District: 21st. DUNDEE ROYAL INFIRMARY—Joint House-Surgeon: applications, 16th. FULHAM UNION, Middlesex—Medical Officer for the Workhouse: applications, 16th; election, 17th.

GATESHEAD UNION, Durham—Medical Officer for the Ryton District: 15th. GENERAL HOSPITAL, Birmingham—Resident Surgical Officer: 18th. HASTINGS UNION—Medical Officer for District No. 2.

HOLHEAD UNION, Anglesey—Medical Officer for the Bodedern District: applications, 21st; election, 22nd. INISHOWEN UNION, co. Donegal—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Clonmany Dispensary District: 15th.

KIDDERMINSTER UNION—Medical Officer for the Wolverley District: applications, 14th; election, 15th; duties, 25th. NEWPORT (Monmouthshire) INFIRMARY AND DISPENSARY—Resident Medical Officer: applications, March 15th; duties, April 25th.

NORTH DUBLIN UNION—Medical Officer for the Ballydoyle Dispensary of the Coolock and Drumcondra Dispensary District: 15th. ST. IVES UNION, Huntingdonshire—Medical Officers for the Somersham and Warboys Districts: applications, 14th; election, 16th.

ST. PETER'S HOSPITAL FOR STONE AND URINARY DISEASES—House-Surgeon: applications, 26th. STOKE-UPON-TRENT UNION—Medical Officer and Public Vaccinator: applications, 15th; election, 16th.

STRABANE UNION, Tyrone—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Strabane Dispensary District: 24th. TAUNTON UNION, Somersetshire—Medical Officer and Public Vaccinator for the Bishop's Lydeard District: applications, 12th; election, 17th.

WEST LONDON HOSPITAL, Hammersmith—Junior Physician: applications, 21st.

## MEDICAL APPOINTMENTS.

Names marked with an asterisk are those of Members of the Association.

\*DAVIES, Thomas, L.R.C.P.E., appointed an Assistant Resident Medical Officer of the Leeds Public Dispensary.

\*DAVY, Richard, Esq., appointed one of the Surgeons to the Surgical Aid Society. \*GRESHAM, Thomas W., M.D., appointed Physician to Dr. Stevens's Hospital, Dublin, in the room of Dr. Burke, appointed Consulting Physician, *vice* Dr. Croker.

KITCHENER, T., M.D., appointed Medical Officer of Health for Chippenham.

## BIRTHS.

COOPER.—On March 10th, at Cromer, the wife of \*James Cooper, Esq., Surgeon, of a son.

DAVIS.—On March 4th, at Mortimer, Berkshire, the wife of \*G. H. Davis, L.R.C.P.E., of a son.

DUKE.—On March 3rd, at Sandwell Place, Lewisham Road, the wife of J. C. Duke, Esq., Surgeon, of a son.

## DEATHS.

\*ALLISON, W. J., Esq., Surgeon, late of Ilford, at Brighton, on February 21st. ENGLAND.—On March 1st, at Winchester, after 10 months, Gratian, son of William England, M.D.

\*HARRISON, John, Esq., Surgeon, at Congleton, Cheshire, aged 33, on Feb. 9th. HILL.—On December 27th, 1869, at Lambton, New South Wales, aged 14 months, Richard Percy, the only son of J. J. Hill, L.R.C.P.E.

KENDALL.—On March 4th, at the residence of his sister, at Ladbroke Grove, aged 45, Mary Elizabeth, wife of \*T. M. Kendall, Esq., Surgeon, King's Lynn, Norfolk.

\*SHAW, George, Esq., Surgeon, at Durham, on February 20th.

THE MILDENHALL COTTAGE HOSPITAL Annual Account shows a balance in hand of £104 9 3.

ROTHERHAM INFIRMARY.—The ladies of Rotherham have organised a house-to-house canvass for subscriptions of one penny and upwards towards the funds of the proposed Infirmary.

DONATION.—Her Royal Highness the Princess of Wales has contributed twenty-five guineas to the Jenny Lind Infirmary for Sick Children, Norwich.

THE HASTINGS BOARD OF GUARDIANS have refused an application of Mr. J. C. Savery, one of the district medical officers, for an increase of salary; and he has consequently resigned.

GRAVESEND DISPENSARY AND INFIRMARY.—The Treasurer has received £24 13 1, the proceeds of a Ball given in aid of the funds, at the Union Yacht Club House.

A MEDICAL CANDIDATE FOR PARLIAMENT.—On Tuesday evening, March 8th, Mr. Baxter Langley, surgeon, delivered an address to the electors and non-electors of the borough of Greenwich, at the Lecture Hall, Deptford. His address occupied nearly two hours. A resolution was carried to the effect that, in the event of a vacancy, Mr. Langley should be nominated to represent the borough.



## CLINICAL LECTURE

ON THE

TREATMENT OF CANCER OF THE BREAST  
BY EXCISION.\*

By WM. S. SAVORY, F.R.S.,

Surgeon to and Lecturer on Surgery at St. Bartholomew's Hospital

A GREAT deal has of late been written on the origin of cancer; whether it is what is called a local or a constitutional disease. I do not purpose to discuss this question here, which after all is, perhaps, more one of mere words than it may at first sight appear to be, for the farther the ideas expressed by the terms local and constitutional are analysed, the fainter becomes the distinction; but I allude to it in reference to a point of practice which is associated with it. Those who espouse the view that cancer is a local disease, argue somewhat in this way. When cancer first appears in any part—say the mamma—the disease is, for a time at least, confined to that part, so that, if it were entirely removed therefrom before it had had time to spread to neighbouring or distant parts, the person would in future be rid of it altogether; therefore, in every case an operation should be performed at the earliest possible period. This at all events is the practical outcome of the idea of cancer being a local disease; and it is just here that the argument proves weakest, and unfortunately breaks down. Those who oppose this view, and support the older and far more generally received idea that cancer is of constitutional origin, say very fairly that, if the other view were correct, cases ought to occur, not so very rarely, in which when cancer of undoubted nature has been removed there has been no recurrence of the disease in future. It may be rejoined that such instances have occurred; but certainly the evidence they afford is far from being complete, unequivocal, and satisfactory. Moreover, there is no evidence to show that early operations are more successful than late ones. On this interesting and important question of the comparative influence of early and late operation, I quote again from Mr. Baker's paper.

"The following table has been constructed from 124 cases.

Date of operation after first observance of disease.	Average length of life after operation.
1 to 6 months. ....	32.9 months.
6 to 12 " .....	31.8 "
1 to 2 years. ....	33.6 "
2 to 5 " .....	46.7 "

"As in the cases of recurrence, many of which are included in the present table, so here the inferences which might otherwise be drawn from the date of the operation and its influence on the length of life are rendered void by the acute cancers being those which are the earliest to be removed and to return, and the chronic the latest. All the varieties of cancer come under this rule."

"Then, with regard to recurrence of disease after operation according to date of removal.

Date of operation.	Date of recurrence.
1 to 3 months. ....	11.4 months.
3 to 6 " .....	9.4 "
6 to 12 " .....	12.2 "
1 to 3 years. ....	9.4 "
3 to 7 " .....	10.1 "

"The reason that the recurrences are not more distant from the late operations performed for the chronic cancers is very probably to be found in the fact that so large a proportion of patients apply for relief when such cancers are beginning to increase rapidly, and therefore when they are more analogous to those which are acute from the commencement.

Something stronger, then, in the way of fact is required before the doctrine that cancer is a local and not a constitutional disease can be accepted. It may be said that such successful cases will occur in future when the principle laid down is more strictly and fully carried out in practice. Well, we must wait; but for myself at least I may say that, until it can be shown that a person may get permanently rid of cancer

by extirpation of the disease from a part, I cannot subscribe to a doctrine which seems to me at present rather plausible than sound. But, while with most others I regard cancer as being what is called a constitutional disease, I yet admit the full force of the fact that cancer is most prone to spread from the site in which it first appears; and this alone should determine the advantage of an operation at the earliest period possible after the discovery of the disease. Once have a nucleus of cancer in any part, and it is easy to forecast the course of the affection. The mass itself will grow and then undergo further change; and other parts—usually at first neighbouring ones, and then probably those more remote—will become infected; and at least in many cases we have no hesitation in tracing the progress and spread of the disease from the spot in which it first appeared. Therefore, in this alone is an argument strong enough for instant removal; while, so far as we may be able to tell, other parts have escaped inoculation. We dare not by this means, even in the most favourable cases, venture to promise to our patient, or in our own minds to hope for, a lasting cure; but we are justified in the expectation that thus we shall do the most and best we can to prolong life, and set free at least a considerable portion of what remains from the troubles that wait on the disease.

The best cases for operation, then, are those which, under any circumstances, would be considered the most favourable ones—where the breast is small and the tumour circumscribed and free from all connection with adjacent structures, and where there is no symptom of irritation of neighbouring glands. Still, while the glands are free and the whole disease about the breast can be thoroughly removed, I think that an operation, if it do not involve too large an immediate risk, offers a fair chance of prolonging life, although I certainly think worse of those cases in which the skin is involved. When the neighbouring glands are affected the question is more doubtful, but much depends upon whether these also admit of removal.

You will, perhaps, observe that I have considered the question of removal by the knife only, and you may be inclined to ask what I have to say to the employment of caustics or other means for that purpose. It is shortly this: I think that, when the disease admits of removal at all, it is almost in every instance best removed by the knife. Indeed, speaking for myself, I can hardly suggest any circumstances in which the knife will not do the work better—far better—than any other means. You may indeed meet with cases in which a patient's repugnance to being "cut" cannot be overcome, and in which, therefore, you may resort to caustics as the best alternative; but even this objection fades away before chloroform. The advantages of the knife over caustics are large and manifold. It effects in a few seconds what caustics can only accomplish, even under the most favourable circumstances, in many days or some weeks. There is no comparison in the total amount of pain endured. In the very great majority of cases we can by the knife ensure a more thorough extirpation, and can thus assuredly sweep away the disease with far more precision and certainty than caustics can destroy it. The employment of caustics not only labours under these great disadvantages in comparison with the knife, but often, very often, they provoke evils of the gravest kind. They always set up considerable irritation in surrounding parts, and this not unfrequently runs on to severe and extensive inflammation, causing much additional suffering and serious constitutional disturbance. When hemorrhage attends their action it is likely to become formidable, seeing that the surgeon, not being prepared for it, is not at hand with all appliances to control it; and when any but the smallest vessels are laid open by sloughing, the surgeon is called on to restrain hemorrhage under most unfavourable conditions. Still worse, their action, while it destroys one portion of the disease, is apt to excite that beyond into increased activity. The mischief then spreads at a fearful rate; and too often, between the disease and the caustic, a ghastly chasm with walls of cancer is formed, which very soon puts all chance of removal by any means quite out of the question. The most horrible cases of cancer I have looked on have been those which have been treated by caustics. From time to time caustics have been employed by some under the impression that the disease, when removed in this way, is less prone to return; that in some way the action of caustics may extend farther than the knife, and act more radically; but of this there is nothing like evidence. Considering the nature of the disease and the obstinacy with which it defies destruction, it is natural enough and praiseworthy that surgeons, ill-satisfied with the results of excision, should have returned to a trial of caustics; but I think I may say that they find very little favour at the hands of properly educated men.

In attending our weekly consultations you have, no doubt, been struck by the fact that, when cases of cancer of the breast have been brought before us, although the diagnosis is in the great majority of instances easily made and readily agreed on, yet often opposite opinions are expressed on the great question of treatment—whether the disease should

\* Continued from page 272 of last number.



be removed by operation. You know very well that we frequently differ about other cases; and perhaps you have found that, in attentively listening to the discussion of these differences, and weighing afterwards the argument, by which they have been supported, you have learned more than by any other method of instruction; but often our differences in other cases are, for the most part, determined by difficulties of diagnosis—by uncertainty, perhaps, of the nature, or more frequently of the extent, of the disease; whereas, in cancer of the breast, there may be complete unanimity of opinion on the nature of the disease, on the extent, generally speaking, to which it has advanced—certainly no difference of opinion on the ultimate issue, and very little on the probable duration of life—and yet it frequently happens that one surgeon will advise an operation when another will reject it. How is this? Why, if statistics are to guide us in the absolute manner that some insist on, in the face of such statistics as we possess on this subject should such contrary opinions prevail? It is not indeed so much that we hesitate to accept as the truth the evidence which these tables yield, but rather that after all the evidence is only general, and does not reach far enough to meet all the conditions that are presented in any individual case. The truth is, that the answers given by tables of statistics, however ample, are never personal enough. However truly and forcibly they may speak, they speak only in general terms. In these unhappy cases there are difficulties that lie beyond the pale of statistics altogether. Satisfactory answers may be found to the great questions that arise in any individual case, and yet oftentimes there remain others within them. The probable duration of life, with or without operation, may be determined, and the risks of the operation itself may be reckoned; but there yet remains, not the mere length, but the kind of life that must be passed—the amount of suffering, bodily and mental, that may be escaped or must be endured. Is the surgeon to have no concern about this question which presses so closely on his patient? Nay, in many cases it must be, should be, his chief concern. Frequently it is for him—apart from the question of the simple prolongation of life—to weigh carefully and subject to all the conditions that surround it in each case, on the one hand an operation with all the fear and distress that attend it and the risk of life, but, if it be successful, with the interval more or less extended of apparent immunity from disease, and so far as the patient herself is conscious, of restoration to health and the enjoyment of life; and on the other hand, the avoidance of the terrible shock of an operation and its attendant risks, but, withal, the uninterrupted advance of an insidious yet deadly disease, never to be forgotten, constantly destroying with sufferings that day by day prove worse, until they terminate in death. This is the question which I wish now to bring before you—one that lies within, and which is, I think, too often concealed by the others—one, the force of which will be admitted, I think, when it is put, but which is too often, or rather too much, left to the patient alone to answer. Suffer me to put the question in another form. Suppose, in a case of cancer of the breast, you come to the conclusion that there is every chance of life being prolonged by an operation, you would have then no hesitation in advising it if it involved nothing very unusual in the way of risk. But suppose that you had no evidence for this assurance; what then? Is it to be laid down that an operation is never to be performed except with the view of thereby prolonging life? Surely cases must occur to every surgeon which overrule this law. A woman comes to you with cancer of the breast, and begs of you to free her by any means from what she fully recognises as a loathsome disease. You tell her the existing mass can be removed by operation, but that there is every prospect of a speedy return. She says she understands that, and yet would gladly obtain even this short respite. You point out the immediate risk of an operation, and this she is quite content to run. There may even be enlarged and indurated glands that do not admit of removal, but are indolent. Are you, under these dismal circumstances, to decline an operation because it can do so little? I venture to say, no. In approaching this question, so much must depend on the character, temperament, and circumstances, of a patient, her relation to others, and so forth, that you cannot be justified in laying down any absolute rule on the subject, or in shrinking from a disagreeable task without prospect of ultimate credit. If a surgeon were simply selfish, he would perhaps have nothing whatever to do with cases of cancer. But if he stop at the question of cure, or even of the prolongation of life, he must assuredly limit, in no small degree, his sphere of usefulness. I confess that the view which I have ventured thus to bring before you grows stronger with increasing familiarity with the details of these distressing cases. The progress of cancer, from the time when it has attracted the attention of the patient to its end, is so pregnant with pain and distress in almost every one of their more terrible forms, and so hopeless, that it is surely no mean achievement of our art to afford even a brief respite of suffering, though at some risk.

But this is not all. Cancer almost invariably kills, but by no means always in the same way; and the degree to which the mode of death may be influenced by an operation, deserves careful consideration. When cancer appears in the breast, and is allowed to go on from bad to worse without an operation, the structure of the tumour itself degenerates, the skin at length gives way, and what people often call an "open" cancer is formed. Either the growth, now free, sprouts out of the hole, forming a foul fungus, or the malignant ulcer, painful and offensive, steadily extends; sometimes slowly, by a sort of phagedenic action, sometimes rapidly, by the sloughing of portions of the mass which fall away, but always inevitably, for, while destruction is going on in the centre, the disease is advancing in the whole circumference; and then it is that the worst evils of cancer are realised. It is hardly possible to conceive a more distressing condition—this slow death by exhaustion through such suffering. Lawrence speaks of it as "the greatest calamity that can befall a female." But when the mass of disease has been removed by operation, there is certainly in many cases a much better chance that cancer will not destroy in this way. It may, and indeed often does, return rapidly in the scar or wound, even before it has closed, and pursues the course first sketched with only the slight interruption of the operation. But sometimes this occurs. The scar of the wound will become diseased and indurated, and at length ulcerate, forming either an excavation, or appearing as an out-growth of exuberant granulation. In either instance, the local condition, even throughout, is often much less terrible than in the former case. I think I may say that, as a rule—broken, I know, by many exceptions, but still as a rule—the disease, when it returns after operation, presents locally less formidable characters than when it is allowed to proceed unchecked. In the progress of cancer, two forms of ulceration have been described: "the one superficial and slow, with sparing discharge, which incrusts; the other rapid and deeper, with copious secretion." (Lawrence's *Lectures on Surgery*, p. 509.) Excepting the very chronic cancers of old people, I think the former is most often seen in the cicatrix of a previous operation. It has been said, indeed—and by high authority, too—that an operation sometimes hastens the progress of the disease. I venture to think, but rarely. No doubt it often fails to check it; but I do not think there is much evidence to show that clean excision actually hastens the progress of the disease, as the application of caustics and other irritants will do unquestionably. On the other hand, there are instances in which, by the removal of scirrhus of the breast in an advanced state of ulceration, life has been in all probability considerably prolonged—in which there has been no return of the disease for one, two, or three years, the patients then dying of internal cancer. Brodie, for instance, has related such cases.

But, again, it will much oftener happen that, after a shorter interval of recovery, and apparent freedom from disease, the general health begins to fail, and signs of mischief in internal organs appear. With this, there may or may not be return of the disease in the original site, but life is destroyed by a far less painful process. The more vital organs are directly attacked. Great as the suffering may still be, it is certainly, as a rule, less than in the former case, and there is the additional horror attendant on the disease exposed fully to view in all its worst features.

It may be fairly said that an operation, even when it fails to prolong life, or even to afford apparent immunity from disease for an interval, still sometimes determines an easier mode of death. Therefore it is that I am inclined to counsel an operation in certain cases in which, perhaps, most other surgeons would reject it. I would not discard the idea of an operation in every case in which there was no reasonable prospect of its prolonging life. If all the visible mass of disease on the breast could be removed without much more than usual danger, even though there were enlarged and indurated glands in the neighbourhood, provided they were passive—if the patient were anxious for an operation, understanding its risks and the probable limits of its success, I would not, on these grounds, decline to perform it; for all the evils of an operation, even when fully allowed for, seem to me less, on the whole much less, than those which by this means, and by this only, we may hope to avert.

**MEDICAL MATTERS IN CHILE.**—Dr. Ullersperger writes in a recent report on this republic, that phthisis, which was scarcely known among the Chilese thirty years ago, is now very prevalent, and generally considered infectious. Syphilis is also frequent and very insidious; syphilitic rheumatism is not rare. Intermittent fever is found in the marsh-districts. The disease called "Lepidia di Calambra" is a severe bilious attack, compared by some with sporadic cholera. No stage of typhoid symptoms supervenes. The medical men receive an education at the University of Santiago, where they study six years.

NOTES ON CATARACT EXTRACTION FROM  
BERLIN, WIESBADEN, AND UTRECHT:  
WITH A BRIEF ACCOUNT OF THE AUTHOR'S IMPROVED  
METHOD OF OPERATING.\*

By CHARLES BELL TAYLOR, M.D. Edin., F.R.C.S.E.,  
Fellow of the Medical Society of London, Surgeon to the Nottingham and Midland  
Eye Infirmary.

As I have recently studied on the Continent the practice of various eminent ophthalmic surgeons, more especially with reference to the treatment of cataract, I have thought that a brief *resumé* of the most interesting facts which have come under my notice, in connection with this important subject, might not be unacceptable to many of the members of our Association.

As Von Græfe's modified linear extraction is the operation now in almost universal favour, and as the Professor has recently introduced a number of modifications in the details of that operation, at which I have frequently had an opportunity of assisting, I conceive this remark will be more especially apply to his method of extraction, which I shall now describe.

The patient reclines upon a couch, and the Professor, who always uses his right hand to make the incision, sits facing the subject if the left eye is to be operated on, or stands behind the head of the bed if the right is the one affected. Having separated the lids with a speculum, of which he employs two patterns, one for the right eye, the other for the left, he directs the patient to look upwards, and fixes the globe with a pair of catch-forceps, such as I show you, in the position indicated in the diagram. When he has thus obtained control of the eye-ball, it is depressed with the operator's left hand, and turned slightly inwards, until in a position convenient for the insertion of the knife. This (which you will perceive is of considerably reduced dimensions as compared with the original pattern) is then entered in the sclerotic, a line or rather more from its junction with the cornea, and half a line below the plane of its vertex, and pushed obliquely downwards into the anterior chamber. As soon as the point appears within the area of the previously dilated pupil, it is elevated, passed quickly across the chamber, and made to emerge at a point exactly opposite, in a straight line, and corresponding to the site of insertion. Immediately before the eye-ball is thus transfixed with the knife, the aqueous humour escapes from the anterior chamber, and, being imprisoned by the conjunctiva, distends that membrane, as though it were inflated with air. The knife is now pushed on in a horizontal direction towards the great angle, until it has entirely cut through the corneo-sclerotic junction, when it is turned edge forwards (a proceeding much facilitated by its reduced dimensions), and made to divide the wall of conjunctiva still before it. It not unfrequently happens that considerable bleeding attends the division of the conjunctiva, and the blood, especially in certain conditions of the eyeball, is apt to be sucked into the chamber, and coagulating, to some extent impedes the subsequent steps of the extraction. When this is the case, it is well to delay the operation a few minutes, making rather firm pressure on the eye-ball with an iced sponge, until the bleeding is arrested. Owing to the position of the incision, a small flap of conjunctiva is left attached to the edge of the cornea, and the next step of the operation consists in carefully laying this flap with very fine forceps, such as I show you, over the edge of the cornea; the wound is thus completely exposed, and the bulging iris most favourably situated for excision.

At this point Dr. Waldau, who always assists Von Græfe, passes his hand under the operator's, seizes the fixing forceps, and thus assumes control of the eyeball, while the Professor excises a portion of iris. For this purpose, he uses one or other of these sharp pointed scissors, the straight for the right eye and the bent for the left. In the excision of the iris, I noticed the most important of the modifications which Von Græfe has recently introduced. He simply takes hold of the iris, merely steadying it, never on any account drawing it forth, and excises only the small portion contained in the grasp of his fine forceps, by a single cut. He considers it of great consequence that no portion of the iris should be put on the stretch, and by this gentle manipulation endeavours to avert subsequent inflammatory complications.

I need scarcely remind you, that this procedure contrasts strongly with the methods hitherto recommended for the performance of iridectomy in this country, by which we are directed to withdraw the iris, excising it at one angle, separating it from its ciliary border, and, by a second cut, dividing the remaining attachment. I think the Professor's pre-

sent method is more likely to be followed by prolapse than the one which he formerly adopted, unless great care be taken to replace any bulging portion before closing the eye. Von Græfe, however, is always very solicitous on this point, being specially careful to see that the sphincter is free in the anterior chamber. If this is done, little black specks, mainly dependent on uvea, which are not uncommonly found in the angles of the wound after the operation, may be safely neglected. Having completed the iridectomy, and resumed his control of the eyeball by taking the fixing forceps from his assistant, the professor clears the pupil of effused blood by pressure on the cornea with his caoutchouc spoon, and proceeds to lacerate the capsule with a bent cystotome, of which he employs two patterns, one for the right, the other for the left eye. He is always very careful to open the capsule freely, and, to insure this, assists his own vision with a pair of ten-inch convex glasses. He insinuates the cutting edge under the lower margin of the iris, penetrates the capsule, and incises a semicircle to the right; passes the cystitome back again, and opens the membrane in a similar direction, and to the same extent to the left. The two are then connected at the summit by a straight incision, on a level with the equator of the lens. The cataract is now slightly dislocated upwards, by a sweeping pressure of the caoutchouc spoon at the lower margin of the eyeball; and, as it gives, is followed and extruded by careful manipulation on the external surface of the cornea, while its exit is assisted by gentle depression with the fixing forceps, and the patient's involuntary efforts. Von Græfe then frees the catch of the forceps with his right hand, and expeditiously removes the speculum. If the operator have been standing behind the patient, he now comes in front, seats himself on the couch, and, by repeated pressure with the finger and spoon, and occasional opening of the lids, gradually forces out any remnant of cortical matter that may be left behind.

Vision is now carefully tested; and, if the patient be able to distinguish the number of fingers elevated, and to recognise the thumb, little finger, and other like objects, the operation is considered as so far successful. The patient is then directed to close the eyes as if asleep, and Dr. Swansie, one of the clinical assistants, comes forward and proceeds to pad and bandage the eyeball. This is done with great precision, in the following manner. A piece of fine muslin is placed over the globe and small discs of scraped lint are superimposed at the external and internal angles of the orbit, the centre being left free. The object is less to make pressure on the eyeball, than to restrain its involuntary movements; and this end is certainly best attained by the method of padding which I have described. The whole is secured *in situ* by a flannel bandage an inch in width, and four yards long. One extremity is laid on the cheek, passed over the eye, and round the head under the corresponding ear, over the eye with slight pressure, and so on, alternately. Three folds embrace the eyelid, and the bandage is retained in position and secured by a pin. In the evening it is removed, the eye examined, and the dressings replaced. This is repeated twice daily. The eye is opened for the purpose of examination on the evening of the operation, and the wound is fully exposed on the following day, and it is afterwards carefully examined once or twice daily until the patient is convalescent. This early exposure of the eyeball is so opposed to the teaching of English ophthalmologists that I watched the results with considerable curiosity, and must say that I never saw any ill effects, and have not since hesitated thus to satisfy myself of the progress of cases in my own practice. If the slight pain which the patient naturally experiences after an operation of this nature, be not abated in four hours, Von Græfe is not completely satisfied; and if it should be sustained much longer, he injects a solution of morphia in the neighbourhood of the lid. If the pain last sufficiently long to keep the patient awake, for instance, during the night, the assistant is called, and, if he find the charpie soaked with water from profuse secretion of tears; if there be a tendency to swelling of the lids, or other slight evidence of mischief—such as we should be quite to content to watch or treat expectantly in this country—he bleeds from the arm at once (a very feeble old woman, for instance, would lose four ounces, others more), and a powder is administered, containing five grains of calomel and ten of rhubarb. The eye is examined without hesitation; and if, in spite of this treatment (which is said generally to check mischief), the edges of the wound become opaque, gummy, and show a disposition to become coated with mucous or purulent matter, then the eye is fomented for an hour with a warm camomile fomentation; after which, the bandage is applied firmly so as to exercise a certain amount of compression. This process is repeated every three or four hours, and, as I saw in some cases, with the best results. If iritis threaten a day or two after the operation, atropine (four grains to the ounce) is applied to the lower lids, and sometimes as often as twelve times a day. Local bleeding is scarcely ever adopted; and mercury, otherwise than as a purgative, is seldom administered. The patients usually get up on the third or fourth day, moderate use

\* Read at the meeting of the British Medical Association, held at Manchester, 1869.



of the eye is permitted in a week, and, if all be well, they are discharged after the further lapse of eight or ten days.

A great point in Professor von Grefe's favour is the remarkably good behaviour of his patients. In twenty-five cases which I noted, I never saw the conjunctiva torn with the forceps from straining and rolling of the eyeball on the part of the patient, an accident which is specially liable to happen with this form of instrument, and which occurred to myself the very first time I demonstrated the operation *pur et simple* on my return. This extraordinary equanimity on the part of the patients almost precludes the necessity for chloroform; and, in consequence, it is very seldom administered. When given at all, the operation is commenced after one or two whiffs, when the patient is perfectly sensible. As there is very little time for administering chloroform in this crowded *clinique*, I took the opportunity of calling the Professor's attention to the bichloride of methylene as a rapid anæsthetic, and administered it for him in several cases with excellent results. As its power in this way is not generally known, I trust you will pardon a slight digression in calling your attention to it. It is given with an inhaler, from which air is almost entirely excluded; insensibility is induced in half a minute, and the patient is usually able to walk away in two or three. I was indebted to Dr. Bader, the Ophthalmic Surgeon of Guy's Hospital, for my knowledge of its properties, which are quite equal to those of nitrous oxide for slight operations, such as tooth-extraction; and I am told that it has long been used for this purpose by a dentist in Brighton.

I was gratified to find, on visiting Wiesbaden, that Professor Pagensteher had adopted the modification of his method of extracting with the capsule entire, which I proposed in a paper read before the Midland Branch Meeting of our Association upwards of a year ago. Instead of the large linear flap, and ugly inferior iridectomy, which I then deprecated, he now adopts a superior incision and upper iridectomy, exactly the same as Von Grefe's. The peculiarity of Professor Pagensteher's operation is, as you are doubtless aware, that, whenever possible he removes the lens with the capsule entire. Having completed the incision, and performed iridectomy exactly as in Von Grefe's method, he makes rather firm pressure with the cautouchespoon on the external surface of the cornea. If the lens yield, and show a disposition to come forward, from the coexistence of a strong capsule and weak suspensory ligament, he usually succeeds in removing it without introducing any instrument into the eye. Should this manœuvre fail, however, he must either introduce the spoon, or be content to open the capsule. In over-mature cataracts, he would adopt the former alternative; but, in all others, he would avoid the risk of rupturing the capsule, and so leaving cortical matter, which could not subsequently be removed, by opening the capsule and extracting in the ordinary way.

I saw Dr. Pagensteher operate several times, and with excellent results. In two hundred cases in which the capsule was extracted entire, he had twenty with full acuteness of vision. Professor Madler of Bonn, the celebrated astronomer, was one of these fortunate individuals, being not only able to resume his astronomical labours, but also to read and write the finest manuscripts. With regard to after-treatment, Pagensteher deprecates sanguineous depletion, and trusts entirely to fomentation and compress. This he adopts after the subcutaneous injection of morphia, on the day following the operation, should any unfavourable symptoms arise.

Dr. Snellen of Utrecht, the well-known author of an admirable set of test-types, after a careful study and practice of Von Grefe's operation, has latterly, in many cases, preferred to adopt the old flap method. I saw several successful cases thus treated, remarkable for that highest indication of success, the central and moveable pupil. When pain, lachrymation, and swollen lids, threaten suppurative after extraction, Dr. Snellen resorts to the warm fomentations, with compress bandage; administers quinine, and turns his patients out of doors even on the second or third day. This treatment, it is stated, has been followed by signal success, and by the salvation of eyes which Professor Donders—Dr. Snellen's colleague—considered hopelessly lost.

Dr. Warlomont, the well-known editor of the *Annales d'Oculistique*, and translator of Mackenzie, showed me, in his clinique at Brussels, some cases in which he had operated by a modification of Kukler's method, making the incision in the upper third of the cornea, and extracting through a wound, which is a straight line in Kukler's operation, directly in front of the pupil; in Warlomont's modification, above it, and out of the range of vision. Liebreich, Wecker, and Meyer of Paris, I found practising Von Grefe's operation; and Desmarres still faithful to the old flap method, for the dexterous performance of which he has acquired a wide-spread reputation. The patient is seated in a chair facing the operator, who is also seated. Whilst the patient is looking towards the ground, he rapidly fixes the eyeball with the pique de Pamar, and enters a moderate sized Beer's knife in the

cornea, about the middle of the eyeball. This is passed rapidly across the chamber, and emerges at a counter puncture similarly placed. He completes the flap, all but a small bridge of cornea, which is not divided until the capsule is opened. To lacerate the capsule, he uses a secondary knife, which is armed at the point with a pricker, so that the lens is liberated and the incision completed at the same time, and with the same instrument.

I may mention that, when abroad, I on several occasions demonstrated my own method of operating, and have reason to believe that it will be extensively adopted. It appears to me to possess all the advantages of Von Grefe's method, with others peculiar to itself, that I have not seen combined in any other. I first made experiments on this subject about the close of 1864, and adopted it in practice as a compromise between Schult's and the flap extraction early in 1865, before any mention of Von Grefe's efforts in the same direction had, so far as I am aware, reached this country. What I have seen abroad has only confirmed my estimation of its advantages, both as to facility of performance and proportion of successful results; and if you will permit me to this extent to claim your indulgence, I will, in conclusion, briefly describe it.

The instruments that I employ are a pair of sharp forceps that pierce the sclerotic; a very light speculum, with a certain amount of leverage, so as to avoid pressure on the eyeball; and two knives a line in width, and bent at an angle similar to the ordinary iridectomy knife—one with a sharp point, the other with a blunt or bulbous extremity. As the danger, even if vomiting occur, is very slight with the form of incision which I am about to describe, I usually prefer to have the patient narcotised; and, as a rule, push the chloroform to full anæsthesia. The lids should then be kept apart by the speculum, and the globe gently depressed with a pair of ordinary forceps in the operator's right hand. The eye having been brought into a favourable position, it should be fixed by the sharp forceps at about the junction of the upper with the middle third of the cornea. The pointed knife is then entered in the corneo-sclerotic junction, about a line from the forceps, at the summit of the cornea, pushed well into the anterior chamber, and, with a gentle sawing motion (the eye being steadied with the left hand), carried along the summit a distance of five or six lines, or sometimes more.

The aqueous humour escapes before the incision is completed; and, if the condition of the globe before and after incision, as regards tension, be such that we have reason to fear excessive bleeding from excision of a portion of iris, it is well at this stage to open the capsule carefully in its central and lower segments. The iris-forceps should now be introduced into the wound, and a portion of iris excised, the lens extruded by pressure, and cortical fragments removed. If the cataract be over-mature, and I have reason to believe in the coexistence of a tough capsule, with a relatively weak suspensory ligament, I make tentative pressure on the cornea before lacerating the capsule, and sometimes thus succeed in extracting the lens with that membrane entire. If, however, the lens be fixed by adhesions, or if, during this manœuvre, from any accident the vitreous humour should bulge, or the hyaloid membrane be ruptured, I immediately dip out the cataract with my wire-loop spoon\*—an instrument which effectually assists the exit of the lens without adding to its bulk. If the wound should evidently be too small for the ready extrusion of the lens, I enlarge it at either or both extremities with the blunt-pointed knife or scissors. If there be certain elements of doubt about the case, which may be cleared up during the progress of the operation, I limit the first incision to an extent of three lines, excise a portion of iris, and enlarge the wound, extracting the lens if all goes well. Otherwise, I limit the operation at this stage to a preliminary iridectomy, and utilise the experience thus gained of the condition of the eyeball, and the patient's peculiarities and behaviour under chloroform, when extracting six weeks later. In many patients it is hardly worth while to run the increased risk which must always attend the attempt to save a portion of the iris. Their facial conformation and usual position of their upper lids is such as to completely conceal a coloboma made directly upwards; and it is in these cases neither a cosmetic defect or disability, so far as vision is concerned. In some, too—about one in three—the danger of inflammatory mischief is so great, that the bruising occasioned by the exit of the lens will almost necessarily end in adhesions, and consequent greater mischief and deformity than would be occasioned by a simple iridectomy directly upwards. When, however, this inflammatory or other contraindication does not exist, and the patients have prominent globes, I have endeavoured to modify my operation, so as to extract the lens without excising any portion of the iris, and find that this may be effected by entering the knife at the central summit of the cornea, and carrying the wound in the corneo-scler-

\* Made by Coevert.



otic junction to within a line or two of the point exactly opposite the central point on its inferior surface. A side flap is thus formed, comprising nearly one-half of the cornea, most conveniently placed for examination or subsequent necessary manipulation, and not liable to reflections by involuntary motions of the upper lid. I believe that we may thus, in many cases, secure that highest indicator of success—a central and moveable pupil, with but few of the risks which inevitably attend extraction by the old flap method.

Since adopting the methods which I have described, I have operated on one hundred and eighteen cases, with the total loss of four eyes only by suppuration of the flap.

## CLINICAL MEMORANDA.

### IMMUNITY FROM SEPTIC INFLUENCE OF MALIGNANT SCARLET FEVER DURING THE PARTURIENT STATE.

By W. BOYD MUSHET, M.B.

MRS. F. was delivered of her fourteenth child on February 2nd. One of her children was at the time lying dead in another room from malignant scarlet fever; another, two and a half years old, suffering from the disease, I found the day after labour in bed with the mother; and another, four and a half years old, lying at the end of her bed in a cot, on the following day had a convulsion, succeeded by rash, and the disease in a malignant form. The mother—a very self-willed woman, got up against all remonstrance on the fifth day, and refused to allow the children to be removed, with the invariable reply that Providence would support her, and that it was her duty. The two children died—one on the sixth, the other on the eleventh, day after the parturition of the mother, who passed intact through the contagion, and is now well.

## OBSTETRIC MEMORANDA.

### TWO CASES OF PUERPERAL CONVULSIONS.

By J. DOUGLAS LAWRIE, M.R.C.S., Bradford.

CASE I.—Mrs. G., aged 23, primipara, at the full period of gestation, commenced to have pains at 5 A.M.; at 10 A.M., convulsions commenced, the os uteri being of the size of a shilling, and the pains frequent, but weak. There was slight general oedema, and for several weeks there had been scanty micturition; the urine contained albumen. At 11 A.M., the convulsions were almost constant, the breathing very oppressed, and deglutition at all times impossible. During the deep inspirations following the eclamptic seizures, chloroform was freely administered, until complete coma supervened. An enema of 1½ grain of elaterium, suspended in an ounce of mucilage, was given; and for two hours the chloroform was readministered, as the premonitory twitchings indicated an approaching "fit." In the meanwhile, profuse watery purging commenced, and this continued for several hours. At 2.30 P.M., the os uteri being sufficiently dilated, the forceps was used, and a living child born. Until 4 P.M., the convulsions occasionally showed symptoms of return, but were rendered abortive by the chloroform. For two months the patient suffered much from the nervous shock, but made a very good permanent recovery.

CASE II.—Mrs. B., primipara, seven months advanced in pregnancy, commenced to have convulsions at 4 A.M. It was 11 A.M. before I first saw her; and, as she lived in the country, it was 1 P.M. before any treatment (except a purgative, which she could not swallow) was used; she had, therefore, been nine hours in convulsions, and had been once left by her nurse as dead. The same treatment was adopted as in the previous case, the patient being eight hours under chloroform. The purging and diuresis were extreme; there were oedema and albuminous urine. This patient was out in ten days, and really quite well. I delivered her of a dead child at the end of the eighth month.

The following suggestions may, I think, be legitimately derived from the history of these cases, when taken in conjunction with the known pathology of the disease itself. 1. Elimination is the essential treatment. 2. Purgation, carried to extremity, is a most efficient eliminative, and at once safer and more curative than bleeding. 3. As, in all cases of violent eclampsia, the administration of remedies by the mouth is unsatisfactory, a purgative enema or subcutaneous injection is advisable. 4. For the preservation of life, until treatment can be carried out, the free administration of an anæsthetic is indispensable.

## REPORTS

OF

### MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

#### THE MARGATE SEA-BATHING INFIRMARY.

[BY THE EDITOR.]

THE Margate Royal Sea-Bathing Infirmary is chiefly a hospital for scrofula, but in part also a convalescent institution. It is one of the oldest and largest of its kind in the kingdom. It receives patients from London and from the southern countries, a very large number being sent from the metropolitan hospitals, and many of them being those in whom operations, such as excisions of joints or of bones, have been performed. Its rules allow long residence when needful; and there are now some patients in its wards who have been there more than a year. It is open winter and summer, but has a hundred additional beds available during the best months of the year. It is admirably situated, close on the seacoast, out of the town, and with the easiest possible access to the sands. In its erection and its management the most careful economy has been observed. It is an exceedingly plain building both inside and out, and some of its arrangements strike the visitor as being meagre. We believe, however, that in all essentials, diet, bed-comforts, nursing, cleanliness, and the like, there is no complaint to be made. It would be unjust indeed to reflect on those who have supported such an excellent institution because they have preferred extensive utility to show; yet in saying this we cannot help a suspicion that more liberal expenditure might very probably have proved good policy. It is right both for the patients and the subscribers to cultivate to some extent an attractive exterior and fair æsthetic arrangements within.

At the time of our visit, February 6th, there were 135 inmates, all of whom, under the courteous guidance of Mr. Clouting, the resident medical officer, we saw. As might be expected in a scrofula hospital, a large proportion of the patients were young, and there were, indeed, none who had passed the earlier periods of middle life. Diseases of joints, of the spine, necrosis of bones, lupus, ulcers of the cornea, and glanular struma, were the chief maladies illustrated; and for the study of one and all of these the medical officers certainly have a splendid field. In addition to diseases of the kinds mentioned, many other examples of rare maladies of chronic form find their way to Margate after having exhausted the patience of medical attendants elsewhere. Thus, during the last year, there was a splendid case of Addison's keloid, with some unique features, and another of an extraordinary form of inflammatory hypertrophy of the ends of the fingers and toes, associated with slow but destructive iritis. Neither of these were in any strict sense scrofulous, but both were cases in which it was quite fair to try what sea-air could do. It may be remarked, in passing, that cases of necrosis of long bones, which constitute a large section of those admitted, and furnish, perhaps, a majority of the operative cases, are not really scrofulous. There is probably no good reason for associating acute periostitis (the parent of necrosis) with any special form of cachexia.

We believe that it is contemplated to enlarge or rebuild this hospital before long; and certainly there are good reasons for desiring such a measure. The wards are uncheerful, not to say gloomy, and many of them do not enjoy the advantage of out-look to the sea. The arrangements for ventilation and warming are imperfect; and it appears impracticable to keep the air sweet without exposing the patients to cold and draught. At the time of our visit, we were much struck with the chilly appearance of almost all the male patients, and by the coldness of the wards which they occupied. In all, many windows were open, and many of the boys were almost blue with cold. It was a February day, but warm for the time of year. Mr. Clouting assured us that it was not possible to keep the wards sweet without having the windows always open. Now, inasmuch as external warmth is one of the most valuable means of treatment in most forms of scrofula, we cannot but regard this as a very serious defect. The women's wards were warm and comfortable, but then in these, all, or almost all, the windows were shut.

The present hospital appears to us to be so defective that it would be bad policy to patch it off and add to it. Rather, we would suggest, that for such a noble object an extra effort should be made, and a more liberal scale of architecture adopted. In a convalescent hospital it is especially desirable that attention should be given to the cheerfulness and airiness of the wards. The building ought not to be huddled up into as small a space as possible, but rather spread out so as to give as large a sea and south frontage (one or both) as possible. Some of the patients

must necessarily spend much or all of their time in bed; and for these, special arrangements should secure that they really get the benefit of that for which they come—sea-air. Some of the wards—those for the bed-cases—ought to open to the sea, and have large windows down to the floor. The ground-floor wards might, without much trouble, have conveniences admitting occasionally of beds being carried out into the open air; and those in the upper stories should have balconies easy of access. We did not notice a single balcony in the building. Many of the patients being young and small, there would be little difficulty in lifting them from bed to an out-of-door couch if it were not found practicable to move the bed. In summer weather such measures would be most valuable.

We were told that there is no supply of hot water in the building, and that great inconveniences result. Our suggestion as regards enlargement would be, that a new detached building should be erected quite distinct in plan and arrangements from the present one, and that, subsequently, the latter should be pulled down and rebuilt. It would be a great pity to try to improve the existing structure; and if commensurate effort were made, we venture that funds would be forthcoming. In the criticisms which we have faith to make, we by no means imply any blame on those who have already given money and work, but rather on those who have not enabled them to do more.

#### OBSERVATIONS ON SPECIAL CASES.

The following notes have reference to special examples of disease under care at the time of our visit.

*Amputation for Cancer of the Tibia.*—Mr. Clouting told us that, during his tenure of office (nine months), there had been but one amputation, and that, curiously enough, was for cancer, and not for scrofula. The patient, George Beckitt, aged 20, was sent into the Infirmary, in order that his leg should be removed under the most advantageous circumstances. A large malignant tumour involved the head of one tibia. It was growing rapidly, and had already ulcerated. It was only of six months' duration, but the man had been much reduced in health, and was extremely emaciated. Mr. Thornton amputated above the knee, and the man recovered.

*Cases illustrating the Association (accidental, probably) of Scrofula with Rickets.*—The result of recent observation has been, we believe, to induce the belief that rickets and scrofula are dependent upon wholly different causes, and that, when present together, they are so as a matter of accidental coincidence. The only case which we saw in this Infirmary in which any traces of rickets were present, was that of Hannah Johnson, a little girl, aged 10, whose tibia were much bent. She is now under care on account of stromous ulceration of the skin at several different places. Her rachitic symptoms have, of course, long ago ended.

*Amputation for Strumous Disease of Tarsus, &c.*—Amongst the few cases of amputation in the Infirmary at the time of our visit, was a girl named Margaret Daly, aged 14, under Dr. Rowe's care, for very extensive strumous disease. Her right leg was amputated below the knee on the 6th of last April, and she now has an excellent stump. In August, it became necessary to remove the great toe of the remaining foot, and she still has disease of bone in the foot and in the left hand, being otherwise, however, in much improved health. It is interesting to note in connexion with our recent remarks on the influence of race on disease,\* that she is the subject of granular lids, and that, although born in England, her parents were from Ireland.

There were several cases illustrating the results of excisions of the elbow-joint, and amongst them the following.

*Excision of both Elbow-joints in the same Patient: Recovery.*—Kath Nevill, aged 6, is florid, of dark complexion, but with blue eyes. She has suffered from strumous ulcers on both corners, which have left scars, but are now well, and she has had disease of both elbows. She was formerly in the Children's Hospital, Great Ormond Street, under the care of Mr. T. Smith, by whom both elbow-joints were excised. She came down to Margate in August last, and has greatly improved in health since. Her left elbow is now nearly ankylosed, and at a right angle. Her right still has the transverse wound open so deeply that one can see between the bones. There is, however, but little swelling, and probably healing will eventually take place, but most likely with ankylosis, and certainly with a thin scar over the bones. She will ultimately save both arms, stiffened at right angles; and, considering the extreme instance of struma which she presents, this result must count as a triumph.

*Excision of the Elbow-joint a Year ago. Present Condition.*—Mary Ann Ashdown, aged 8, was under Mr. Bryant's care in Guy's Hospital, and had her right elbow-joint excised. After seven months in Guy's, she was sent to Margate last June. The elbow is now all but healed. Ankylosis appears to be in progress, and the forearm and arm are at an obtuse angle. There is necrosis of the radius, and an open sinus in the

middle of the arm. The girl has also suffered from necrosis of the lower jaw.

*Excision of the Elbow-joint Five Months ago. Present Condition.*—William Palmer, aged 23, a carpenter, apparently in fair health. Dr. Rowe excised his right elbow-joint on August 28th. The skin is not yet sound, but presents several sores, which are flabby and without good granulations. The bones are ankylosed at right angles. The state of the soft parts has precluded any attempt to gain motion.

*Amputation for Disease of Ankle-joint.*—Harriet Holden, aged 29, has had her leg removed below the knee for disease of the ankle-joint, and the stump is now well healed.

*Rarity of Cases of Inherited Syphilis.*—We could find but a single case of undoubted hereditary syphilis in the institution. Any one who believes that the ordinary forms of struma are in association with inherited syphilis, could not better dispel his illusion than by the inspection of this large collection of the subjects of severe struma.

The one case to which we refer is that of Robert Keeren, aged 21, a hairdresser and whorlesick lad, looking five or six years below his age. He has several scars on his forehead, and from one place bone has exfoliated. He was admitted with the diagnosis of nodes. His teeth are most characteristic, and his physiognomy fairly so. Let it be noted that he was not born in dissolute London, but in a small village in the south of Kent.

*Excisions of the Knee-joint.*—Two excisions of the knee have been performed during the last six months, and both the patients are still in the hospital. Both are under Mr. Thornton's care. In one, that of William Bacon, aged 8, the result is very hopeful. It is four months since the operation. The limb is straight, and healing almost complete. In the second, the operation was performed on December 15th. The limb is in good position, but the soft parts are very much swollen. The patient is a boy of 12, who had been the subject of disease of the knee for three years.

*Case of Multiple Keloid of Scars (Alibert's Keloid) in which the Indurations are white instead of red.*—The case of Alice Barker, aged 16, is one well worth a journey to Margate to see. It illustrates several important laws as to the development of keloid of scars, and also presents a very unusual peculiarity. The keloid patches are numerous, some of them remarkable for their smallness, still, however, presenting most definite characters, and most of them peculiar in being white instead of red, as is usual. The girl's statement is, that she had good health until between two and three years ago, when she began to suffer from sores on various parts, one of the largest being in the middle of the chest. These sores were probably scrofulous ulcers, with, perhaps, ecchymatous boils. She still has some on the right leg and on the left arm; some are but just healed. The scars of these ulcers have, in most places, taken on keloid growth. The one on the chest is as large as the palm of the hand, and presents the characteristic spurs, resembling, in fact, very closely the portrait given in Mr. Wilson's *Atlas*, the original cast of which is now in the College of Surgeons. This patch is, in parts, a quarter of an inch thick; its margins are everywhere abrupt. Instead of being, as is usual in cicatricial keloid, glossy and red, it is of dead white or pale skin colour. On the left arm are many little spots of keloid of very irregular shapes; some half an inch long and an eighth broad, all very distinct and definite, and all, excepting those of most recent formation, quite white. Some of the scars are only just healed, and are just beginning to thicken; others, according to the girl's statement, have been indurated and are already softened down. On the right leg, there are still some ulcers and numerous small recent scars in ill-marked keloid conditions. The ankle-joint of this limb is suspected to be the seat of disease.

The patient is a girl, aged sixteen, of brown complexion, and florid. There is no history of keloid in any other member of her family. The following may be mentioned as the more important facts illustrated by her case.

1. *The tendency to keloid growth of scars is a constitutional, and not merely a local one.* The multiplicity of the patches proves this. Every scar that the patient has is more or less affected.

2. *That, although some constitutional predisposition must exist in the background, yet the local peculiarity of scar is necessary to the production of keloid.* It is only in scars that the indurations have formed. The girl is quite clear on this point, that on every spot where keloid now exists there was a scar formerly. This is borne out, probably, by all cases of keloid in which the patient supplies a correct history. The numerous recorded cases of Alibert's keloid in which the disease is supposed to have originated in undamaged skin, are probably all examples of imperfect observation. If any one has, under notice a case which he believes to be an exception to our statement, it would be well worth while to produce it before one of the societies. Our assertion is this: that the keloid of Alibert is a disease not of skin, but of scars.

\* See BRITISH MEDICAL JOURNAL, February 5th, page 137.

3. *The keloid of scars is not an advancing, nor even a persistent disease.* The girl is clear in her testimony that some of the indurations have disappeared, and that others are in process of softening. We believe that, sooner or later, all keloid patches undergo absorption, and that consequently all operative treatment is, to say the least, useless. In some cases, very long periods are required; but, in others, a few months or a few years suffice to make a very perceptible change. We scarcely ever meet with keloid patches in adult or elderly persons, excepting with a short history. The stage of growth is usually short (a few months); then the patch remains stationary for some time, and then it commences slowly to soften. The irritation and itching, which are usually so troublesome, often cease soon after full growth has been attained.

4. *The case shows that the keloid induration of scars may present great varieties in degree.* Whilst many of the patches are most characteristic, others are much less so; and respecting some on the leg, it might be disputed whether they deserve any distinctive name, or ought rather to be known only as hard scars.

5. *Keloid may sometimes be pale instead of florid.* The patches are smooth and glossy, as in other cases, but they want wholly the vascularity which is usually so conspicuous.

We are indebted to Mr. Henry Curling (under whose care the girl was, and who has taken great interest in her case) for permission to record the above notes.

[To be concluded.]

## THE EDINBURGH ROYAL INFIRMARY.

### THE ANTISEPTIC TREATMENT OF WOUNDS.

[BY OUR OWN REPORTER.]

FIVE years have elapsed since Mr. Lister introduced the antiseptic method of treating wounds, now intimately associated with his name. Since that time, fully believing in the truth of the theory upon which his method is founded, he has been earnestly engaged in working out the practical details required for its application; on which, indeed, success greatly depends.

The germ-theory, and the results said to have been obtained from its application, have all along been received with considerable reserve by the profession, and not least so in London. There are many reasons to account for this. In the first place, the theory has been misunderstood and misinterpreted by many; and, secondly, the details necessary for its application have been no less imperfectly known. To carry out the antiseptic method, Mr. Lister considers it is a *sine quâ non* that the surgeon should understand thoroughly the principles on which it is conducted; and the amount of success which attends his practice will depend on the strictness with which he adheres to them.

The following account of observations made in Mr. Lister's wards on several successive days may help to dissipate many of the erroneous impressions which are entertained regarding this question, and encourage an impartial trial of the method before disputing its merits. A report such as this must necessarily be incomplete, and the opinions formed must be considered somewhat in the light of impressions. A few cases will be mentioned, which were remarkable; but it is at the same time to be understood that no great stress is laid upon the others, as every one is aware that cases presenting equally favourable results might be brought forward in support of other methods of treatment. A comparison of the aggregate results obtained in a large number of cases treated by the antiseptic and by other methods under the same circumstances is necessary, before a decided opinion can be formed of the practical merits of the system adopted by Mr. Lister. At the same time, there can be no doubt that, without such an elaborate investigation, fairly accurate conclusions may be arrived at of the general results obtained from any given method of treatment.

Before proceeding to describe the system now followed in Mr. Lister's wards, it will be well first to notice shortly the leading features of the theory on which he founds his treatment, and the more so as it has been recently extended and elaborated.

The atmosphere, and pre-eminently that of hospital wards, Mr. Lister believes to be highly charged with minute living organisms. It is unnecessary here to enter into his reasons for this belief. He considers that the putrefaction of organic liquids results from the presence of these germs. Without the presence of these organisms, decomposition in the wound does not take place, and every opportunity is thus offered for immediate healing. It is not our intention to discuss, at present, the correctness of the theory; but we may state that he combats with considerable force the different objections which have been

brought against it. He, however, reserves his opinion on medical pyæmia and a few cases which are in other respects obscure.

Such being Mr. Lister's theory, it is necessary in the treatment of wounds, firstly, to ensure the destruction of all germs lying in contact with or around the wound, which would otherwise set up putrefaction in any discharge which might occur; and, secondly, to prevent the further entrance of living germs to the wound. To ensure the thorough carrying out of these principles, no little difficulty has been felt; but great progress has been already made, with undeniable results.

The system usually followed, at present, in Mr. Lister's wards, is the following. The steps are given in detail, with the reasons for their employment.

In the case of an open wound, for instance, the wound is, in the first place, washed well with a solution of carbolic acid, this acid being found fully as effective as any agent yet used. The strength of the solution commonly employed is one part of acid to twenty, or one part to forty, of water, the stronger solution being mostly used in fresh cases. By this first application, the germs existing on or around the wound are destroyed. Sometimes, however, a solution in oil—one part of the acid to four of oil—is used, as in opening abscesses, for the effectual destruction of organisms on the skin, and to prevent the entrance of germs. A piece of oiled silk, the surface of which is covered with a layer of dextrin to insure general and equable moisture, is then soaked in the solution and placed over the wound. The solution on the surface becomes rapidly absorbed. The chief use of the oiled silk is to preserve the wound from the irritation of the antiseptic with which the dressings above are impregnated; hence it is advisable in many cases to apply a double layer of oiled silk. If carbolic acid were kept constantly applied, supuration would be occasioned by its irritating influence, and the healing of the wound would be delayed or prevented. The additional dressings to be employed are intended to prevent the entrance of air, and, if it should gain admittance, to destroy the germs floating in it. Above the oiled-silk, and overlapping the wound for some distance, is placed a large layer of thin and pliable shell-lac-plaster, containing carbolic acid in the proportion of one to four. If the wound is to be left undressed for an unusual length of time—say a week, depending of course on the amount of the discharge—two layers are employed. However great the discharge, the plaster will answer for twenty-four hours.

The admixture of carbolic acid with shell-lac has been found, even in this large proportion, to destroy its irritating influence on the skin; while, on the other hand, the carbolic acid renders the shell-lac soft and plastic. A piece of lint or a towel is next applied to absorb the discharge. The application of a light cotton bandage, to afford support, completes the dressing. The ligatures employed by Mr. Lister are made of cat-gut soaked in carbolic acid and olive oil. In ligaturing an artery, the ends are cut short and left in the wound. They produce no irritation, and become imbedded in a new fibrous growth. The sutures are prepared in a mixture of carbolic acid and bees'-wax, in the proportion of one of the acid to five of the wax.\*

The method we have described is used in almost all the cases in Mr. Lister's wards, and forms what may be termed a full dressing. The exact kind of dressing is dependent, of course, on the individual case, and this must be left to the intelligence of the surgeon. For example, there can be no necessity for the application of a towel when the discharge is slight, while it may be found, again, that the lac-plaster alone is sometimes sufficient. The dressings are to be changed, according to the amount of the discharge from the wound. In changing the dressings, it is important, while exposing the part, to soak them with the ordinary solution, in order to guard against the entrance of living germs while the wound is unprotected by the antiseptic. This is best done by throwing over it a stream of the watery solution by means of an ordinary syringe. A piece of calico, dipped in the same lotion, is placed on the wound as a temporary protection, till the dressings are re-applied, according to the requirements of the case.

Mr. Lister has under his care at the Royal Infirmary four wards containing altogether fifty beds. In addition to these, three wards for special cases, each containing two beds, are placed at his disposal. Accidents and all surgical diseases are admitted. In every case of suppurating wound admitted, the antiseptic method is adopted. There has been no death in these wards since the antiseptic treatment was introduced by Mr. Lister six months ago. The air of the wards and passages is pervaded with a slight odour of carbolic acid.

The cases in the wards were mostly slight—more so than usual, and the material for exemplifying the results of the antiseptic method was,

\* All the varieties of dressing used by Mr. Lister may be obtained from the Antiseptic Company, Glasgow.



therefore, necessarily limited. Several of the cases in the male wards were, however, sufficiently striking to answer the purpose, especially one of compound fracture, which has been exciting considerable interest, and the details of which are here shortly given.

This case was one of compound comminuted fracture of the left fibula, with some displacement at the joint, compound fracture of the right olecranon, and four or five severe scalp-wounds, in a man thirty years old, who had been injured by a railway-engine three weeks previously. When he was admitted, there was a large gaping wound in the left leg three inches long, and one inch wide, through which the fibula was protruding. Over the elbow, a wound about one inch in length presented itself. Three of the scalp-wounds laid bare the bone. An inch-and-a-half of the fibula was sawn off, leaving untouched the lower end, so as to obviate any further interference with the wound.\* Antiseptic sutures were used to bring the edges of the scalp-wounds together. The wounds were all dressed antiseptically, and pasteboard-splints were applied to the injured limbs. The leg was first washed with a solution of carbolic acid—one to twenty of water—and above this the lac-plaster was applied, covered with a towel and bandage. On the following day the dressings on the leg were soaked with a discharge of bloody serum, and on the third day there were about two drachms of a similar discharge. Two days afterwards, the leg was again dressed with oiled silk next the wound. There were now only a few minims of the serous discharge. When the dressings were again changed four or five days later, the discharge had diminished to a drop or so. Five days afterwards, the wound over the olecranon was cicatrised, the scalp-wounds were in the same state, and, on picking off one of the scabs, a silk suture came out without pus. On the twenty-first day of the accident, the leg was dressed for the seventh time before Mr. Lister's class. The patient had been able on the previous day to raise the limb and flex and extend his left foot so far as the splint and bandages admitted, and this he now repeated. There was one small spot of discharge on the bandage beyond the lac-plaster. There were no granulations and no supuration on the wound. The original coagulum was still present, discoloured, but becoming absorbed. A superficial slough, which had been present a few days previously, was now gone. Here was a case in which Mr. Lister maintains that the dressings permitted the internal contused wounds to behave as they might have done if uncomplicated by fractured bone.

Another case in the wards was one of enlarged and suppurating cervical glands. The abscess which had formed was opened by a free incision four days previously, when several drachms of pus escaped. The wound was dressed a second time two days ago, when it was found almost free from discharge. The wound, dressed for the third time, is now all but healed and free from discharge, only about one drop remaining on the oiled silk.

Another instructive case was one of varicose ulcer of more than twenty years' standing, in a man 45 years of age. On admission, it extended over the greater part of the lower half of the left leg. It had been treated by various means, and the patient had been kept in bed for months together; but the ulcer had never healed. Under the antiseptic treatment, it was now rapidly healing. It had at first discharged to a very considerable extent; but now, although the ulcer was still extensive, it had been left undressed for four days. On removal, the discharge was almost nil, and the dressing was free from odour of any kind. It had been dressed with oiled silk, several layers of lint, and also with antiseptic bandage and cotton. Mr. Lister observed that the mechanical action of the cotton had latterly alone acted as the disinfectant had, there being no smell.

In an adjoining bed was a case of callous ulcer of the leg, of twenty years' standing, in a man 54 years of age. When he was admitted, on September 24th, the ulcer involved a large part of the circumference of the lower half of the left leg. It had been frequently treated, and the man had laid up for months in succession, but the ulcer had never completely healed. The wound had now diminished one half, and was in a healthy condition. More cases might be given, but these altogether represent fairly the results obtained.

The antiseptic method of treatment is not only carried out by Mr. Lister, but also to a large extent by Mr. Annandale, Dr. Joseph Bell, and we believe also, partially by Mr. Gillespie. The system adopted by Mr. Annandale is the same in its essential points as that followed by Mr. Lister. Oukum is employed instead of cotton, as a general rule; and the weaker solution of carbolic acid—one part of the acid to

forty of water—is preferred. There were several cases in the wards which had done remarkably well under the antiseptic method.

In the male wards was a patient aged 28, who had been admitted three weeks before for a severe injury to the upper extremity. Amputation at the shoulder-joint was immediately performed, and the antiseptic dressing applied. The wound was now nearly healed, and all but free from discharge.

In the same ward was the case of a boy aged 7, in which the os calcis had been excised two days previously. The wound was now almost healed. A case of abscess of the thigh had been recently discharged from the ward, in which, when admitted, there was discharge amounting daily to three or four ounces. Poultices and warm water dressings had been employed for some weeks without improvement. The antiseptic method was then adopted, and next day the discharge was noted as greatly diminished, and on the second day to the extent of one half. Five days later it was reduced to half a drachm. He was discharged well a few days afterwards.

In Mr. Annandale's wards were several cases in which other methods were being adopted. The appearance which these presented did not certainly compare favourably with that of those treated antiseptically. The discharge was greater, the wounds did not present the same clean appearance, and there was more or less fetor; neither did the wounds appear to be healing so rapidly.

Such are the notes of a few visits paid to Mr. Lister's and Mr. Annandale's wards. They are necessarily very imperfect; but may, so far as they go, prove interesting, and, it is hoped, instructive.

The first two cases—that of the compound comminuted fracture and dislocation of the ankle-joint, and the scrofulous abscess in the neck—cannot fail to arrest attention. They are very remarkable. In the former, it was at first thought hopeless to expect to save the limb; under the antiseptic dressing, the original coagulum discoloured, but, becoming absorbed, was still present on the twenty-first day; there were no granulations; there had been no supuration; and the injured parts had so far progressed as to admit of pretty free movement of the foot.

Mr. Lister maintains that the result of this case is something new in surgery; and most conclusively proves that the antiseptic method of treatment involves an entirely new principle. This is not the place to discuss the truth or error of the opinions advanced by Mr. Lister; but let it be admitted, for the sake of argument, that a few very rare cases, equally severe and apparently hopeless, do recover (and probably there are such on record) with equally favourable results and under the same pathological conditions, not only without supuration, but even without scabbing, then this case alone is such as to demand the serious attention of surgeons, and require of them a fair and unbiased consideration of the germ-theory, and trial of the method of treatment under which the case proved so successful, and to which Mr. Lister asserts the favourable issue of the case is to be attributed. And this is to be desired the more because of the great importance of the theory on which the method of treatment is founded. The second case—that of a scrofulous abscess opened by free incision and healing in four or five days, and with scarcely a drop of discharge—is very remarkable, and, according to Mr. Lister, is something new in surgery.

One cannot visit the wards without being struck with the unmistakable results which are reckoned on and really follow the antiseptic treatment. Be the germ-theory true or false, the excellent results of Mr. Lister's treatment are certainly such as one does not expect to find in London Hospitals; nor, as previously remarked, did the cases treated by other than antiseptic means in Mr. Annandale's wards compare at all favourably with those in which the antiseptic method of treatment had been strictly carried out. Each case is treated systematically, and in the belief that the theory on which the method is founded is beyond dispute. To carry it out successfully, the germ-theory, in the absence of any other, must be accepted, else precautions, which are insisted on by its supporters to ensure success, are likely to be neglected. And it is on this account, on account of the great attention and care required for its application—even although it may ultimately save much trouble, not to say life—that it will continue to meet with opposition; and it is this, also, which will probably interfere with its more general adoption by the profession. The belief displayed by Mr. Lister in the truth of the germ-theory and its ultimate acceptance, and the enthusiasm with which he labours to carry out and elaborate its practical details, are unmistakable; and it is not confined to him alone, for a considerable number of his past and present pupils are thoroughly infected by his zeal, and appear to have the most perfect confidence, in common with their teacher, not only in the germ-theory, but in the results of the so-called antiseptic method of treating wounds.

\* That neither of the above cases, the joint or one of the bones were opened, we shall be glad to publish either from Mr. Lister or his house-surgeon any statement of the reasons for believing that the compound fracture of the fibula really involved the ankle, or that of the olecranon, the elbow. So far as any facts in our account go, it seems possible that neither of them did so, and the difference is so important that we do not like to leave the matter subject to misapprehension.—ED. B. M. J.

## GUY'S HOSPITAL.

## OPERATIONS.

*February 22nd.*—Mr. Cock operated on a man, aged 31, who had Enlargement of the left Temporal Bone, accompanied by a great pain. There was paralysis of the left facial nerve. The disease was supposed to be otitis. It had commenced fourteen months previously with pain in the ear. The swelling had commenced between two and three months ago. Incisions were made within the meatus and over the mastoid process, with temporary relief of the pain; but, as the pain and swelling increased, he was admitted. Several decayed teeth had been extracted in the upper jaw without relief. Chloroform having been given, Mr. Cock made incisions in front and behind the pinna, exposing dead bone. On these being connected above and the soft parts reflected, a soft mass appeared through the temporal bone just above the pinna. This was supposed to be a growth from the interior of the skull appearing through the bone. Further operative interference was therefore deemed inadvisable. A small portion of the growth, removed for microscopic examination, presented caudate and irregular nucleated cells.

Mr. Bryant operated on a woman aged 62, for Tumour of the left Upper Maxilla, of five months' growth, encroaching on the orbit, slightly on the left nostril, and bulging outwards and downwards outside of the alveolar process, but not on the hard palate. It was firm to the touch and not painful. An incision was made in the middle line of the lip, then around the margin of the nose to the inner angle of the orbit, then along its lower border to the outer angle; the flap was reflected, exposing a growth involving the outer part of the antrum. The nasal and malar processes were sawn through, and the tumour dissected out, leaving a cavity in the bone. The floor was thickened; the roof or orbital plate was absent, probably absorbed. There was very little hemorrhage; some oozing from the upper and inner angle was arrested by a sponge soaked in tincture of the perchloride of iron; the flap was then readjusted with sutures, leaving very little deformity. The tumour was of a bright uniform colour, dense, but readily cut with the knife. When scraped, it yielded juice showing nucleated cells. A section also seemed to be entirely made up of irregularly shaped nucleated cells.

*February 25th.*—Mr. Cock operated on a man, aged 40, having in the left Orbit a Bony Tumour of three years' growth. It had not caused much inconvenience except occasional abscesses at the inner angle of the orbit. It was gradually pushing the eyeball outwards. A portion was removed on December 31st, with a gouge. To-day, an incision was made along the lower border of the orbit, and the tumour turned out with an elevator. It appeared to have grown from the inner wall. It was polished on the exterior except at the point of attachment, which was small—three-eighths of an inch in diameter—and also at a portion of the surface where the piece had been removed in December last. The whole was one-and-a-half inch long, three-quarters broad, and half an inch thick. Attached to it was a polypus, resembling a nasal polypus.

*March 1st.*—Mr. Hilton amputated the leg of a man, aged 30, for Disease of the Ankle-joint, resulting from a sprain five years ago. The vessels were secured by torsion.

Mr. Hilton removed some Necrosed Bone about five inches long from the posterior surface of the ulna. The necrosis resulted from a punctured wound eight months ago. The child was ten years old.

Mr. Birkett removed some Necrosed Bone from the femur of a child six years old. It followed idiopathic osteitis seventeen months ago.

*March 8th.*—Mr. Cock operated on a man, aged 50, suffering from Caries of the Os Calcis, resulting from a punctured wound of the heel, received three years ago. Several sinuses existed, leading down on each side to the os calcis. These were laid open, the flap was dissected back, and portions of the under and posterior surface of the bone were removed.

Mr. Birkett operated on a woman, aged 79, for Strangulated Femoral Hernia. She stated that the hernia had existed only one month, and gave her no trouble till March 6th, when vomiting came on between 8 and 9 P.M. On the 7th, she was seen by a medical man, who tried twice to reduce it without success. On the 8th, she was sent to Guy's Hospital, she then had fecal vomiting. Chloroform was given, and the operation was performed at once without any attempt at reduction by manipulation. A slight difficulty arose from the bowel being adherent to the sac. The sac was opened and the bowel returned.

Mr. Birkett operated on a man who had sustained a Compound Fracture of the outer side of the foot. Mr. Birkett remarked on the advisability of saving as much of the foot as possible, and mentioned a very similar case where Mr. Key saved only the great toe and its metatarsal bone with great advantage in the future usefulness of the member. In this case, Mr. Birkett was able to save the two inner toes, removing

the crushed portions of the three outer toes together with the cuboid and external cuneiform bones. The flap from the sole was then brought up by bandages into near proximity with dorsal surface.

## ABSTRACT OF A CLINICAL LECTURE.

BY MR. ERICHSEN.

THE following is an abstract of Mr. Erichsen's lecture delivered at University College Hospital on Monday last.

The first subject of the lecture was a case of Strumous Disease of the Elbow-joint, in which Mr. Erichsen had performed excision about a month previously. He remarked that disease of the elbow-joint was rare except in young persons, and then it occurred in strumous subjects. He excluded those cases in which there was a general joint-affection, as, for instance, examples of rheumatism. The present case was that of a female aged 18, who, until July, was in good health. The joint, without any apparent exciting cause, then became painful, and, by October, was fixed and useless. Mr. Erichsen had performed excision, removing the head of the radius, although not diseased. The patient had since done well. The case was typical in so far as it had commenced without injury. The disease consisted of inflammatory action, with destruction and deposit of matters around the joint.

With regard to treatment, if these cases are treated by rest and constitutional means, a large number of them will get better, but with more or less complete ankylosis; but such a condition as this, however, is often not desirable. If extended, the limb is useless; if fixed, then it loses four of the most important movements of the upper extremity—the power of flexion, extension, pronation, and supination. If violent flexion and extension be attempted, in many of these cases, failure will be met with. The elbow-joint is complicated and different from the knee-joint, where such means may frequently be adopted with benefit. And even if the elbow-joint be benefited for the time, the disease has a tendency to relapse. In attempting to arrest the disease and produce ankylosis, the limb should be placed in a position of half extension and half pronation, the position most useful if ankylosis take place; but if the disease progress, and the swelling continue to increase during treatment, excision should be performed, and the sooner the better. If this be done, there is a very considerable prospect of obtaining a good and useful limb. Mr. Erichsen did not advocate premature excision; but, if other means of relief fail, then excision should be at once performed. Amputation of the upper extremity, except in rare cases, has been abandoned. Nothing but surgery is to be more repented than sacrificing a healthy hand and forearm to a diseased elbow-joint. After excision, the patient retains all the movements necessary for the ordinary uses of life. As to the method of operating, the longitudinal incision is as good as any. It is now found that all joints can be excised by a single incision, and the elbow-joint the best of all. He had not employed any other for the last eight or ten years. The incision should be of sufficient length, and a little to the inner side of the joint. The upper end of the radius was, in the present case, sound, but he removed it because it had been found that bad effects follow if it be allowed to remain. There is an unequal line, and there is a liability to have undue stiffness or partial ankylosis. After excision, the arm should be kept extended for the first week, and then half flexed and half pronated. Mr. Erichsen referred to the case of a woman, aged 19, whose elbow-joint he had excised when she was 13 years old, and who had continued to come occasionally to the Hospital. She had retained all the movements of the arm. He mentioned a second case in which ankylosis had taken place. This was one of the very few cases he had seen in which it had occurred; but in this case there had been much disease, and the patient did not attend at the Hospital sufficiently often to be properly observed. Bony ossification of the ligaments had taken place. He would, if he received the permission of the friends, sever this bond of union and free the joint. The reverse, too great movement, was rare after excision. He had seen one case in which the epiphysis of the humerus had been lost in a primary excision for compound fracture; and it was in cases where the epiphysis was involved, that too free movement generally occurred.

Mr. Erichsen then proceeded to remark on a case of Chronic Disease of the Tarsal Bones of seven years' standing, in an old soldier fifty-five years of age—a rare thing in a man of this age. The central tarsal bones were mostly affected, the cuboid and cuneiform chiefly. There was a considerable amount of discharge and infiltration of the parts around. The sole of the foot was tolerably sound. He thought that the case would be suitable to Chopart's operation; but a fresh inflammatory attack coming on in the foot prevented the possibility of carrying this out with the chance of success. Mr. Erichsen then proceeded



to consider Syme's and Pirogoff's operations for disease of the anterior part of the foot. These two operations he considered to be the two great improvements in amputative surgery of recent times. Previously, if Chopart's operation were not admissible from the amount of disease between the astragalus and calcaneum, the scaphoid and cuboid, it was usual to remove the leg. Syme conceived the happy idea of taking the flap from the heel. Pirogoff improved this in cases where the os calcis is healthy. There is in the latter less danger of sloughing; and there is increased lengthening of the limb by so much of the calcaneum as is left, so that there is no material shortening of the limb. Another advantage in this operation is that we get some of the hard integumental structures of the heel for the support of the body. The operation performed in the present instance was Pirogoff's; and the patient is doing well. These two operations—Syme's and Pirogoff's—have lessened the mortality of diseases of the bones of the foot. They admit of a long stump, having healthy and not cicatricial structure. After Pirogoff's operation, the patients, especially when young, are able to run; and after Chopart's they are able to dance; but whether they can dance after Pirogoff's, he could not say. This showed the utility of certain modes of operating; and now, in addition, great improvements had been made in the mechanism of artificial stumps, especially in America after the war, where the art was carried to such an extent, that "stump-hospitals" were instituted to supply them.

## REVIEWS AND NOTICES.

GUY'S HOSPITAL REPORTS. Vol. XV. Edited by C. HILTON FAGGE, M.D., and ARTHUR E. DURHAM. Churchill: 1870.

(Continued from page 282.)

WE now proceed to notice the medical papers contained in the volume.

The first paper, by Dr. WILKS, consists of selected *Clinical Cases*, including Labio-glosso-Laryngeal Paralysis; Exophthalmic Goitre; Arterial Pyæmia; General Chronic Arteritis; and Saturnine Gout. There are five cases of Labio-glosso-Laryngeal Paralysis—four males and one female. The first was a leather-dresser, aged 46, and his case was complicated with muscular atrophy; but, as the *post mortem* examination is given, and is strongly confirmatory of the views of Professor Trousseau and Dr. Lockhart Clarke, it is, we think, deserving of brief notice. This patient had suffered from acute rheumatism five years before, but in the interval his general health had been good. In June 1867, he was attacked with sore throat and slight dysphagia. He was admitted as an in-patient of Guy's Hospital in November of the same year. He then had dribbling of saliva; the lower part of his face was expressionless, the buccinators paralysed, and the soft palate partially so. He had difficulty in swallowing, and loss of power in the tongue. He had almost lost the power of eating, swallowing, coughing, and expectoration; and his speech was very indistinct. His muscles—especially the extensors—were atrophied and partially paralysed, especially on the left side, and the interossei almost completely so. With dieting, quinine, and galvanism, he improved slightly; but in December, after a fall, he became worse, and died on the 28th of that month. The *post mortem* appearances were as follows. There was obvious atrophy of the roots of the hypoglossal nerves, of the inner roots of the spinal accessory, and also, very markedly, of the whole of the anterior roots of the spinal nerves, especially the cervical. The anterior half of the white matter of the cord was hardened and atrophied, and the grey matter was reddened and enlarged. In the fourth ventricle there was very obvious red-gray change of the calamus scriptorius, from the nib upwards and outwards for half-an-inch. The lining membrane and its choroid plexus were of deeper colour than usual. Of the other cases we have only clinical reports. In one, the left vocal cord was seen to be quite paralysed, the right partially so.

There are four cases of Exophthalmic Goitre (Bégbie's, Basedow's, Graves's, or Stokes's, disease). One of these is illustrated by a striking portrait, from a photograph. The thyroid gland, which was greatly enlarged, was found, at the autopsy, to extend, by its left lobe, "three-fourths of an inch below the upper edge of the sternum into the chest"; it bent the trachea to the right, touching the left side of the oesophagus for a space of three inches, and compressing the thoracic duct against the spine (the man was greatly emaciated). The cervical sympathetic was imbedded in, and adherent to, fibrous tissue. Its right ganglia were absent; and the others, as well as the thoracic and abdominal, were very white, and covered with a dense fibrous tissue, which prevented the grey matter from being seen. With the exception of increase of fibrous tissue, Dr. Moxon states that the ganglia presented no very remarkable changes when viewed with a one-lith inch objective. The thyroid arteries were large; but the heart, excepting

slight muscular degeneration, was fairly normal, and the eyeballs much less prominent than in life.

By Arterial Pyæmia, Dr. Wilks means changes of an embolic nature produced in peripheral organs (lungs, liver, spleen, kidneys, etc.) by fibrinous masses carried into the circulation from the heart; he suggests the careful examination of the last named organ by the stethoscope, in cases of pyæmic symptoms without obvious cause.

Under the head of General Chronic Arteritis, Dr. Wilks details the case of a man aged 36, who had no radial pulse on the right side, a feeble one on the left—(his fingers used to "go dead"). There was no pulsation in the femorals, and but little in the carotids. His feet swelled, and he had intense pain in the limbs. He lingered on in this state, with horrible sufferings, from September 1868 till February 1869, when he died. The termination of the right brachial and the whole ulnar (radial) artery were occluded, as were the right common, external, and internal iliac arteries, and both femorals. There were blocks in the left lung, spleen, and left kidney.

Dr. Wilks discusses the question of the Connection of Gout with Lead-poisoning, expressing himself cautiously as to their being cause and effect, and giving details of three cases (in two of which there were *post mortem* examinations) in which plumbism and gout were combined. Those who are familiar with the difficulties of arriving at the truth of statements as to personal habits will not attach too much importance to the reporter's description of the patients as being of "steady habits", and will therefore not be surprised at the caution with which Dr. Wilks expresses himself; for, since lead-poisoning is common in countries where malt liquors are not national beverages, and gout is uncommon in their inhabitants, it is clear that the question is still *sub judice*.

*The Processes for Detecting Blood in Medical-Legal Cases.* By A. S. TAYLOR, M.D., F.R.S.—This is a continuation of his former paper, which was occupied with the detection of blood by the guaiacum-test of Van Deen. In the present volume he does justice (somewhat tardily, we think,) to the great improvement in this process, introduced by Dr. John Day of Geelong, Australia, who uses ozonised or ozonic ether, in combination with the tincture of guaiacum. The rest of the article is by Mr. Sorby, and gives very clear details of the spectroscopic examination of blood-stains. He states that  $\frac{1}{1000}$  of a grain of blood gives a characteristic spectrum; and that in urine a single drop of blood in a pint can be detected by it! In the case of suspected blood-stains, a few fibres of the fabric are to be soaked in water in a watch-glass, and the solution placed in a cell of barometer-tubing of one-eighth or one-tenth of an inch diameter, and half or three-quarters of an inch long. In recent stains, two absorption-bands in the green are readily seen in the spectrum. The author gives further details of the effects of reagents, for which we must refer to the paper itself. The conclusion is, that the detection of blood is easy, but to say from what kind of animal it has come is at present impossible.

*Tetany, or Remittent Tetanus.* By WALTER MOXON, M.D.—Dr. Moxon gives us a suggestive paper, with notes of a well-marked case of this complaint, which is familiar to the readers of Trousseau. All of us who have seen much of the diseases of children and young patients—especially females—must have witnessed many cases of carpal spasms, with tetanic or spastic rigidity of the jaws and muscles of the spine and trunk. Dr. Moxon points out their similarity to the symptoms of ergotism. We cannot but think, however, that it is the vice of a purely clinical nomenclature of diseases, of which Dr. Moxon (as we understand his other paper) is so much enamoured, that it associates similar symptoms arising from utterly dissimilar causes: for, in one case of tetany, a child may have general tuberculosis; in another, a married woman may be suffering from puerperal lesions; and in a third, the real cause may be what Dr. Marshall Hall called "temper disease." We have seen one such case where similar symptoms were always induced by a girl being set to scrub a floor or wash plates and dishes; whilst in a young lady they were associated with the phenomena of retarded puberty. In this writing, we do not wish for a moment to undervalue Dr. Moxon's interesting report; and it is very satisfactory to learn that in his little patient the bromide of potassium in five-grain doses proved completely successful in removing the spasms.

*Thermometric Observations in Clinical Medicine.* By J. F. GOODHART.—The mode of using the thermometer is somewhat different from the one usually adopted. The author retains it in the axilla only three minutes; "but the bulb is held there, the thumb and finger keeping it in close approximation with the skin" all the time. He defends the brief period of time on account of the diurnal variations, and gives instances of fluctuations in health and disease from his own observations and those of Dr. A. H. Garrod. From independent observations he arrives at the conclusion that rigors depend upon a disturbance of the balance of the circulation, and are accompanied rather by an increase than a diminution of arterial tension. The general results of his ob-



servations on zymotic diseases, ague, etc., confirm those of Wunderlich and other observers—the figures being rather lower from his method of observation. The following, however, are deserving of special notice. In two cases of syphilis in the eruptive stage, the evening temperature in one exceeded the morning by from .2 to 1.2 deg. Fah.; in the other, by 2 to 2.8 deg. In a case of tertiary syphilis, the evening temperature was from 1 to 1.1 deg. Fah. higher than the morning on several occasions. Under acute rheumatism, he gives the following statement. Nine cases treated with alkalies, had an average maximum temperature of 101.2 deg.; 7 cases with lemon-juice, of 102.5 deg.; 9 cases with various drugs, calomel, opium, aconite, etc., of 103 deg. In uncomplicated cases of pleurisy, the temperature never rose above 100 deg (see note of Dr. Habershon's paper). Again, in 6 cases of peritonitis, the same thing was observed. In a case of leucocythemia, the temperature varied from 99 to 101 deg, with evening exacerbations, thus resembling tuberculosis. His observations on the effects of quinine, alcohol, and baths, on temperature, are very interesting. Thus of 18 cases where quinine was given, it either appeared to arrest the rise or cause a fall in 11; while of 20 cases treated with alcohol, only 6 appeared affected, and those not very greatly. But he admits that the mode of experimenting was not quite parallel in the two kinds of experiment. The article concludes with some striking instances of the use of the thermometer in diagnosis, and with a table of 43 observations on patients in *articulo mortis* from various diseases and accidents: of these, 35 had a temperature at or above normal (96 to 98.6 deg., being considered normal); eight were lower than this.

*Cases Illustrating the Influence of Opium and some of its Constituent Principles in the Treatment of Diabetes.* By F. W. PAVY, M.D. Dr. Pavy has revived an old method of treating diabetes, by the administration of opium; but he has done more, for he has endeavoured to find out which of the constituents of that wonderful drug deserves the credit of the cure; and the copious tables of the daily examination of the urine show the great success he has attained. He finds that opium, morphia, and codeine, all possess the power of checking the elimination of sugar in the urine. Of the three, he considers codeine to be the best. Narcotine and narcine were tried in one or two cases, but apparently without benefit. Dr. Pavy begins with half a grain of codeine, and has given it, by gradually increasing doses, to the extent of ten grains three times a day. The following are fair examples of each method of treatment. A man aged 50, after a month's restricted diet and the use of alkalies, was still passing urine of specific gravity 1038, with 26.64 grains of sugar per ounce, or 1198 grains *per diem*. After 38 days of opium treatment, there was no sugar, and the specific gravity was only 1025. On leaving off the opium, the specific gravity had risen in seven days to 1048, and the sugar amounted to 1065 grains *per diem*. On renewing the opium treatment, the sugar was immediately lessened, although he took ordinary diet. He considered himself well, although there was still a little sugar present, and left the Hospital. A woman aged 68 passed five pints of urine, of specific gravity 1040, with sugar to the amount of 3275 grains *per diem*. Under the use of opium, with ordinary diet, in less than three months the urine was reduced to two pints, of specific gravity 1020, and was quite free from sugar. She continued well for twelve months when mental anxiety and overwork appeared to be exciting causes of a fresh attack. She then passed four pints of specific gravity 1036, with 2220 grains of sugar, in the twenty-four hours. Rather less than three months' treatment with codeine completely cured her, the urine amounting to only two pints, of specific gravity 1020, quite free from sugar. She took the ordinary mixed diet of the Hospital. The amount of work represented by Dr. Pavy's paper may be roughly estimated when we state that it contains the results of more than 1500 examinations of the urine for percentage of sugar.

*Successful Version after Failure of the Forceps.* By J. BRAXTON HICKS, M.D., F.R.S.—Seven cases are reported, of which, however, only six fairly come under this denomination, as the other case was one to which Dr. Hicks was only called when the woman was dying. The forceps and version had both been tried, and the latter proved successful only so far as to deliver the trunk *minus* the head; meanwhile the uterus was ruptured, and the patient only lived a few moments after Dr. Hicks' arrival. The other cases may be briefly summed up as follows. All were head-presentations, one of the face, and one partial brow. Only two were primipare; three others had had difficult labour, with dead children, with forceps or craniotomy, previously. In all there was considerable pelvic contraction, and the forceps failed after fair trial. Version proved successful in delivering all the mothers safely. Four of the children were born alive, but one only lived a few minutes. Considering the difficulties encountered, we think these cases are ample justification of Sir James Simpson's proposal, of which Dr. Braxton Hicks is an able supporter and exponent.

*Clinical Notes.* By S. O. HABERSHON, M.D.—These include cases of Diaphragmatic Pleurisy, of Hæmatemesis, and Spinal Concussion, and remarks on the internal use of Carbolic Acid; and, although appearing with this modest heading, are of great practical interest. The author considers that we are warranted in diagnosing diaphragmatic pleurisy from the following peculiarities: The suddenness and intensity of the pain ("the pain is agonising"); the severity of the dyspnoea; the absence of physical signs, as long as the costal pleura remains free; the presence of pain in the shoulder; the inability of the patient to lie on the affected side; irritability of the stomach if left-sided, and the occurrence of jaundice or other so-called hepatic symptoms when right-sided; and its usual speedy termination by resolution. He points out several sources of fallacy, as herpes zoster, local tumours, spinal causes, etc.; and the cases show another feature of interest, to which he also alludes; viz., that the temperature, when uncomplicated with pneumonia, etc., is generally low, 99.7 and 100 deg, being the highest noted. Dr. Edwin Long Fox (*Medical Times and Gazette*), and *St. George's Hospital Reports* and Dr. Reginald Thompson both agree that in pericarditis the temperature is but little affected; and the same remark applies to many cases of meningitis, so that we seem to be very near enunciating a general law of distinction between inflammation of mucous and serous membranes, that in the latter there is little rise of temperature.

The notes on hæmatemesis are very suggestive, and will not bear further condensation. Those on hæmatemesis from uterine and ovarian irritation are especially deserving of careful study; for many cases of this kind are, we feel sure, never referred to their proper cause. Dr. Habershon particularly recommends the internal use of carbolic acid in gastric and colonic fermentative dyspepsia, but recommends avoiding it when there is great irritability of mucous membranes. In one case it was probable that salivation was induced by it. It may be given in pills, if combined with powdered tragacanth, extract of henbane, compound ipecacuanha powder, etc. His cases of concussion to the head and spine are of extreme interest in these days of railway accidents. In both, the severe symptoms came on a considerable time after the accident; and, in the fatal one, the blow on the head (from a hammer falling on the parietal bone) was followed by convulsions four years after, with hemiplegia; and, at the *post mortem* examination, there was a limited collection of pus (size of a threepenny piece) on or under the membrane, "at the upper edge of the fissure of Sylvius". The grey matter of the right half of the brain was wasted; and the right half of the pons and anterior half of the right corpus striatum were softened.

*Numerical Analysis of the Patients treated in Guy's Hospital from 1861 to 1868.* By J. C. STEELE, M.D.—Dr. Steele continues his analysis of all the cases admitted into Guy's Hospital during the seven years from 1861 to 1868, on a similar plan to the statistics for the previous seven years, published by him in the *Journal of the Statistical Society*. It appears that 35,025 patients were admitted during this time, of whom 3,423 died, the total mortality being thus 9.8 per cent. for all cases. The surgical mortality, however, was only 6.4 per cent.; that of medical cases amounted to 15.2 per cent. During the previous septennium, the general mortality was only 9.2 per cent. It seems that the male mortality was .107, while the female is only .085. As regards the classification of diseases on the physician's side, Dr. Steele tells us that diseases of the nervous, of the respiratory and circulatory systems respectively, amount to 75, 80, and 39 in every 1000 cases admitted, with a comparative mortality of 68, 290, and 270 in every 1000 deaths. "Dropsies", which of course include many cases properly belonging to the last two, equal 30 in every 1000 cases, and 72 in every 1000 deaths. The actual mortality of cases admitted as syphilis only amounts to a fraction above 3 in 1000 cases (syphilitic diseases of internal organs come under other headings). It is interesting to observe that, out of the large number of 11,270 women, confined in their own homes, under the supervision of the Guy's maternity department, only 45 died, or about 4 in every 1000, which is much less than the puerperal mortality of all England. The attendants of these women had all had special obstetric instruction, which cannot be said for the midwives of most country districts.

NOTES ON ASTHMA; ITS NATURE, CAUSES, AND TREATMENT. By JOHN C. THORWOOD, M.D. Lond., etc. Pp. 134. John Churchill and Sons. 1869.

The author avows himself one of those who believe that the essence of asthma is spasm of the bronchial muscles, and gives his reasons for adhering to this view, and dissenting, except in special cases, from Dr. Von Bamberger's diaphragmatic theory of its etiology. Believing him to be right, as far as our present knowledge enables us to judge, we cannot but think that he is not equally happy in his adhesion to the statement

(made on the high authority of Sir Thomas Watson and Dr. Hyde Salter) that the bodies of habitual asthmatics often present no morbid appearances. If we could only see such cases from the view, and we believe that few cases of patients dying after repeated attacks of asthma will yield negative results to the modern pathologist, armed with the microscope and chemical tests.

The chief value of these notes lies in the hints as to treatment, which are clear, discriminating, and eminently practical. It is just the book for a busy practitioner, who is driven to his wits' end by the obstinacy of some asthmatic patient. He speaks favourably of the compressed-air treatment adopted at Reichenhall (Bavaria), Montpelier, and Wiesbaden; judiciously as to choice of residence, for asthmatics, giving a strong preference to London for the majority of cases; and almost enthusiastically of Mr. Pridham's dietetic treatment, and the use of nerve tonics and antispasmodics. There are special chapters on Bronchitis, Cardiac, and Hay-Asthma, and Hay Fever. *Apophros* of tonics, the following story seems deserving of quotation.

"An old gentleman, who, under the belief that his asthma was due to suppressed gout, and who was often told that he 'ought to have the gout,' and had been thoroughly drenched with a variety of alkaline waters to no purpose, told me that, whatever he took, it must not be a tonic. The medicine he had, and the only medicine that he declared had ever done him good, was the tincture of *nux vomica* with dilute phosphoric acid; and we never entered upon any discussion again as to whether tonics were suitable or not." (P. 92.)

## SELECTIONS FROM JOURNALS.

**THE FORMATION OF UREA.**—Recent observations by Schultzen and Neucki of Berlin are considered by them to throw some doubt on the view that urea is formed from the albuminoid tissues through the different stages of oxidation represented by creatinin and uric acid. They found that, when glycocholl or leucine was given to dogs, a corresponding increase in the amount of urea excreted was observed; and they infer from these experiments that the protein matters, in their change into urea, are first converted into glycocholl. In order to prove their theory, they propose to give the animals benzoic acid, when the glycocholl will unite with this acid to form hippuric acid, which will then be excreted as such.

**PATHOLOGY OF ALOPECIA AREATA.**—Professor Rindfleisch of Bonn contributes a paper on this subject to the *Archiv für Dermatologie und Syphilis*. He starts with the assumption that the Microsporon Audouini has been proved by Pincus and others to be a myth, and that the parasitic nature of the disease has been inferred from the analogies which its development and clinical characters present to those of truly parasitic dermatoses. He proceeds to show that its characteristic features may be accounted for in a different way. It has long been noted that the margins of the affected patch in alopecia areata are devoid of those broken hairs which are conspicuous in tinea tonsurans; also, that there is a general thinning of the hair over the whole scalp. The former peculiarity is accounted for by the solution of continuity in the case of each individual hair taking place at the junction of the lower and middle thirds of its intrafollicular portion. The latter suggests that the operation of the morbid cause is not confined to the bald patches. A temporary malnutrition of the root of the hairs suffices to explain everything. Each hair, in emerging from its follicle, has to overcome a certain amount of resistance offered by the superficial layers of its sheath. Under normal conditions, the continuous cell-proliferation at the root supplies the needful *vis à tergo*. If this, however, undergoes a temporary check, the hair ceases to advance, and the opposed surfaces of hair and sheath become adherent. Just below this point is the atrophied tract of the hair. When any such hair is pulled, therefore, it breaks at the bottom of its follicle, and carries with it a considerable part of its sheath. The causes of the malnutrition are to be sought in some influence brought to bear upon the trophic nerves. Sudden cooling of a perspiring scalp has been known to precede alopecia areata. Treatment based on these considerations has proved successful. A lotion consisting of equal parts of tincture of capsicum and glycerine is applied to the affected area: the former ingredient, with a view to stimulate nutrition and promote the growth of new hairs; the latter, to soften the adhesion between the hair and its sheath, and so to facilitate its extrusion.

**DONATION.**—Mr. Joseph Pease has presented £500 to the Newcastle-upon-Tyne Infirmary.

## NOTICE.

THE ANNUAL SUBSCRIPTIONS TO THE BRITISH MEDICAL ASSOCIATION FOR THE YEAR 1870 ARE NOW DUE; and it is a matter of great convenience to the Association, and conduces to the efficiency of its working, that they should be paid promptly.—Members of Branches, and all others who usually receive circulars at the beginning of the year from the local Secretaries, will greatly oblige, and will prevent trouble, by PAYING THEIR SUBSCRIPTIONS TO THE LOCAL SECRETARIES, AND NOT TO THE GENERAL SECRETARY.—All other members should pay their Subscriptions without delay to the General Secretary, T. WATKIN WILLIAMS, Esq., 13, Newhall Street, Birmingham.

Members of the Association residing in the counties of Middlesex, Essex, and Hertfordshire (except those belonging to country Branches), should pay their Subscriptions to Dr. A. P. STEWART, 75, Grosvenor Street, W.; or Dr. ALEXANDER HENRY, 16, Great Coram Street, W.C.

## BRITISH MEDICAL JOURNAL.

SATURDAY, MARCH 19TH, 1870.

### WHAT IS SCROFULA?

THERE are few questions more difficult to answer satisfactorily than "What is scrofula?" And yet every one feels to have knowledge as to what the answer should be. He, at any rate, feels that he knows, even if he cannot express it in words; and he would be vexed at an interrogator who should press the query, and insinuate that inability to reply implied actual ignorance of the thing. "Scrofula? What is scrofula?" Oh yes, we all know what that is. It is the disease which produces enlargements of the glands, white swellings of the joints, obstinate ulcerations of the skin, caries of bones, and so forth. It is the disease to which nothing does good, except perhaps sea-air and the long use of cod-liver oil. It is the disease in which, whatever organ may inflame, you must not deplete; which will not bear mercury, nor purgation, nor any lowering treatment; in which, under all conditions, stimulants and tonics are requisite." Such, perhaps, might be the reply which a large part of the profession would incline mentally to give, and upon which most of us probably habitually act. That it is far from precision, all admit. The difficulties, indeed, which attend the question, are such that not a few modern teachers prefer, we believe, to avoid the word, and reply to their pupils, when asked as to scrofula, "I do not know what you mean by the word." This reply is, however, not very satisfactory; for any student is able to confront his teacher with a case, and to say, "There, what is the peculiarity in this patient? Those are the conditions which in the country I have heard called scrofulous." If you take away that word, what other do you give me instead? The form of disease is certainly peculiar; and it is but reasonable that its special features should be recognised in its name." And, in point of fact, however desirous to employ no words excepting such as in some degree we understand, the hospital teacher is unable, at the bedside, to get rid of the word "scrofula." In the closet, he may ignore it; but not with the patient before him—unless, indeed, he do not shrink from being placed in the absurd position of acknowledging an effect without a cause. Without any doubt at all, there are a series of allied phenomena which are peculiar, which are clearly due to some long persistent peculiarity in the patient's state of health—to some *diathesis*, if you like the word—which was recognised by our forefathers under the name of a "scrofula," and for which their successors have not invented a better one.

The attempt to give a definite meaning to the word in question may be made in any one of several different ways. We may try to group the diseases known as "scrofulous;" and then, noting their resemblances, construct a definition which should express them. This plan, however, could be scarcely more satisfactory than if a naturalist should define magpies to be mischievous birds, which are black and white, and have long tails. If much could be done in this direction, it has, in-

Jeed, already been done by Dr. Adams, who cleverly said of scrofula, that it meant "bad flesh to heal". We should always be liable to error from the risk of including things really and essentially different in the same description. It is necessary, before we attempt to describe scrofula, to have some idea as to what is to be included under that name. Some kind of definition, more or less accurate, is almost necessary as a prelude to clinical study. "Bad flesh to heal" is a description perfectly appropriate to some diseases which we do not now count as scrofula.

Another method of defining the diathesis in question is by assigning to it a special cause, and determining to count as scrofulous all disorders which can be proved to be in connexion with that one cause. Far more knowledge is needed, however, in order to success in this direction, than we as yet possess. It is easy to count as syphilitic all maladies which result, either early or late, from the syphilitic virus; and as malarious all which take their origin in the poison exhaled, under certain peculiar conditions, by decaying vegetable matters; but in these instances we have to deal with certain definite influences, which are at their outset well recognisable; and it is far otherwise with scrofula.

A third method might endeavour to assign some special pathological result or histological product, as has been done or attempted in the case of cancer; but it is scarcely necessary to assert that this, which has hitherto been found impossible even in the case of tuberculosis, would be utterly hopeless in the much more vague malady under discussion. Microscopists cannot show us any one form of cell-growth, nor can pathologists point us to any one type of the inflammatory process, by which scrofula is characterised. We freely grant, however, that both the one and the other may, as to certain points, give valuable help.

Whilst asserting that in no one of the directions mentioned is there much hope of a satisfactory definition, we may be encouraged by the hope that by work in all three there is really some chance of success. We must, by the study of external peculiarities, of speciality as regards cause, and of peculiarity in reference to morbid processes, hope in the end to gain light on our problem. And, in truth, of late years we have come nearer to the truth than our forefathers were. If we have not learnt what scrofula is, we have gained some knowledge as to what it is not scrofula. An intelligent observer passing through the wards of the Margate Infirmary, a special institution for scrofula, would be able easily to pick out certain cases concerning which he might say, "You have no right to those; those are not scrofulous." Indeed, one of the most definite steps which have recently been achieved in reference to the subject, is in the direction of excluding certain maladies which we now assign with confidence to other and quite distinct causes. Amongst the chronic diseases which used to count as scrofula, and which are now refused that name, we may enumerate the skin-diseases which depend on cryptogamic parasites—favus, ringworm, and the like—necrosis of long bones resulting from acute periostitis; a whole host of special maladies which are due to inherited syphilis; and, lastly, all that are in connexion with true rickets. It is not necessary, in this roughly attempting to sort out the sheep and the goats, that we should have formed any previous notion as to the respective attributes of both sheep and goats. It is sufficient that we can recognise the real characters of those which we take away; that we should be able to say confidently respecting them, "These are goats; and therefore, without knowing what the qualities of sheep are, we assert that these are not of that class." This is, indeed, what we have done. In favus and ringworm, we prove the existence of a fungus and the fact of contagion; and we are justified by experience in asserting that these are local maladies communicated by contagion, and not dependent upon the patient's general health. In reference to necrosis-cases, of which many find their way to hospitals for scrofula, we say that these are the results of acute disease, which, in nine times out of ten, had its starting-point in an injury, and which might have happened to any, even to the most healthy individuals. Their chronic character, which makes them seem to claim relationship to scrofula, is due only to the structural peculiarities of the tissue in-

volved. Once take the sequestrum away, and the case is cured. We can see through a necrosis-case from beginning to end, and find ourselves under no sort of necessity to presuppose peculiarity in constitution. In reference to the chronic maladies which attack children and young persons who are the subjects of an inherited taint of syphilis, it is our power of proving a specific cause which helps us. We are aided much by the peculiar characters which these diseases present, and by their behaviour under special methods of treatment by drugs. Respecting them, we say confidently these are syphilitic; therefore, if "scrofula" is distinct from syphilis, these are not "scrofulous". The separation of rickets from scrofula is perhaps a little more difficult, although, in all probability, it ought to be made just as definitely. The rachitic state is a temporary dyscrasia, rather than a persistent diathesis. Its effects, it is true, last through life, but the condition itself is of very short duration, and never met with except in early childhood. When it is once passed through, there is no risk of relapse. Its phenomena are also very peculiar, and are usually uncomplicated by the more common conditions of scrofula; whilst the cases of severe scrofula are usually free from those of rickets. It may be admitted, however, that there is much room for discussion here; and that it is probable that the cause of rickets is one analogous to that of scrofula, and that the modes of cure of the two are very similar.

Having thus somewhat cleared our ground, we come back to our first question, "What is scrofula?" Or perhaps, not to be too-definite in our terms, what is it that is meant when the term "scrofula" is intelligently used? First, perhaps we may safely assert that no one ever uses this word without intending to designate a state which is thoroughly constitutional—a state of health which implies peculiarity of every tissue in the patient's body, and the certainty that, wherever disease shows itself, its processes will be modified by that peculiarity. Next, perhaps, although less palpably the fact, we mean a thoroughly ingrained peculiarity of system—a peculiarity which has not been induced within a few months or years, either by impoverished diet, exposure to weather, or by the previous attack of some other malady. All these may aggravate scrofula, or may call forth its manifestations, when otherwise they would have been latent; but none of them are supposed to be capable, in a thoroughly sound system, of originating, within the individual's lifetime, true scrofula. This one fact, which most will probably admit, indicates in itself the extreme chronicity of the diathesis. It shows it to us as one which can be induced only by the long working of small causes brought to bear probably through the course of many generations. It is a disease incident, not so much to individuals, as to families or even to tribes and races. The truth of this is further illustrated by popular belief, and by the unwillingness with which any single member of a family is admitted by his friends to be "scrofulous," from a fear lest the imputation of unsound health should extend to all his blood relatives.

Perhaps, indeed, the clearest notion of what scrofula is might be gained by beginning with the admission that it is no specific condition, but a peculiarity of health in which a large part of all humanity partakes in degree. If we admit that almost all persons are "scrofulous" more or less, we may perhaps the more easily appreciate the manner in which different causes work to increase the tendency in certain families and in certain individuals. All persons are liable to inflammations, and in no two, perhaps, is the inflammatory process precisely the same. The power of resisting the ordinary causes of inflammation probably varies infinitely in different individuals. Roughly speaking, it is perhaps near the truth that those who best bear the kinds of influence which in others would produce inflammatory action without that result, those in whom inflammatory action once begun is soonest and easiest restrained, are the least scrofulous. Good healing flesh is the very opposite to what we suppose to be the characteristic of the scrofulous diathesis. Starting from this broad basis, a host of most interesting subjects for investigation and speculation claim our attention.



### MR. JACOB BRIGHT ON THE CONTAGIOUS DISEASES ACT.

IN the correspondence which is printed in the *Pall Mall Gazette* of the 12th instant between Mr. Acton and Mr. Jacob Bright, the latter gentleman is, we think, clearly in the wrong. Mr. Bright had stated—

"That the doctors who undertook the duties imposed by these Acts, or who, in other words, were engaged in the legal outrage of defenceless women, would necessarily be the coarser, the inferior portion of the profession; if for no other reason than this, that in a short time the best women of the land would be unwilling to meet them in the same drawing-room."

His mistake arises from a forgetfulness or ignorance of the real facts of the case. There is a very adequate motive why those surgeons who believe in the efficacy of the measures contemplated by the Contagious Diseases Act should be willing to carry out its provisions; and, however disagreeable, there would be nothing degrading in such duties. The motive to which we refer is of course the prevention of disease. Mr. Jacob Bright ignores the fact that the prevention of syphilis is for the good of both sexes, and for that of the virtuous as well as of others. Were it not so, there would be few who would stir in the matter; and, as plenty of the most high-minded in our ranks have come to the conclusion that nothing short of an extension of these Acts will be availing, so there will, if needed, be plenty found to carry out the provisions.

The duties would be monotonous and disagreeable; but the conviction that they were essential in order to save men, women, and children, from the horrors of such a disease as syphilis, would be quite sufficient to induce honourable men to perform them carefully. To speak of them as "outrages on defenceless women" is sheer nonsense, since the woman can at once defend herself from such inspections by the abandonment of an immoral calling. Nor is it fair of Mr. Jacob Bright, if he knows the facts, to compare the inspection of prostitutes with that of soldiers, and to quote the fact that the latter service was very much objected to by the medical officers. In the case of the soldier, every private in the regiment was compelled to submit to examination—chaste and unchaste alike—a fact which establishes a very wide difference between such duties and those which concern prostitutes, every one of whom is professedly engaged in a calling most hazardous to the health of others.

In making these comments, we may at the same time admit that we are not in the least surprised at Mr. J. Bright's opinions and expressions, and that we do not share in Mr. Acton's denunciatory mood. Every one not of the profession must almost necessarily regard such duties as disgusting, and be ready to infer that none but the coarser and inferior portion of our members will be willing to undertake them. Surgeons who advocate the extension of the Act should be most careful to explain, without passion and with a full sense of the delicacy of their task, the fact that it is only the special knowledge which they possess as to the miseries which syphilis causes that leads them to regard the course which they take as a duty. The attempt to carry such a matter with a high hand seems to us very inappropriate, and will, we fear, reflect discredit upon the profession in the eyes of those who are comparatively uninformed.

DR. ARTHUR FARRE and Dr. West were elected Honorary Fellows of the Obstetrical Society of London at the last meeting of the Society.

We are glad to hear that the health of Mr. Clement, M.P., is gradually improving, and that he does not contemplate resigning his seat.

A YOUNG man died on Tuesday at Stalybridge, of hydrophobia. He had been bitten by a mad dog ten weeks previously.

HERR REDTENBACHER, Professor of Chemistry in the University of Vienna, died a few days ago of apoplexy, at the age of sixty. He had been connected with the University since 1839.

THE Executive Committee of the General Medical Council had an interview on Wednesday with the Lord-President of the Privy Council, on the subject of the amendment of the Medical Acts.

SMALL-POX is still prevalent in Paris.

THE foundation-stone of the new Infirmary at Southport was laid by the Mayor on the 5th instant.

Nature remarks that, in the Report of the Royal Commission on Pollution of Rivers, the presence of arsenic in the water and mud of rivers near alkali works is pointed out; and it is also stated that the London sewage at Barking contains as much as .004 of arsenic in 100,000 parts.

THE investigation before the magistrates at Llandyssil of the case of the Welsh fasting girl terminated last Tuesday. Mr. Coleridge applied for a commitment of the father and mother, and of Mr. Davies, surgeon. The magistrates committed the father and mother for manslaughter, accepting bail.

A HOSPITAL SUNDAY is about to be established for the Cumberland and Westmorland hospitals. The interests and prejudices of every congregation and every minister are ingeniously met by allowing each collection to be distributed according to the wishes of its donors, or, in the absence of expressed desire, by the General Committee.

A DEPUTATION of members of the medical profession had an interview with the Home Secretary, on Tuesday, on the subject of the necessity of some legislative enactment for the better construction of dwelling-houses, especially for the labouring classes. The deputation consisted of Dr. Aldis, Dr. J. N. Vinen, Dr. Stephenson, Dr. Tripe, Dr. Woodforde, Dr. Ballard, Dr. Rygate, and Mr. Liddle.

#### ANOTHER FEMALE DOCTOR.

MISS MORGAN, who studied for a short time at several of the metropolitan medical schools, has just graduated with distinction in Medicine, Surgery, and Midwifery, in the University of Zurich.

#### THE CROONIAN LECTURES.

WE would remind our readers that the Croonian Lectures, to be delivered by Dr. Sibson in the Royal College of Physicians, will be commenced on Wednesday, and continued on the following Friday and Wednesday. We are happy to state that these lectures will appear in this JOURNAL.

#### SUFFOCATION BY GAS.

AN inquest has been held on the bodies of the five persons suffocated on board a sloop at Hull. The jury were of opinion that the tanks holding the gas-water were not in a fit state of repair. They recommended that sufficient accommodation for the persons living on the sloop should be provided in a round house on the deck.

#### INJERENCE OF SEWING-MACHINES ON HEALTH.

SOME prejudice has been excited against the use of sewing-machines on the score of their injurious effects on health. As the result of some investigation on the subject, we may avow our conviction that these statements have been greatly exaggerated. They apply, we believe, chiefly to those worked by one foot only; and we are quite unable to discover that there is any kind of objection on the score of health to those in which both feet are employed. In America, where the use of machines is yet more common than with us, the attention of medical men has been a good deal directed to the subject, and with, we believe, tolerable unanimity of result. Against the double pedal-machine in common use in England, as far as we can learn from inquiry amongst those who have had them for many years in constant employment, there is not the slightest evidence. Of their sanitary advantages in saving time from a sedentary and very tiresome occupation, and thus favouring relaxation and exercise, it is not necessary that we should speak.

#### SUICIDE UNDER UNUSUAL CIRCUMSTANCES.

AN instance of a curious form of insanity is reported in a Taunton paper. A young servant girl of good character, after waiting at her master's dinner-table in the evening, when she showed no signs of mental disturbance, went out into the yard, and by crouching down in a horse-trough, succeeded in drowning herself. She had been engaged

to be married; and the evidence of her lover and others was to the effect that for two years past her demeanour had been gradually becoming less cheerful, and that for some weeks she had been decidedly low-spirited. Having confessed her low spirits, and said that sometimes she was so bad that she should like to drown herself, she had been urged to consult a medical man. Dr. Cordwett of Taunton deposed that the deceased had called on him six weeks before her suicide, and had consulted him chiefly about fickleness of temper. On inquiring what she meant, she explained that sometimes she thought she should like to be married, and at others felt exceedingly averse to it. Her menstruation was regular, and there was no history of insanity in the family. Some of the witnesses believed that she was unwilling to fulfil her long standing engagement with her lover, and referred her low spirits to the difficulty which she felt in taking measures for its termination. The case is of importance as illustrating the necessity for careful attention to such symptoms as those of which the poor girl complained. Not the slightest blame attaches to any one; but, had the cause of her malady been thoroughly probed, its end might probably have been averted.

#### INSANITY PUNISHED AS CRIME.

THE following case, lately decided at the Lancashire Assizes, is of some medico-legal interest. The defendant, an ex-captain in the army, violently assaulted a gentleman personally unknown to him, without provocation. The defendant was quite sober; and, immediately after the offence, gave as his reason for committing it, that he "didn't like the looks of him". It was proved that he had suffered, several years before, from a sun-stroke; that on the morning of the day on which the act was committed, as well as on the preceding day, his manner had been strange and excitable, so that a medical friend of his had "thought it possible he might commit some ridiculous action"; that, a few minutes before the offence, he had acted strangely, by removing the wine from the table at which he had dined to another part of the hotel; that, when taken to the police-station, his manner was curious, and he did not seem to understand his position; and that, three days after the deed, the gaol-surgeon found him labouring under the delusion that there was a conspiracy against him. The judge remarked that, *if the blow was struck "without any definite intention"*, the offence would be that of "unlawfully wounding"; and this verdict was returned by the jury. It would seem clear that, if the man were mad at the time of the offence, he considered his victim in the light of an enemy, and struck him with the very definite intention of avoiding a danger. On the other hand, if he were in possession of his senses, it is most improbable that he would, without motive, have inflicted a severe hurt on a total stranger. He was sentenced to twelve months' imprisonment. We should have thought an asylum to be his proper home.

#### ANESTHETICS IN AMERICA.

OUR recent articles on chloroform accidents have excited considerable attention in the United States. An anonymous writer in the *Boston Medical and Surgical Journal*, an advocate of the use of ether, heads his article "Homicides by Chloroform", and reprints our memoranda as a warning in reference to the dangers which attend that anæsthetic. He asserts that ether is an agent "equally effective, and known to be perfectly safe." He suggests that "a trial for manslaughter with a New England jury would bring British practitioners to a quickened sense of responsibility in the matter." We should be glad to know whether it is not the fact that chloroform is very largely used in the United States. In some hospitals there, its use is, we believe, prohibited by rule; but we have been informed that, in some instances, the surgeons who are thus compelled to use ether for their hospital patients, always employ chloroform for their private ones. If this be so, it amounts to strong testimony as to the practical inconveniences of ether-inhalation. The subject is a very important one, and we shall be glad of information from a candid and dispassionate source. The article from which we have quoted reads too much like the production of a partisan.

#### HERR VON GRAEFE.

WE hear with pleasure that Herr Von Graefe's health is restored, and that he has been able to return to his professional work in Berlin.

#### THE OUTBREAK OF SCARLET FEVER IN H.M.S. "BRITANNIA."

WE are enabled to state, with respect to the outbreak of scarlet fever on board the cadet-ship *Britannia*, that there is no need for the alarm raised by "Fairplay" in the *Times* on Thursday. He complains that the cases are being treated in two houses used as temporary hospitals, in more or less crowded localities in Dartmouth; and that the inhabitants are thus exposed to the risk of infection. There is, however, as we have said, no need for such alarm. The houses are in airy situations, and a guard is kept mounted to prevent unnecessary communication. The number of cadets who have been attacked amounts to about fifty, out of a total of one hundred and seventy. The cases are, however, of the mildest character, and are all doing well. An outbreak of small-pox, strange to say, occurred at the same time; and seven of the cadets have been seized with slight invasions of the disease. These are isolated in a separate house. Both diseases were apparently brought to the ship by cadets just returned from the Christmas holidays. The outbreak has been entirely limited to the cadets, none of the ship's crew having been attacked; nor has any case arisen in the neighbourhood of the temporary hospitals.

#### FIRE IN A HOSPITAL.

THE *Wiener Medizinische Wochenschrift* states that a fire broke out in the timber of the roof of the Wiedner Hospital on the 10th instant. It was fortunately not attended with loss of life; but it became necessary to remove quickly the patients who were in the upper stories. The institution was exposed to a similar danger two years ago. The fire is said to have been caused by the faulty construction of the chimneys, which have wooden beams walled into them.

#### THE WATER-SUPPLY OF CALCUTTA.

THE city of Calcutta is henceforth to have its water-supply changed, and is to be supplied with water by the Calcutta Waterworks Company, who have just completed large works for filtering and distributing water throughout that city; and it is a change which certainly has not been made before it is required, if the following account, taken from our engineering contemporary, be correct: "It is no exaggeration to say that the water-supply of Calcutta has hitherto been a mixture of surface-drainage and street-washings, collected in open tanks, and exposed to every sort of contamination from dust, dirt, and the habits of the natives themselves, which no amount of private filtration could ever render safe."

#### "HE HAD TO BE BLED TWICE."

WE have been lately reminded within the last few days of the vastly differing opinions which are at present entertained with regard to blood-letting in Spain and in this country. It is reported that after the fatal duel which took place on Saturday last between two rival aspirants to the throne of Spain, after the Duke de Montpensier had sent a bullet through the head of Don Enrique de Bourbon, the Duke "was very much affected and had to be bled twice." There is indeed a strange correspondence between the feeling with which duelling and blood-letting are regarded in Spain at the present day, and the beneficial effects which both were considered to possess fifty years ago in this country. The lancet was regarded at one time by the profession with the greatest reliance; but now it is happily almost entirely discarded, except by the few, daily diminishing, who from their earliest days were thought to place their dependence on its aid. It is a matter of surprise that the practice of blood-letting should still retain so firm a grasp on one or two European countries—as Spain and Italy, for instance—after it has been almost universally cast aside elsewhere on the Continent. Italy, however, appears to be fast relaxing its hold; and, no doubt, with the increased facilities for interchange of ideas, Spain will shortly follow her example.

## THE ROYAL SOCIETY.

ONE of the papers read on Thursday was by our associate Dr. Hubert Davies, "On the Law which Regulates the Relative Magnitude of the Areas of the Four Orifices of the Heart." It contained a very important physiological discovery. The election of Fellows into the Royal Society will be made as usual in June. There are fifteen vacancies and fifty-three candidates.

## THE HOSPITAL FOR CHILDREN.

THE Committee of this hospital are endeavouring to raise sufficient funds to build a new hospital for the accommodation of about two hundred patients. It is intended to build on the present site, which belongs to the hospital. The Committee have at present £14,000 in hand; but they require four times that amount to erect the new Hospital. His Royal Highness the Prince of Wales has consented to preside at the special festival to be held in May, when every effort will be made to obtain such accession to the funds of the hospital as will justify the Committee in undertaking reconstruction.

## THE SANITARY STATE OF EASTBOURNE.

THROUGH the medium of a local newspaper, we are enabled to give our readers the essence of the report which Dr. Thorne Thorne has made to the Privy Council on the sanitary state of Eastbourne. There appears to be most undeniable evidence that the main causes of typhoid fever in Eastbourne are the use of impure water and the inefficient ventilation of the main drains. With reference to the first matter, it is almost incredible that, in a town which is stated to have an abundant supply of pure water at a moderate cost, there should still be found in one place houses whose inhabitants draw their supply, in preference, from a well sunk in soil which, from its description, must be thoroughly saturated with excrementitious matter; and, in another place, from wells whose blackened walls indicate clearly that soakage has taken place from neighbouring cesspools; and again, in other parts, from a filthy stream which is stated to be supplied in part by water which passes beneath a farmyard, and must carry some of the drainage with it, and, at a lower point than that referred to, did, until recently, actually receive the drainage of the farmyard. Other sources whence this stream of water-supply comes is from beneath a churchyard, and from land on which formerly stood privies and cesspools. With such a water-supply as this, it must be matter of surprise that fever is not always and fatally present in those localities. We should like to ask what the Local Board has done towards compelling the owners of the houses to supply for their tenants water from the company's mains, which in some instances are in the streets, where the polluted water above described is the only water used by the inhabitants. Another source of water-pollution is one which is very dangerous, not only on account of its actually polluting the water, but on account of its being likely to exist for a long time without being found out, or even suspected; and that is the very common method of making the waste pipes of cisterns communicate directly with the sewers, without any intervening trap. This mode was found to prevail almost universally in Eastbourne; and it is to be hoped that the enlightenment which Dr. Thorne's report must throw upon sanitary matters at Eastbourne will be made the most of by the Local Board. The system of ventilating the main sewers through charcoal, though it may be good, is, on account of the peculiar fashion of entirely stopping the exit of the sewer-gas, rendered worse than useless; for the charcoal receivers have tended to prevent ventilation as it should take place, and have, instead, compelled the sewer-gas to force itself into the houses—a thing which should be most strenuously avoided. What really seem to be required at Eastbourne are, a proper ventilation of the sewers and house-drains, a supply of pure water to certain parts of the town, and the disconnection of the direct communication between water-supply cisterns and the sewers by means of the waste pipes. These are matters which can very easily be done; and it is obviously for the benefit, as well as being the duty, of the Local Board, to see that these things are done.

## ROYAL COLLEGE OF SURGEONS: MEETING OF MEMBERS AND FELLOWS.

IN pursuance of the requisition recently presented, the President of the College has convened a meeting of the Fellows and Members for Thursday next, the 24th instant, at three o'clock precisely, at which hour Mr. Cock will take the chair. All Fellows and Members will be admitted on signing their names and addresses on a form provided for the purpose. Authorised reporters on the medical and general press will also be admitted.

## SMALL-POX AT THE BRENTFORD INFIRMARY.

ELEVEN new cases were reported at the meeting of Guardians on Monday last, making altogether twenty-five at present in the Infirmary. The only further precautions the Board resolved upon taking were that the two nurses should be engaged specially to attend on the small-pox cases, and that these should be kept as separate as possible. It is evident that if more effectual precautions be not taken, there is no saying where the outbreak may end. The matter is getting serious, and demands that the Guardians should be compelled not only to furnish efficient permanent accommodation for infectious diseases, but to afford at once proper accommodation for meeting the present outbreak.

## A GOOD EXAMPLE.

THE whole of the men employed in the locomotive and carriage departments of the Great Western Railway under Mr. Adams at Birkenhead, and the pointsmen and signalmen of the joint railways under Mr. Armytage, have subscribed half a day's pay each towards the funds of the Birkenhead Borough Hospital.

## SPONTANEOUS COMBUSTION.

IN the last number of the *British and Foreign Medico-Chirurgical Review*, Dr. Alexander Ogston discusses the truth of spontaneous combustion in the human body. He says that his researches prove that there can be no doubt that the weight of authority is in favour of spontaneous ignition, or, at least, of increased combustibility—two modes of viewing the subject, which have been generally combined under the title of spontaneous combustion, or empresmus. Of the fifty-four writers on the subject whom he has been able to discover, the opinions of thirty-five are contained in the sources to which he has had access. Of these thirty-five writers, five are entirely sceptical, viz., Drs. Caldwell, Casper, and Taylor, and the chemists Bischoff and Liebig; three believe in increased combustibility, viz., Dupuytren, Stillé, and Guy; while the remaining twenty-seven, including the illustrious names of Orfila, Paris, Breschet, Devergie, Gordon Smith, and others, believe in the spontaneous ignitability of the human body. One of the most prevalent theories entertained regarding spontaneous combustion has been that hydrogen or other gases were present in the connective tissue and cavities of the body, and that these gases could be ignited by the electrical condition of the body. The other opinion held has been, that alcohol was present in the blood and tissues to such an extent as to be combustible. Dr. Ogston concludes by stating that the recorded cases which can be looked upon as reliable countenance no such doctrine as spontaneous combustion, but point merely to increased combustibility on accidental ignition.

## THE QUEKETT MICROSCOPICAL SOCIETY.

THE annual *conversations* of the Quekett Microscopical Club was held at University College on Friday, the 11th inst., and was as largely attended as usual. Several specimens of new foraminifera, collected during the late dredging expedition of H.M.S. *Porcupine*, were lent by Dr. Carpenter. In addition to the objects exhibited, an interesting collection of photographs lent by the India Office, the Auto-type Company, Mr. Frank, M. Good, and Mr. A. S. Henderson, were much admired. The whole process of micro-photography was demonstrated, at frequent intervals, by the Messrs. Solomon, the actinic influence being derived from their new magnesium lamp. Mr. Apps exhibited some large Gassiot's Cascades and Geissler's Tubes, illumi-



nated by his celebrated induction coil; and Mr. James How displayed Dr. Maddox's micro-photographs and some views of Swiss scenery, etc., by the aid of the oxy-hydrogen light. Owing to the dense crowding of last year, two tickets only were issued to each member, instead of three, as in former years; and the result proved the wisdom of such a step. Notwithstanding the large accommodation, the rooms were very full; and at times much patience was required to come near any object of special interest.

#### TESTIMONIAL TO MR. BOUTFLOWER.

A VALUABLE testimonial, amounting to £400 in value, has been presented to Mr. Boutflower, senior Surgeon to the Salford and Pendleton Hospital. Mr. Boutflower has held his appointment for more than forty-four years.

#### MEDICAL SOCIETY OF LONDON.

THIS Society held its ninety-seventh annual meeting on Tuesday, the 8th instant, at the Freemasons' Tavern. The President, Mr. Peter Marshall, was in the Chair. The result of the ballot was declared to be as follows. *President*: John Gay, Esq. *Vice-Presidents*: W. Adams, Esq.; J. Cockle, M.D.; T. C. Weeden Cooke, Esq.; E. Symes Thompson, M.D. *Treasurer*: C. H. Rogers-Harrison, Esq. *Librarian*: S. Day-Goss, M.D. *Secretaries in Ordinary*: J. W. Barnes, Esq.; and J. C. Thorowgood, M.D. *Secretary for Foreign Correspondence*: A. E. Sansom, M.D. *Orator*: W. Cholmeley, M.D. *Council*: J. Althaus, M.D.; H. R. Bell, Esq.; R. Davy, Esq.; W. H. Day, M.D.; R. W. Dunn, Esq.; F. J. Gant, Esq.; J. Hinton, Esq.; T. Hunt, Esq.; H. L. Kempthorne, M.D.; G. Lawson, Esq.; J. Macpherson, M.D.; P. Marshall, Esq.; F. Mason, Esq.; V. de Méric, Esq.; B. W. Richardson, M.D., F.R.S.; H. P. Robarts, Esq.; L. W. Sedgwick, M.D.; F. Simms, M.D.; G. Slight, M.D.; E. W. Tait, Esq. According to a recent change in the laws, the annual oration will be delivered on May next, when a general *conversazione* will be held. The Fothergillian Gold Medal, for the best essay on any subject in therapeutics, was awarded to Thomas S. Clouston, M.D., Medical Superintendent of the Cumberland and Westmorland Asylum, Carlisle. The subject chosen by Dr. Clouston was, "The Use of Opium, Bromide of Potassium, and Cannabis Indica, especially in regard to the use of the latter two given in Insanity." The Silver Medal of the Society was presented to Dr. A. E. Sansom for special services rendered to the Society. The following is the subject for the Fothergillian Gold Medal next year: "On Obstetrics, including the Diseases peculiar to Women." Essays competing are to be sent in before November next. The Fellows of the Society, to the number of sixty, afterwards dined together. Among the visitors were Dr. Paget of Cambridge, Dr. Quain, Mr. Jonathan Hutchinson, Dr. Graily Hewitt, Professor Tyndall, etc. The usual loyal toasts having been drunk, "The Medical Society of London" was given; in proposing which, the President took occasion to congratulate the assembly on the very prosperous and flourishing condition of the Society.

#### MICROSCOPIC SOIREE AT ST. THOMAS'S HOSPITAL.

THE President of the St. Thomas's Hospital Physical Society issued invitations to all the members for a microscopic *soirée*, which was held in the library of the hospital on Thursday evening, March 10th. The hall was very elaborately decorated with flowers and other ornaments. All the students who had microscopes kindly lent them for the occasion; so that, with those supplied by Messrs. Ross, Beck, and Baker, there were in all about forty instruments disposed in the room. Mr. Rainey exhibited some very unique specimens illustrating his observations on "molecular coalescence". Dr. Bristowe showed some injected preparations of the retina, also some skin-parasites. Mr. Croft, who had issued the invitations as President of the Society, and to whom the students are indebted for such an agreeable and instructive entertainment, was busy in superintending the arrangements; but he also showed some tinted preparations of the spinal cord, which had been prepared with very great care. Dr. Ord had prepared some live specimens for ex-

hibition—the *destoma*, *oxyuris*, and other entozoa, from the intestine of the frog. Mr. Stewart showed some of the effects of polarised light on crystals, and also some transparent photographs prepared specially for the polariscope. Mr. Wagstaffe directed his attention to the display of urinary deposits, including foreign bodies of various sorts, which frequently puzzle the initiated. Mr. Churchill had on loan from Dr. Carpenter some very rare and beautiful varieties of the foraminifera, which he had collected, during his recent *Porcupine* expedition, from great depths at the bottom of the ocean. Mr. Inglis exhibited some miscellaneous preparations and injections. This was the second annual *soirée* provided at the expense of the President of the Society for the St. Thomas's students. We shall be glad to hear of similar entertainments at other hospitals.

#### THE SWINEY LECTURES ON GEOLOGY.

THE Swiney lectures on geology are now being delivered by Dr. Cobbold in the London Institution. They were commenced on Thursday, March 10th, and will be continued from this time every Thursday, at half-past seven in the evening, until June 2nd inclusive. It is proposed to discuss, among other subjects—Method of Geology and Paleontology (March 24th); Significance of the Facts of Succession and Superposition; The best mode of acquiring an adequate conception of Geologic Time; Determination of the Earliest Representatives of Animal and Vegetable Classes; General Account of the past record and range of the more important major Animal Groups; Known Range in time of the Organic Series as a whole; Parallelism subsisting between the Group-record of the Animal and Vegetable Kingdom respectively; The Claims of Geology as an aid to the acquirement of high Mental Culture. The lectures are open free to the public.

#### THE LEEDS SEWAGE CASE.

WE rejoice to see that the Corporation of Leeds is to be prohibited, after a certain date, from pouring the sewage of the town into the river Aire, and thus perpetuating a serious nuisance to the inhabitants of the Aire Valley below Leeds. This is the result of the Vice-Chancellor's recent judgment to the effect that the working of the Leeds Private Act, by means of which the Corporation obtained power to convey the town-sewage into the river Aire, is restricted by a clause of the earlier "Towns Improvement Clauses Act", to the effect that such a power as that granted to the Leeds Corporation can be exercised only "so that the same shall in no case become a nuisance."

#### THE MEDICAL REFORM UNION.

WE cannot but think that the profession is behaving rather scurvily to the zealous Birmingham reformers in supplying them with signatures but no cash. Dr. Bell Fletcher and his colleagues are being treated much as Dryden accused the Whigs of being willing to treat their monarch:

"Pray for your king, but yet your purses spare;  
Make him not twopence richer by your prayer."

We think that the Union has undoubtedly done good service; and we cannot cease our wonder at the lukewarmness of the profession generally at the present very important crisis. The Union is quite right in protesting that the Corporations have plenty of friends and will look well after their own interests. What is wanted is intelligent and independent action on the part of the profession. Representative government on a wide basis ought to be regarded as an essential; and, should any amendment of the Medical Act be carried which does not secure this object, we shall be obliged to regard it as a loss rather than a gain. Whilst by no means adopting all the arguments of the Union, we think that the profession is much indebted to it for having vigorously upheld this principle. By an appeal which Dr. Bell Fletcher, as President of the Union, has just issued, we learn that 9724 have signed the memorial, and that a sum of £173 is all that they have contributed. This is at the rate of about 44d. each, and it leaves the Union nearly £300 in debt, and with plenty of expensive work on its hands.

## A SOCIAL CENSOR.

MR. AZAMAT BATUK, the "Turkish gentleman" of the *Pall Mall Gazette*, is continuing his investigations into the management of our institutions. Some time ago he visited Moorfields in the assumed character of a patient; and, having perceived some defect of vision, was subjected to the use of atropine, and made to wait some time for its action. His case, which was no doubt somewhat perplexing owing to its unreality, would appear, from his description, to have been investigated with the utmost care. Because he had been made to wait several hours, and had also expended a certain sum in travelling from west to east, he came to the conclusion that it would have been better economy to expend 3s. 6d. in consulting a general practitioner privately; forgetting that not improbably the best advice he could have got for that sum would have been "to see an oculist." This week he favours us with a long narrative of a night-adventure with a poor woman whom he found ill in the street, and whom he accompanied to St. George's Hospital, and subsequently to a workhouse. The policemen and the house-surgeon at St. George's Hospital considered that the case was got up; but at the workhouse some bruises were discovered, and the woman was found to be partially paralysed. The paralysis, however, seems to have been of old standing; and, taking all the circumstances into account, it seems very probable that those who thought that the woman was feigning, in order to excite charity, were quite right. At any rate, there is nothing in it to warrant strictures on the uncertainty of medical diagnosis. Mr. Batuk praises the arrangements at St. George's Hospital, and says that the house-surgeon was very quickly in attendance, but he thinks that such officers ought to sit up ready dressed all night. Our social censors are seemingly rather hard driven for topics.

## MISS GARRETT.

MISS GARRETT has been admitted as a member of the Medical Staff of the East London Hospital for Children, and was appointed one of the Physicians on Wednesday last. This is the first Hospital in Great Britain which has recognised in this manner the female medical movement.

## METHYLIC ETHER AS A GENERAL ANÆSTHETIC.

DR. RICHARDSON made a communication at the last meeting of the Medical Society—Mr. Gay, the newly elected President, in the chair—on methyl ether as a rapidly acting general anæsthetic. The methyl ether is a gas, but it is absorbed in very large quantities by absolute ethylic ether, and in the fluid the methyl ether is held with fair stability. The ether is inhaled from a simple mouth-piece, and anæsthesia, sufficiently deep for a small operation, is induced, in some cases, within the minute. Neither symptoms of asphyxia nor of faintness have yet been observed; and one peculiar part of the phenomena of the anæsthesia is, that the operation, as of tooth-extraction, may be conducted painlessly, while the patient is capable of carrying out what seem to be perfectly conscious acts. During the past week several painless extractions of teeth have been performed under the influence of the ether, recovery from its effects being almost immediate, and unattended by vomiting or other disagreeable symptoms.

## ST. BARTHOLOMEW'S HOSPITAL.

THE following is, we believe, a correct statement of the additions to the staff proposed at St. Bartholomew's Hospital. It will be recollected that we announced some months ago that a liberal reorganisation of the casualty department was contemplated. The additions now announced will, we think, be a source of general satisfaction. One assistant-physician is to have charge of the casualty department; three casualty physicians are to act with him; and one casualty surgeon is to superintend the surgical side. The house-surgeons will have charge of casualty patients, as heretofore. The out-patients for the assistant physicians and surgeons will be selected with a view to profitable clinical teaching. The morbid anatomy will be placed under the care of one of the medical officers, as in the time of the late Dr. Kirkes. To

meet the request of the physician-accoucheur, a senior midwifery assistant will be appointed, his position being somewhat like that of the house-physicians and house-surgeons; but he will not be resident. The junior midwifery assistant will continue to be resident, and will have charge of the maternity department. The arrangements respecting the eye-department, although they have been talked over, have not been considered in Council, and will not be so until the wards have further advanced towards completion. They are, however, progressing rapidly. The chemical theatre, natural philosophy room, and laboratories, are all but completed. In all the staff-arrangements, the governors have carried out most cordially the recommendations of the Medical Council. The casualty physicians and surgeons are to possess the same qualifications as the assistant physicians and surgeons. They will be eligible for re-election annually, as members of the staff are. They are to have the same remuneration as the rest of the staff—£100 a year each. The new assistant-physician is to act in the casualty department only. The assistant-physicians' work is to be carried on by three assistants, each taking two days in the week; formerly, the two juniors had only one day each. The new midwifery assistant is merely an appointment analogous to that of house-surgeon, and is not a paid office. The casualty work will thus be in charge of one assistant-physician, three casualty physicians, and one casualty surgeon, besides four house-surgeons, with their clerks and dressers.

## APOPLEXY AND FRIGHT.

A WOMAN has died at Bradford from a fit of apoplexy brought on by alarm and excitement. The glass of one of the windows of her house was broken by a quarrelsome man, and she ran up stairs to tell her husband. When she reached him, she had a fit of apoplexy, and died in a few hours. She had previously appeared quite healthy. At a *post mortem* examination made by Dr. Bell, the heart was found to be very large.

## THE FULBOURN LUNATIC ASYLUM, CAMBRIDGESHIRE.

AT the last monthly meeting of the visitors, the clerk read the correspondence which had taken place between himself and the secretary of the Commissioners in Lunacy, on the subject of appointing an additional medical officer. The Commissioners urged that it was quite necessary to do so; that this was the only asylum in England or Wales with only one medical officer; and that it ought never to be left without a medical man in attendance. The visitors, however, upon a further discussion, declined, as they had before, to accede to the request of the Commissioners.

## ANTAGONISM OF STRYCHNINE AND CHLORAL.

M. O. LIEBREICH has pointed out in the Paris Academy of Sciences, that strychnine is an antidote to chloral. To each of two rabbits, two grammes of chloral were given; one was also injected with one and a half milligramme of strychnine. Four hours later, the animal which had been thus treated was quite well; the other died. Another rabbit, which had had no chloral, received by injection the same quantity of strychnine, and died.

## COMPRESSION OF THE BRAIN MISTAKEN FOR DRUNKENNESS.

A WOMAN, apparently thirty-five years of age, was taken by the police insensible in a yard in Leeds at 4 A.M., and was found at once to the police-station, under the impression that she was drunk. A bruise was found on the left side of her face. She remained quite insensible till she died, at four o'clock in the afternoon, twelve hours after she was found. Mr. Bramley, surgeon, was called in before she died, and afterwards made a *post mortem* examination. It was found that death had resulted from the rupture of a blood-vessel. Mr. Bramley thought this had been caused by concussion following either a blow or a fall. An open verdict was returned. The report states that this patient died at the police-station, after being there for twelve hours. Is there not a Leeds Infirmary? Persons ought not to be allowed to remain so long in a police-cell in a state of insensibility.

# SCOTLAND.

THE Police Commissioners of Glasgow have voted the sum of £100 towards defraying the expenses of the British Association Sewage Committee. The fund already amounts to upwards of £1000.

## THE EDINBURGH ROYAL INFIRMARY.

ALL opposition to the passing of the Infirmary Bill in Parliament has been withdrawn. The Lord-Ordinary's judgment against Messrs. Ballantine and Paterson has been accepted by them as final. The bill passed the Committee of the House of Lords on Monday.

## EDINBURGH UNIVERSITY.

THE University Court, at its meeting on Thursday last, approved of the institution of a class of practical pathology during the summer session.

## OVER-CROWDING IN GLASGOW.

FROM Glasgow we learn that a large public meeting has been held in favour of more activity in providing new houses, and taking means for diminishing the disgraceful overcrowding which has so long existed. The needful powers for the improvement of the dwellings has long ago been obtained, but the Town Council has been hampered by the opposition of the taxpayers. We are glad to hear the latter are beginning to open their eyes to their own advantage, and it is to be hoped that some check may be put on the high death-rate which has so long prevailed in Glasgow.

## THE MORRISONIAN LECTURES ON INSANITY.

THE last of the course of Morrisonian Lectures by Dr. Arthur Mitchell was delivered in the Hall of the Edinburgh College of Physicians, before a very large audience. The subject treated was the influence of the diseases of early life on the production of insanity. These the lecturer considers to be the most fruitful causes of idiocy and imbecility. Not more than thirty per cent. of the idiocy in this country has an intrauterine origin. The diseases of childhood not only produce idiocy and imbecility, but they indirectly cause a large amount of the insanity of later life. They injure the whole constitution. They enfeeble the power to resist adverse influences when these occur. They originate predispositions to disease generally, and strengthen inherited predispositions. In an especial manner they are apt to leave injurious effects on the nervous centres, even when they do not at the time so derange them as to cause positive states of disease. The three diseases which do most harm are scarlet fever, measles, and whooping-cough. To extirpate these would be a blessing to mankind beyond all weighing. To do nothing more than diminish their frequency would repay any efforts, since it would also diminish, not bodily suffering and disease only, but madness, vice, unproductiveness, poverty, and sorrow. In alluding to the other causes of idiocy, Dr. Mitchell gave the details of a most affecting case which occurred in his own experience. "A healthy, well-nourished boy, nearly two years old, was lying in his cradle when a cock perched on the hood. The boy was at first amused and delighted, and made vain efforts to reach the bird with his hands. These signs of delight, however, began to grow less evident; the child ceased to smile, but his attention continued to be intently fixed on the animal, which in its turn appeared to become interested in the child. Up to this point the little fellow gave no sign of terror; but there was something like it, though still unexpressed, when the cock, stretching his neck, put his head down and looked closely at the boy's face; and when, raising his head again, he flapped his great wings and uttered a shrill cry, the child gave one sharp cry of pain and was instantly convulsed. Three or four fits occurred during that and the next day, but never again. The boy, however, grew up an idiot." At the close of the lecture the thanks of the meeting were, on the motion of Dr. Benjamin Bell, conveyed to Dr. Mitchell for the eloquent and most valuable course of lectures which he had just

concluded. A strong hope was expressed at the meeting that the lectures would appear in a permanent form.

# IRELAND.

## SIR PATRICK DUN'S HOSPITAL: EXAMINATION OF ARMY MIDWIVES.

THE half-yearly examination of the Army midwives in training in Sir Patrick Dun's Hospital was held on the 26th and 28th February, and 5th March. Twenty-three candidates were found qualified to receive the midwifery diploma of the Hospital, and were sent back to their respective regiments. The examination for medals and prizes included printed papers on the Laws of Health and Climate, in addition to the examination in midwifery. The following is the result of the examination.

Per Cent.

1. Mrs. Mary Jones (1st Bat. 18th Foot), Silver Medal...	90
2. Mrs. Mgt. Austin (2nd Bat. 15th Foot), Bronze Medal...	69
3. Mrs. Sarah Gorman (30th Regt.), Bronze Medal...	69
4. Mrs. Rebecca Ford (44th Regt.), Bronze Medal...	68
5. Mrs. Katharine Pegler (Do.), Bronze Medal...	64
6. Mrs. Susan Layton (14th Light Dragoons).....	61
7. Mrs. Margaret Langley (1st Royal Dragoons).....	59
8. Mrs. Margaret Scully (43rd Regt.).....	56
9. Mrs. Mary Agnes Horth (54th Regt.).....	55
10. Mrs. Margaret Bowen (1st Bat. 18th Foot).....	51

The following were the questions given to the candidates.

1. What is meant by the freezing, boiling, and blood-heat points, marked on a thermometer?
2. Why would you sponge the head of a fever-patient with cold vinegar and water; and throw cold water on the chest of a soldier seized with sunstroke?
3. What are the gases of which the air is formed, and in what proportions are they mixed?
4. What is the quantity of air necessary for life per hour?
5. What are the quantities of air per man allowed in barracks and in hospitals?
6. What is the rate of respiration per minute?
7. What is the rate of the pulse per minute?
8. How does the heart of a man differ from the heart of a fish?
9. How long will a man live if deprived of air?
10. How long will he live if deprived of water?
11. How long will he live if he have water, but no food?
12. What are the quantities of water discharged each day by the kidneys, by the skin, and by the lungs?
13. Where does all the fresh water we use come from?
14. Why does the child in its mother's womb live, although it does not breathe air?
15. Second day. 1. What are the several kinds of food necessary for health?
2. What is the proportion of these foods in milk?
3. What are the deficiencies in the following foods: a. Bread; b. Beef?
4. What were the diseases that made the West Indies, formerly, so dangerous to our troops?
5. Why does a sleeping child raise its hand to brush a fly off its cheek?

## DR. BRADY, M.P.

THE Council of the Royal College of Surgeons of Ireland assembled at four o'clock on Saturday last, in the Board-room of the College, for the purpose of presenting Dr. Brady, M.P., with the diploma of Honorary Fellow of the College, in recognition of his valuable services in promoting the interests of his medical brethren employed under the Poor-law and Medical Charities Acts, by procuring for them the privilege of superannuation. Dr. Brady having been introduced by the Secretary, Dr. James Stannus Hughes, the President of the College, Mr. Rawdon Macnamara, addressed him in suitable terms, and presented him with the diploma, which is beautifully engraved upon vellum, having the College seal attached to it, enclosed in a handsome silver box. In reply, Dr. Brady acknowledged the great compliment paid him, and expressed in high terms his sense of the position occupied in the surgical world by the *alumni* of the Royal College of Surgeons in Ireland. The proceedings, which were of a most interesting character, were witnessed by a number of the Fellows of the College, as well as by the members of the Council. In the evening, the Council of the Irish Medical Association entertained Dr. Brady at dinner in the Albert Hall of the College of Surgeons. Dr. Martin of Portlaw, President of the Association, presided, having at his right hand the guest of the evening, and at his left the President of the College, Mr. Rawdon Macnamara. A large number of the *élite* of the profession were present to do honour to the occasion.



# PROFESSOR FLOWER'S HUNTERIAN LECTURES ON THE COMPARATIVE ANATOMY OF THE MAMMALIA.

*Delivered at the Royal College of Surgeons of England.*

## LECTURE IV.—Monday, February 21st.

*Chiroptera* form a well characterised order. The placenta is discoid and deciduate. The anterior extremities are modified for flight; the four ulnar digits being greatly elongated (the *pollex* or thumb being rudimentary), and connected by a membrane stretched between them. The teeth mostly resemble those of Insectivora. This order includes the Bats, which are very numerous and widely distributed. Most of them are insectivorous; some of the large genera are frugivorous, and others live by sucking the blood of animals.

*Primates* form a very ill defined group. Between its highest members and the Lemurs there is a great difference; and it is possible that the latter may at some time be separated. The placenta is discoid and deciduate. The teeth are of three kinds; there are two incisors above and two below on each side; the molars are tuberculate. The animals of this order are ungulate, and generally have flat nails. The hind foot always has five toes; the first digit is more or less capable of abduction and adduction, and has a broad flat nail. There is a well developed clavicle. The orbits are entirely surrounded by bone, and are directed forwards.

The Lemurina have characters different from those above described. The group consists of some very curious animals with well defined characters, inhabiting Madagascar and the southern parts of Africa and America. The lower incisor and canine teeth are narrow and elongated, and project forwards. The orbits and temporal fossae communicate freely. The *hallux* or great toe is large and opposable; but the second toe has always a curiously compressed pointed claw. The clitoris is perforated by the urethra. The Lemurina apparently form the connecting link between the Primates on the one side and the Chiroptera, Insectivora, and Carnivora on the other.

In including Man in the order Primates, Mr. Flower would only speak of him zoologically, putting aside all other considerations. From zoological characters, it is very difficult to separate Man into a distinct order from the Monkeys. The dental formula is the same in Man as in the higher Apes; the principal difference is in the greater development of the canine teeth in the latter, which causes a break in the series. In the structure of the placenta, Man resembles the higher Monkeys. The thumb is a little more rudimentary in the Monkeys than in Man. In the foot, there is a positive distinctive character; the foot of Monkeys being fitted for climbing, and that of Man for plantigrade progression. The great toe in Man is not opposable. In the structure of the brain, there are no tangible differences; but there is a great difference in the cranial capacity, and in the size of the brain. Among other Mammalia, however, there are differences in the relative size of the brain in different animals, which cannot be regarded as affording ground for classification. It is, at present, best to leave Man among the Primates, but to form him into a separate division of the order.

Having finished his remarks on Classification, Mr. Flower proceeded to speak of the

## OSSEOUS SYSTEM OF THE MAMMALIA.

The term skeleton is applied to the system of hard parts protecting and supporting the softer tissues. It includes, besides the bones, the ligaments and cartilages, and also the hard structures covering the surface of some animals. Hence we speak of the *Endoskeleton* or internal skeleton, and the *Exoskeleton* or external skeleton.

The *Endoskeleton* consists of the Axial Skeleton, including the spine, head, ribs, and sternum; and the Appendicular Skeleton, comprehending the limbs. Mr. Flower said that he would not in these lectures follow the theory that the limbs are formed by modifications of the axial skeleton, but would speak of them separately.

*Vertebral Column.*—This consists of a series of bones named vertebrae, arranged on the dorsal side in the median line. The number of bones forming the column varies greatly; the principal differences being in the caudal or tail vertebrae. In most Mammalia the number of vertebrae (excluding the tail) is not far from thirty; it may be as low as twenty-six, as in Bats; or it may rise to forty, as in the Hyrax and the Two-toed Sloth. But these are exceptions.

The vertebrae generally remain free from each other, except at the hinder part, where several are united to form the sacrum. In some animals, as will be afterwards described, other vertebrae are united bone.

The Lecturer then gave a sketch of the general characters of a vertebra, as found in Mammalia; and then commenced to describe the manner in which the vertebral column is developed in the embryo. He reminded his hearers that, in his description, it would be necessary to speak of the vertebrae according to the horizontal position in which they are placed in most mammals, and not according to the erect position found in man.

## DR. WILLIAMS'S ACTION FOR LIBEL.

DR. WILLIAMS has just published "An Authentic Narrative of the case of the late Earl St. Maur." The pamphlet arrived too late for comment in this week's JOURNAL. There is, however, a preface, containing an abstract of the chief points; and we think it but due to Dr. Williams that this should be laid without delay before our readers. It is as follows.

The trial in the case of Williams v. the Duke and Duchess of Somerset having been brought to a sudden termination by the defendants, through their counsel making, and my leading counsel accepting, their complete and unreserved retraction of, and apology for, all the charges and imputations in the libel circulated by Her Grace the Duchess of Somerset—no opportunity was afforded me personally to explain the real history of the case, and to disprove in detail the serious misstatements of facts which the libel contained. If I and my witnesses had been examined in court, this explanation and correction would have been complete; but my leading counsel undertook by himself to represent my case in his opening speech, and when this speech was made, it appeared to myself and to all my friends who were in court, an imperfect statement of the case, and quite insufficient to supply the place of such evidence as myself and witnesses were prepared to give.

The want of this evidence is the more to be regretted, as the libel, with all its errors and misstatements, written as it was, when the mind of the writer was, as her learned counsel states, "a chaos incapable of fixed thought," was published in full in several of the daily journals, and in one without even the interspersed comments of the Solicitor-General.

This renewed and extensive publication of the libel, notwithstanding its complete retraction in court, and in the presence of the Duke of Somerset, has produced, on the minds of some persons, an erroneous impression that my conduct may have been such as to afford grounds of complaint.

It is to correct such erroneous impressions, and to supply to the medical profession and to the public those explanations which the Solicitor-General informed the court I was about to give, that I have drawn up the following careful statement of the case. It will be found to contradict, on ample evidence, the statements in the libel on which the chief charges are founded, especially the following.

The libel states that on the morning of the 30th of September, I was sent for a little after eight, and that I did not come till twelve.—I prove that the message reached my house at a quarter before nine, and that I was with the patient, in Dover Street, at nine.

The libel asserts that I behaved rudely to Dr. Hardinge, who was called to attend the patient before I came; and that in all that followed, I was actuated by a feeling of jealousy towards him.—My statement shows that these charges were wholly without foundation. At first sight, I did not recognise in Dr. Hardinge, a medical man and an old acquaintance; but when he told me his name, I recollected him, and treated him with all courtesy; which he acknowledges in his own letter. There was not a shadow of ground for the notion of "jealousy" or "rivalry" in my mind.

The libel states that my rough examination, and "pinching the throat," immediately brought on the attack of spasm, in the afternoon of September 30th, which proved fatal.—My statement positively denies that my examination was rough, or that I ever "pinched" the patient's throat; and I prove that he was quiet after this examination; and that the spasm did not come on till several minutes later, when I was in another room.

The libel states that I gave the Duchess no notice of the performance of the operation of tracheotomy.—The statement shows that, to spare Her Grace's feelings, I withheld the announcement of the operation till the arrival of the surgeon made its immediate performance possible; then I distinctly told her Grace that making an opening in the windpipe was the only chance of saving life, and that the surgeon was come to do this.

The libel makes sundry charges of neglect, apathy, want of consideration, not giving warning of danger, etc.—The statement details the full particulars of my attendance on Earl St. Maur, which consisted of four visits; the three first, each of about an hour's duration; the last, of

more than two hours, besides an interview of about an hour with the Duchess alone. It describes the careful examination, the anxious consideration, and the minute instructions and warnings which were given to the patient on each and every occasion. The nature of the disease, obscure at first, became gradually more apparent, through the scrutiny of scientific investigation; and was approached, if not quite determined, by a diagnosis, which would account for all the symptoms, and especially for the last unexpectedly rapid strides of the disease to its fatal end.

My conscience is clear that throughout this short but anxious and painful charge, I acted in good faith and to the best of my ability and judgment; and I have no doubt that the verdict of my own profession will be in my favor. It is with feelings of deep satisfaction that I refer to the statement at the end of this preface, which expresses the deliberate opinion of some of the most eminent and enlightened physicians and surgeons in this country.

The retraction and apology of the Duke and Duchess of Somerset in court, has 'frankly, and freely, and most unreservedly withdrawn' all those imputations in the libel which reflect on my professional honour and character. This is so far satisfactory to me, as an act of justice, albeit somewhat tardy. It is still more satisfactory to me to prove that all the charges and imputations were, from the first, absolutely without foundation; but it is far more gratifying to me—I feel it to be a positive honour—that throughout this painful and embarrassing trial, and amid opposing influences of high rank and noble birth, I have received the support and approval of those whom I most esteem and venerate in my own honourable profession, and of my numerous other personal friends.

CHARLES J. B. WILLIAMS.

49, Upper Brook Street, March 12th, 1870.

We, the undersigned, after a careful and anxious consideration of the case of the late Earl St. Maur, as described in detail by Dr. Williams, desire to record our unanimous opinion that Dr. Williams's view of the most probable nature of his Lordship's disease was correct, and his treatment of it skilful, appropriate, and in strict conformity with the established teachings of medical science. (Signed)

THOMAS WATSON, M.D.

GEORGE BURROWS, M.D.

WILLIAM JENNER, M.D.

WILLIAM W. GULL, M.D.

RICHARD QUAIN, M.D.

FRANCIS SIBSON, M.D.

WILLIAM FERGUSON.

JAMES PAGET.

JOHN ERIC ERICHSEN.

### ROYAL COLLEGE OF SURGEONS.

The minutes of the Council meeting on the 10th instant, which we gave shortly last week, have been suspended in the College-hall. The further report of the Committee on Section XVIII of the Bye-Laws, in reference to the expediency of summoning a meeting of the Fellows annually on the day of the election of members of the Council was postponed to a future meeting of the Council.

The requisition, signed by two hundred and forty-four Fellows and Members of the College, and by two surgeons who were neither Fellows nor Members, was submitted.

It was moved by Mr. QUAIN, seconded by Mr. SIMON, and resolved—"That, in the opinion of the Council, the object of the meeting proposed in the requisition is a proper one."

It was then moved by Mr. CHARLES HAWKINS, seconded by Mr. ERICHSEN, and resolved—"That the President and Vice-Presidents be requested to fix a day and hour for the meeting of Fellows and Members to discuss the question proposed in the requisition." (The President has since fixed Thursday next, the 24th instant, at three o'clock.)

It was moved by Mr. SIMON, seconded by Mr. SPENCER SMITH, and resolved—"That every person desiring admission to the meeting be required to write his name and address, and that none but Fellows and Members of the College and reporters of the public press be admitted."

Mr. SIMON moved, and Mr. SPENCER SMITH seconded, the following resolution—"That, at the next Council after each meeting of Fellows and Members, or of Fellows and Members, an account be rendered of the number of Fellows and Members respectively present at the meeting, distinguishing the number of those resident in London from those resident out of London; and that a record of the minutes of the meeting be kept at the College."

A letter from Messrs. Dufield and Welch was read, requesting the Council to petition the House of Commons in support of the Bill for the superannuation of the Poor-law medical officers of England and Wales. It was moved by Mr. BIRKETT, seconded by Mr. HILWETT, and resolved—"That the President and Vice-Presidents be requested

to draw up a petition to the House of Commons in support of the Bill, and that, when signed by the Members of the Council, the same be presented to the House."

Applications from Mr. Alexander Moseley of Albemarle Street, and Mr. Frederick John Roberts of Staleybridge, that the name of the former might be altered to *Morley*, and that the name of *Dudley* might be added to the latter in the College Calendar, were granted.

Mr. Manley, assistant in the Museum, was granted leave of absence for three months, to recruit his health.

A letter from Mr. Walter Rivington, Honorary Secretary to the Medical Teachers' Association, together with a report from that body, was read, and referred to the Court of Examiners to report thereon to the Council.

Messrs. A. G. Brookes of Shrewsbury, Samuel Parker of Sheffield, and Thomas Parr of the Army, were elected Fellows of the College.

## ASSOCIATION INTELLIGENCE.

### BIRMINGHAM AND MIDLAND COUNTIES BRANCH: PATHOLOGICAL AND CLINICAL SECTION.

THE next meeting of the Section will be held at the Midland Institute, Birmingham, on Friday, March 25th. The Chair will be taken at 3 P.M. precisely.

BALTHAZAR W. FOSTER, M.D.,

T. VINCENT JACKSON,

Birmingham, March 16th, 1870.

} *Honorary Secretaries.*

### NORTH WALES BRANCH.

THE next intermediate general meeting of the above Branch will be held at the residence of Wm. Maughan, M.D., President, Northgate House, Carnarvon, on Tuesday, March 22nd, at 4 P.M.

The dinner will be provided at the Royal Sportsman Hotel, Carnarvon, at 4 o'clock, to suit early trains. Tickets, 5s. each, exclusive of wine.

Members having papers or cases to communicate, or who intend to be present at the dinner, will please to give notice, without delay, to the Honorary Secretary.

Beaumaris, March 1st, 1870.

D. KENT JONES, *Hon. Sec.*

### METROPOLITAN COUNTIES BRANCH.

An ordinary meeting of this Branch will be held at the rooms of the Medical Society of London, 32A, George Street, Hanover Square, on Wednesday, March 30th, at 8 P.M.

A. P. STEWART, M.D.,

ALEXANDER HENRY, M.D.,

London, March 16th, 1870.

} *Honorary Secretaries.*

## REPORTS OF SOCIETIES.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MARCH 8TH.

GEORGE BURROWS, M.D., F.R.S., President, in the Chair.

INQUIRY INTO THE NATURE, ORIGIN, AND TREATMENT OF HYSTERIC DISEASE. BY ROBERT LEE, M.D., F.R.S.

In the first part of this paper, the author gave an elaborate review of the history of hysteric diseases from the earliest ages to the present time. The opinions and methods of treatment adopted by Aretæus, Galen, Celsus, Sydenham, Hoffman, Cullen, and the most eminent writers of the present century, were given in detail. Respecting hysteria in the male sex, the author stated that he had never seen a genuine example; but in the female sex, a great number—a greater number than it was possible for him to state. An accurate report of upwards of two hundred of these cases accompanied the communication. If these histories were examined, the author stated the following conclusions might be drawn. In none did the disease occur before the age of puberty; and in few after the middle period of life. In few of the cases recorded were the functions of the ovum and uterus in a perfectly healthy state. In the greater number, there was amenorrhœa, dysmenorrhœa, menorrhagia, leucorrhœa, or a morbid state of increased or diminished sensibility in the uterine organs, without any organic disease. The author added

that, in the greater number, there was incurable sterility; and he stated that he had been led to conclude from the symptoms observed in these cases, that hysteria originates in the ovum, on which menstruation depends, in which conception takes place, and to the influence of which are to be attributed the development of the female pelvis and mammae, and all the peculiarities of the female constitution. The result of the author's dissections of the renal ganglia and nerves, and those of the ovum, now in the Museum of the University at Cambridge, were given; and from them an explanation was given of the cause of the discharge of a great quantity of clear urine after the hysterical paroxysms. Other seats of hysteria were then described, with a letter on the subject from Mr. Joseph Swan. The paper concluded with a summary of the different remedies employed in the two hundred cases; and the two last of these methods of treatment were clitoridectomy and cutting away the coccyx.

Dr. SCHULHOF said that, in a large number of hysterical patients whom he had examined, in nine out of ten he had found the spine not perfectly straight. There was not visible deformity; but the displacement was sufficient, he thought, to produce pressure on the ganglia.—Mr. BARVELL could not agree with Dr. Schulhof's view; seeing that, in very many cases of well-marked spinal deformity, where (especially in angular curvature) pressure on the nerves would be expected, hysteria was absent.—Dr. BUZZARD had, from his observations at the Hospital for the Paralysed and Epileptic, been led to divide hysteria into several classes. One class was represented by young women, who, without disorder of the uterine functions, were paralysed in one or more limbs. In these cases, he thought the disorder of mental origin; it was best treated by acting on the imagination or attention. Next, there were the cases presenting the well-known hysterical symptoms. And, finally, there were the hysterical fits or seizures, which it was difficult to distinguish from epileptic attacks. The idea of hysteria in Dr. Lee's paper was too limited; it did not take in hysterical convulsions. He doubted whether it was quite correct to refer all cases of apparent paralysis to hysteria; another term ought, perhaps, to be adopted for these.—Mr. HOVELL said that the term hysteria was too loosely applied, and ought to be restricted to disorders arising from uterine irritation. He would suggest the term "emotional susceptibility" for many of those conditions which were described as hysteria; and this would coincide with the opinion of the late Sir B. Brodie. Hysteria was, he thought, referrible rather to mental or moral shock than to uterine irritation; and this would account for its occasional occurrence in men. The shock probably acted on the sympathetic nerve; and hence arose the palpitation and flushing of the face; and the paralysis (or more properly, paresis) would be accounted for by the disturbance of the nutritive function through the motor nerves. Loss of power and depression were obnoxious to irritation; and this would explain the phenomena of hysteria.—Dr. WYNN WILLIAMS said that the term hysteria seemed to be made to include all diseases that people could make nothing of. Ovarian mischief would no doubt cause hysterical symptoms in some cases; but, in many, these depended on uterine displacement, with which, indeed, the ovaries often sympathised. The replacement of the uterus would remove the symptoms.—Dr. BARCLAY did not think that hysteria was so often connected with uterine affections. There was no form of uterine or of ovarian disease that might not exist without hysteria.

He was surprised that Dr. Lee should regard the ovaries as the origin of hysteria; he had seen cases in the male which he should regard as hysterical. He believed that hysteria depended on a peculiar mental and nervous organisation, dependent on sex in the same way as were the modifications in the osseous and other structures. The hysterical symptoms connected with the uterus could not, he thought, be formed into a class separate from those arising from derangements of other organs.—Mr. HOLMES was not sure that Dr. Lee laid down absolutely that hysteria depended on the ovaries. He appeared to refer in his paper to hysteria arising from other sources, such as irritation of the nerves at the neck of the uterus.—Dr. BARNES agreed with Dr. Lee as to the connection of the ovaries with hysteria. The term hysteria was applied when the uterus was supposed to be every thing—when it was said that "Mulier est propter uterum." Within the last thirty or forty years, it had become recognised that the ovary was the source of the physiological changes in the female. No doubt it had the power of evoking nervous phenomena. The first attacks of hysteria came on with menstruation; and in many instances it attended the menstrual epochs. Disturbed ovarian function attended many cases of uterine disease. If the physiological flow of blood to the sexual organs could not be believed through the uterus, nervous symptoms would set in. Treatment directed merely to the nervous system might fail, the connection between the uterus and ovaries should be remembered, and the uterine disorder treated, if one were found to be present.

## CLINICAL SOCIETY OF LONDON.

FEBRUARY 25TH.

PRESCOOT HEWITT, Esq., in the Chair.

MR. C. H. MOORE read a paper on Expansion of the Antrum of Highmore. The patient was a gentleman, above whose right bicuspid and first molar teeth a rounded bony tumour projected into the mouth. At two parts, circular apertures in the bone could be felt through the mucous membrane. The tumour was painless, and it increased very slowly for two or three years. The mucous membrane covering the posterior aperture then gave way, and an excessively foetid, putrescent, brown substance escaped slowly into the mouth. Mr. Moore made a more free opening into an anterior part of the tumour, and, syringing out much of its offensive contents, examined the cavity with a probe. He found the space to correspond with the normal relations of the antrum, except towards the malar portion, where in a third place the bone was defective, and the probe could be felt against the cheek. No dead bone could be detected, and throughout the progress of the case no trace of the foetid substance was ever recognised by the patient in the nostril. The teeth next the tumour were sound, but outside the first molar the gum had receded; and a fine probe, introduced with light pressure at that spot, passed up the socket for an inch or three-quarters above the crown of the tooth, when it struck against the floor of the orbit. There being expansion of the anterior and outer part of the antrum, circular apertures in its wall, resulting from distension, not from ulceration, the orbit and palate being free from deformity, and the nostril also natural, and having no communication with the foetid stuff in the bony antrum; there being, moreover, no burrowing suppuration and no necrosis, Mr. Moore concluded that the cause of the expansion lay in the communication of the bony antrum with the mouth, and that the peculiar substance was food, driven up by mastication through the socket of the healthy molar tooth. It had slowly stripped off the lining membrane of the antrum, and thrust it inwards, obliterating the antrum as a mucous cavity. A vulcanite tube being worn in the opening which had been made with the knife, and frequent cleansing of the cavity practised, the bony expanded shell of the tumour receded, and in a few months the natural form of the features was restored.—Dr. HUMPHRY thought it improbable that the disease was caused by the food passed up through the socket of the tooth, and stripping off the mucous membrane, because had that been the case there would have been necrosis. He thought it had probably been produced by accumulation of the fluid in the antrum from disease of the tooth and the resultant pressure.—Mr. HEATH remarked that the formation of cysts in the wall of the antrum is common; and he thought that the tooth had set up irritation in the periosteum or membrane covering the antrum, and that the accumulation had since taken place. Should it not have been treated earlier rather than have left it to the danger of suppuration?—Mr. HEWITT thought it difficult to account for the accumulation between the bone and periosteum. Cysts are often found which thrust aside the mucous membrane.—Mr. MOORE thought that no cyst would contain such an accumulation as he existed.

Dr. BRISTOWE read a case of Ataxic Aphemia, in which the patient, who had been dumb for nine months following an attack of insensibility, with convulsions and resulting paralysis of all four limbs, as well as of hearing, was taught to utter articulate sounds, and thus recognise the use of speech in the course of about a month. He had before this recovered the use of his right limbs and left arm, and, later, the power of the left leg was regained under treatment by galvanism.—Mr. KESTEVEN had seen a similar case twenty-five years ago; when convalescing, the patient lost the power of speech. There was no other paralysis.—Dr. LANGDON DOWN considered that there was not loss of the faculty, but of the power of speech, in the present instance. He had found that, in these cases, when the co-ordinating power of the limbs is taught first, the power of the tongue follows more rapidly.—Dr. BROADBENT thought the case one of ataxy of articulation from disease about the pons, not from the general paralysis.—Dr. DOUGLAS POWELL referred to a case of a girl who had had a fit, and fallen several days before, but could not afterwards articulate. There was no other paralysis. She improved after being educated to speak.—Dr. WILKS agreed in the opinion that it was a case of recovery from lost power.—Dr. BRISTOWE, in reply, stated that the case had been treated for four months at Singapore, and also at St. Thomas's Hospital, for the paralysis of the limbs. After regaining the elementary sounds, the greater part of the recovery was that of lost power.

Mr. REEVES read a paper, on the Treatment of Urethral Stricture by means of the "Laminaria Dilator," in which he brought forward some cases with a view of showing that the instrument dilates the stricture speedily, equally, and without risk. He exhibited it, and described its



mode of application. He also made some remarks on some causes and symptoms of stricture not generally acknowledged, and advocated the treatment of the diathetic states often present in severe urethritis.—Mr. TREVIAN had abandoned the ordinary dilator four years ago, from its fatality. There is, he thought, rupture of the mucous membrane in all cases. He thought the bougie Olivaire offered the best means of treating difficult cases. He thought the old French dilator had all the advantages of the laminaria. It was not, however, safe to dilate the urethra rapidly by any means whatever.—Dr. OFFERT referred to the treatment introduced by a German physician of stricture of the urethra by horse-hair introduced with a catheter passed over it.—Mr. COOPER FORSTER had found difficulty in withdrawing the laminaria.—Mr. HINTON, on the other hand, had found it very useful in the Eustachian tube. There is a certain risk of fracture, and more than one case is recorded; but with the use of the douche it came away without any bad results.—Mr. REEVES, in reply, stated that he had not found the bougie Olivaire so useful, and that he had experienced no difficulty in removing the laminaria.

## OBSTETRICAL SOCIETY OF LONDON.

MARCH 2ND, 1870.

GRAILY HEWITT, M.D., President, in the Chair.

MR. OSWALD showed a case of Foetal Monstrosity. The posterior portion of the cranium was deficient, and this part of the head had adhered to the uterus.

Dr. HEYWOOD SMITH showed a Malformed Heart from a child that had lived for six days, and had exhibited symptoms of cyanosis. One ventricle only existed.

Dr. PLAYFAIR showed a specimen of Carcinoma of the Body of the Uterus from a patient who had been under the care of Dr. Priestley in King's College Hospital. There had been profuse and irregular hemorrhages, alternating with abundant and very foetid watery discharges. The uterus was freely moveable, and the cervix apparently healthy. Death was preceded by sudden collapse. A ragged aperture, about the size of a shilling, was found in the uterus in front of the right Fallopian tube.

Mr. MATTHEWS, the surgical instrument maker of Portugal Street, exhibited specimens of a Guarded Perforator, invented by him.

The BARON PAUL VON SEYDEWITZ, M.D., read a paper on the Chloral Treatment of Eclampsia. After a brief account of the therapeutic uses of chloral, and of the opinions entertained by various writers as to its properties, the author detailed two cases of eclampsia in which it had been used. I. A woman, aged 35, was admitted into the Burger Hospital, Bâle, in November 1869, suffering from endocarditis subsequent to delivery. Some time afterwards, violent epileptic fits came on, and recurred very frequently. A variety of treatment was adopted without success. Eventually, chloral was administered. The fits were at once arrested, and did not recur, and the patient was discharged cured. II. A boy, 12½ years of age, a patient in the same hospital (the details of whose case had been furnished by Dr. R. Massini of Bâle), was the subject of Bright's disease, complicated with mitral insufficiency and uræmia. Violent eclampsia came on, as many as twelve convulsive attacks occurring between 11 p.m. and 9 a.m. on the following morning. Chloroform inhalations were used without checking the convulsions. In the intervals between the attacks, he was perfectly unconscious and unable to swallow. Chloral was then injected hypodermically, with the effect of greatly diminishing the strength and frequency of the fits. After two more injections they entirely ceased; and the patient made a good recovery.—Mr. SPENCER WELLS hoped that the effects of chloral on the temperature of the body would be noted. He had seen it fall from 104 degrees to 99 degrees, after four twenty-grain doses given at intervals of two hours. In a case of furious maniacal excitement which he had seen last week with Dr. Monro, one thirty-grain dose was followed by almost immediate calm, and afterwards by sleep.—Dr. PLAYFAIR related the case of a patient who had become maniacal after a previous labour. A week after her last confinement, the same symptoms which had preceded her former attacks showed themselves: restlessness and inability to sleep. A thirty-grain dose of chloral at bed-time produced a long quiet sleep; and the same dose was repeated every night for a week. He had no doubt that the attack had by this means been averted.—Dr. ROGERS had principally used the chloral as an anodyne and hypnotic. He had prescribed it successfully for a child attacked with spasmodic twitches of the left arm and leg, accompanied with pain, due, he believed, to irritation of the brain from disease of the right ear. It certainly often caused a feeling of nausea; and in one case under treatment, where its use had been continued for two months to cause sleep, almost invariably the

first dose was rejected, but, after a few minutes, a second dose was retained with beneficial results.

The discussion of Dr. BRAXTON HICKS's paper on Puerperal Disease was commenced.—Dr. WYNN WILLIAMS said that the parturient female, if exposed to the influence of the scarlatina poison, might become seized with the disease, which would be modified and rendered more fatal by the peculiar condition of the patient. As to the second class of cases, he was rather sceptical as to their being affected with the scarlet fever itself. During the prevalence of scarlet fever, the atmosphere is not only impregnated with impure air, but also with toxic septic emanations from the putrid throats of the patients. Should these emanations be brought into contact with the discharges of the parturient female, they would act as a kind of ferment. Offensive discharges from the vagina must be treated locally. Dr. Wynn Williams preferred a solution of iodine, as by its volatility, increased by the heat of the body, it was more likely to be brought into contact with any septic poison lurking, it might be, in the folds of the mucous membrane. The same observations would apply to the other classes enumerated by Dr. Hicks—erysipelas, diphtheria, etc. Any putrid emanation brought into contact with the discharges of the parturient female would act as a ferment and produce septic poisoning.—Dr. BARNES said that puerperal fever was pre-eminently a disease that called for the application of sanitary laws with a view to prevention. This disease still destroyed more lying-in women than at other, probably in England, certainly on the Continent, where it killed so many women in lying-in hospitals. The classification of causes pursued by Dr. Hicks resembled that adopted by himself, of dividing puerperal fever into two great classes of *autogenous* and *heterogenous*. His own experience coincided with that of Dr. Hicks as to the frequency of scarlatina among lying-in women. It was propagated by foul linen, by sewage emanations, and by direct convection. Dr. Hicks had noticed the frequency of puerperal fever in new houses. Dr. Barnes's former experience as a medical officer of health enabled him to explain this. Builders dug out the gravel, sold it, and filled in with the foulest putrifiable rubbish. Where scarlet fever broke out on the second or third day after delivery, he had seen reason to infer that the poison was inoculated at the time of labour. But, in many cases, the mother was subject to the influence of the poison before labour. During pregnancy, especially if she had had scarlatina before, she shared in the power which most had of throwing off the poison. It was only when the excretory organs were once charged with the double work of dealing with the products of gestation and with the poison, that the system broke down, and puerperal fever was produced. The lying-in hospital was a propagating house for every form of puerperal fever. The forms chiefly prevalent in hospitals were scarlatina, erysipelas, and hospital gangrene. Considering the vast predominance of heterogenous puerperal fever, the question arose whether there existed an essential puerperal fever, arising strictly out of the puerperal state, that could give rise to an epidemic. This he was inclined to doubt. The autogenous forms proper—those, for example, arising from the decomposition of retained placenta—did not appear to possess active powers of propagation. But we were rarely in a position in practice to distinguish the contagious from the non-contagious forms. The proofs of contagion were but too common. There were the frequent series of cases in the practice of one man, while neighbouring practitioners were free; and he had noticed the sad fact that puerperal fever was unusually common among the wives of medical men.—Dr. SNOW BECK had long been convinced that there was no disease peculiar to the puerperal period that could be called puerperal fever. But there was another class of diseases which were not epidemic and not infectious, and which were most important to be recognised, as they were very fatal in their effects and yet remarkably amenable to treatment. These arose from the impregnation of the system from offensive or other discharges, and were known as septicæmia. This not unfrequently arose from the retention of coagula or portions of placenta within the cavity of the uterus. To admit this, the uterus must be imperfectly contracted; and this condition also allowed the sinuses to remain open, so as to permit absorption of offensive discharges. The treatment consisted in washing out the uterine cavity and all the passages with disinfecting solutions, and giving sulphites internally. A similar practice was equally efficacious in arresting the progress of phlegmosis dolens, which, in the majority of cases, arose from coagulation of blood in the veins caused by the absorption of offensive discharges from the uterus. When these facts were more generally recognised, the supposed injurious effects of lying-in hospitals, of overcrowding, etc., would cease to have much influence.—Dr. TAYLOR said that it would be desirable to know if a previous attack of scarlet fever rendered lying-in women less liable to an attack of puerperal fever.—Dr. ROGERS thought the term "puerperal fever" should be retained for those forms of septic poison arising from within, as from the absorption of putrid discharges, or from the autogenous

having been recently engaged in handling morbid specimens or dissecting.—The President concurred most fully in the views advocated in Dr. Hicks's paper. His own experience had led him to regard this disease as one produced in several ways; properly speaking, it was not an affection of an essential and special nature, like measles or variola. He believed that the proportion of cases in which puerperal fever was the result of self-poison was rather considerable, and that in such cases the disease was not seldom communicated.—Dr. Hicks having replied, the meeting adjourned.

## UNIVERSITY INTELLIGENCE.

### TRINITY COLLEGE, CAMBRIDGE.

**FELLOWSHIPS FOR NATURAL SCIENCE.**—Notice is hereby given that, at the annual election of Fellows to be held in October next, one Fellowship will be given at Trinity College for proficiency in the Natural Sciences. The examination will be held in the latter half of the month of September, on days hereafter to be fixed, and the subjects for examination will be those appointed for the Natural Sciences Tripos. The competition for this Fellowship will be open to any member of this University who shall have attained the degree of B.A., B.L., or M.B., and whose standing after such degree shall not exceed three years.

## MEDICO-PARLIAMENTARY.

*HOUSE OF COMMONS.—Thursday, March 18th.*

**THE CONTAGIOUS DISEASES ACT.**—Mr. Jacob Bright asked the Secretary of State for the Home Department whether an English woman of the name of Elizabeth Holt was now, or had recently been, a prisoner in Maidstone Gaol because she declined to subject her person to the fortnightly inspection of a surgeon; and whether her refusal, or the refusal of any other woman, to submit to this outrage would be followed by repeated periods of imprisonment, so as to amount practically to perpetual incarceration.—Mr. Secretary Bruce said that according to the law on this subject, under Section 28 of the act of 1866, any woman subjected by order of the justices to examinations by a surgeon, and refusing so to submit herself, was liable to imprisonment with or without hard labour, in the case of the first offence for a term not exceeding one month, and for a second offence three months. In the case of this woman, she attended fourteen examinations, and was sent to the hospital five times suffering from disease. In January last, after repeated warnings, she neglected to attend the periodical examinations; she was summoned and sentenced to fourteen days' imprisonment.

*Friday, March 19th.*

**REMOVAL OF FEVER PATIENTS.**—Mr. J. Talbot asked the President of the Poor-law Board whether it was true that the carriage used for fever patients in the Westminster Union was usually drawn by paupers; whether on a recent occasion the men who had drawn a patient in that carriage to the special fever hospital at Hampstead were found by the medical officer there in a state of complete exhaustion; and whether the Poor-law Board had any means of putting a stop to such a practice.—Mr. Goschen said it was true that a carriage, if it could be called a carriage, in which fever patients were removed to the hospital in question, was drawn by paupers. When his attention was directed to the question he imagined it was an ordinary carriage with a pole or shafts, and that the paupers were yoked to it like beasts of burden. He sent his private secretary to inspect the vehicle, and it turned out only to be a carriage in the sense in which one of the moveable water-tanks in the parks might be called a carriage. He was also informed that the paupers who drew it received sixpence for the day's work, and there were always more volunteers for the service (laughter) than could be employed, because they considered the outing and sixpence a welcome break to the monotony of their workhouse existence. The foreman who accompanied the three paupers said he was not aware that any of them were exhausted; but stones had been laid down in the road, which made the work a rather more laborious task than usual. He must say seriously, as regarded the alleged exhaustion, that the guardians had informed him that no complaint had come to their knowledge, or that of the master, with regard to the men being exhausted or even fatigued, and Dr. Shaw, the medical superintendent of the temporary fever hospital, stated that they were fatigued, but not exhausted, and not more than might be expected from drawing a vehicle of that description.

The guardians have under consideration the providing a new carriage, to be drawn by horses.

**ADULTERATED TEA.**—In reply to a question from Mr. Stapleton, Mr. Lefevre said he believed it was a fact that large importations of tea, of an inferior quality, had lately been made, which was said to consist of tea made of the redried leaves of tea that had been already used. A portion had been seized by the City authorities under the City Nuisances Removal Act, and the question was now under the consideration of the City authorities. The remainder had been shipped to the Continent. He was unable to say whether that character of tea was in general consumption; but inasmuch as the Excise department had considerable powers for seizing adulterated tea wherever it might be found, he was not prepared to say that further legislation was necessary.

## OBITUARY.

### STANLEY PEACOCK, M.R.C.S., L.S.A.

It is with deep regret that we announce the death of Mr. Stanley Peacock, Senior House-Surgeon of the Newcastle-upon-Tyne Infirmary, at the early age of 28, after an illness of two weeks, the result of a puncture sustained in making a *post mortem* examination. Mr. Peacock was a surgeon of much promise. He was educated at Dr. Mortimer's celebrated school in London, and afterwards prosecuted his professional studies at the University College, London, where he carried off gold and silver medals, and finally became Demonstrator of Anatomy. Mr. Peacock had been an officer of the Newcastle Infirmary only for a few months, but during that short time had won the confidence and genuine esteem alike of the Managing Committee, the medical staff, and in the highest degree of the patients who had been under his care.

### RICHARD BALCHIN, ESQ., GODALMING.

AFTER fifty years of professional servitude, the above gentleman has been gathered to his fathers. He resided and practised in Godalming for the period of half a century, during which time he served the office of the mayor of the borough on eight different occasions. He twice introduced a deputation to royalty; and he died with the aldermanic gown on his shoulders. To many members of the profession he was well known as a large and generous dispenser of hospitalities; to his fellow townsmen his doors were ever open, and his advice and experience liberally afforded; and if, at the age of seventy-five, the loss of one of the oldest and most esteemed of her burgesses has to be deplored, the borough of Godalming can comfortably dwell upon the services which have always been freely and gratuitously given on its behalf. Mr. Balchin was a member of the Kingston Medical Club, and he always looked upon those meetings as the "Noctes Ambrosianæ" of his later life. He was also an old member of the British Medical Association.

## MEDICAL NEWS.

**APOTHECARIES' HALL.**—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, March 18th, 1870.

Crowther, William Edwin, Lormore Road, Walsworth; Esnouff, Charles Amand Exariste, Mauritius.

The following gentlemen also on the same day passed their first professional examination.

Martin, Richard Johnson, Manchester School of Medicine

Smith, William John, Sheffield School of Medicine

As Assistants in compounding and dispensing medicines.

Normand, Claude, Shepherd's Bush

Romano, Frederick William, Calthorpe Street

### MEDICAL VACANCIES.

THE following vacancies are declared:—  
**BALLINASLOE UNION**, co. Galway—Medical Officer for the Killan Dispensary District: 28th.  
**BIRMINGHAM GENERAL DISPENSARY**—Resident Surgeon: applications, April 10th.  
**BRADFORD (Yorkshire) INFIRMARY AND DISPENSARY**—Two Resident Medical Officers, one for in-patients, one for out-patients: applications, 21st.  
**BRIGHTON AND HOVE DISPENSARY**—Resident House-Surgeon: applications, April 4th; election, May 3rd; duties, June 7th.  
**CORK UNION**—Medical Officer for the Cork Dispensary District: 21st.  
**GREAT NORTHERN HOSPITAL**, Caledonian Road—Junior Surgeon: applications, 22nd; election, 23rd.  
**GUILDFORD UNION**, Surrey—Medical Officer for the Godalming District.  
**HACKNEY UNION**—Medical Officer for the South Hackney West District: applications, 22nd; election, 23rd.

**HARTLEY WINTNEY UNION**—Medical Officer and Public Vaccinator for the District of Farnborough: applications, March 24th; election April 1st.

**HASTINGS UNION**—Medical Officer for District No. 2.

**HOLYHEAD UNION**, Anglesey—Medical Officer for the Bodern District: applications, 21st; election, 22nd.

**LIVERPOOL DISPENSARIES**—Assistant Resident House-Surgeon: applications, 30th; Medical Board, 31st.

**LONDON FEVER HOSPITAL**—Physician: applications, March 24th.

**MALTON UNION**, Yorkshire—Medical Officers for the Kilmington District.

**NEATH UNION**, Glamorganshire—Medical Officer and Public Vaccinator for the Central No. 2 District: applications, April 4th; election, April 5th.

**NEWCASTLE-UPON-TYNE INFIRMARY**—Senior House-Surgeon.

**RATHFRUM UNION**, Co. Wicklow—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Rathfrum Dispensary District: 21st.

**ROYAL KENT DISPENSARY**—Three Medical Officers for Deptford; two Medical Officers for Greenwich; and a House-Surgeon.

**ROYNHURST UNION**, SHIRE INFIRMARY, Southampton—House-Surgeon: applications, April 2nd; appointment, 11th.

**ST. MARY'S HOSPITAL**, Manchester—Two Medical Officers: applications, April 2nd.

**ST. PETER'S HOSPITAL FOR STONE AND URINARY DISEASES**—House-Surgeon: applications, 26th.

**STRABANE UNION**, Co. Tyrone—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Strabane Dispensary District: 24th.

**THORNHURRY UNION**, Gloucestershire—Medical Officer for the Almondsbury District: applications, April 7th; election, April 8th.

**TORRINGTON UNION**—Medical Officer and Public Vaccinator for the Shelbeard District: April 2nd.

**WEST LONDON HOSPITAL**, Hammersmith—Junior Physician: applications, 21st.

**WESTMINSTER HOSPITAL**—Resident House-Physician: applications, 26th; election, April 5th.

**WIGTON UNION**, Cumberland—Medical Officer for the Bowness District.

### MEDICAL APPOINTMENTS.

*Names marked with an asterisk are those of Members of the Association.*

**CHURCHILL**, T. D., Esq., appointed Junior House-Surgeon to the Liverpool Northern Hospital.

**MCCLURE**, Thomas C., L.R.C.P.E.D., appointed Medical Officer and Public Vaccinator to the Seventh District of the Bath Union.

\***PEARARD**, Augustin, Esq., appointed Consulting Surgeon to the Bristol Royal Infirmary.

\***STEELE**, Charles, Esq., appointed Surgeon to the Bristol Royal Infirmary.

**TAYLOR**, William Bramley, Esq., appointed Assistant Medical Officer to Camberwell House Lunatic Asylum.

### BIRTHS.

**DEBUT**—On March 14th, at 12, Westmoreland Villas, Forest Hill, the wife of John M. Debut, M.D., of a daughter.

**LEWIS**—On March 13th, at Loughton, the wife of W. T. Lewis, Esq., Surgeon, of a son.

**OWEN**—On March 12th, at Tames, the wife of T. E. Owen, Esq., Surgeon, of a daughter.

**ROCHE**—On March 17th, at Chelmsford, the wife of F. E. Roche, M.D., of a son.

**SWIFT**—On March 2nd, at Dover, the wife of B. Swift, M.D., Deputy Inspector-General of Hospitals, prematurely, of a son.

**WILBE**—On March 5th, at York Lodge, Finchley Road, the wife of Richard H. Wilbe, M.D., of a daughter.

### MARRIAGE.

**HAMPFIRE**, Frederick K., Esq., Assistant Colonial Surgeon, Malacca Straits Settlements, to Jessie Clara, third daughter of George EVEREST, Esq., of Wandsworth, at Singapore, on January 24th.

### DEATHS.

\***BALCHIN**, Richard, Esq., Surgeon, at Godalming, aged 74, on March 10th.

**BARNES**—On January 1st, from an accident on his passage home from Melbourne, Philip Edward, second son of Christopher H. Barnes, M.D., of Brompton.

**BRENCHLEY**—On March 13th, at Denmark Hill, Camberwell, Sarah, wife of Horatio C. Brenchley, Esq., Surgeon.

**FRANKS**—On March 12th, at Sevenoaks, aged 77, Mary, wife of George Franks, Esq., Surgeon.

**KILGOUR**, Patrick, M.B., 13th Light Infantry, at Gibraltar, aged 37, on March 1st.

**PARISE**—On March 1st, at Paris, Henry, second son of \*George May, Esq., Surgeon, Sidmouth House, Kenning.

**PARTRIDGE**, Samuel T., M.D., formerly of Barbadoes, at York Place, Portman Square, aged 73, on March 14th.

**ROBERTS**—On March 1st, at Dover, aged 10 days, Robert, infant son of B. Swift, M.D., Deputy Inspector-General of Hospitals.

**STOCKER**—On March 13th, at Montagu Square, aged 34, Mary Anne, wife of J. Sherwood Stocker, M.D.

**WATKINS**—On March 12th, at Guilford Street, Russell Square, Margaret Elizabeth, daughter of \*Edwin T. Watkins, M.D.

**WOLLASTON**—On March 9th, at Sackville Street, Piccadilly, Catherine Ann, widow of Robert Wollaston, M.D.

**PROFITS**—Lady Augusta Vernon-Wentworth has left £100 each to the Beckett Dispensary, Barnsley; St. Mary's Hospital, London; the Cancer Hospital; and the Royal Hospital for Incurables. Mr. Thomas Parr of Grappenhall, Cheshire, has bequeathed £1000 towards establishing an Infirmary at Warrington. Mr. George Thomas of Bristol has left £3000 each to the Bristol Royal Infirmary and the Bristol General Hospital.

### OPERATION DAYS AT THE HOSPITALS.

**MONDAY**.....Metropolitan Free, 2 P.M.—St. Mark's, 2 A.M. and 1 P.M.—Royal London Ophthalmic, 11 A.M.

**TUESDAY**.....Guy's, 1 P.M.—Westminster, 2 P.M.—National Ophthalmic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.

**WEDNESDAY**....St. Bartholomew's, 1 P.M.—St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—St. Thomas's, 1 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2 P.M.—Cancer Hospital, Brompton, 3 P.M.

**THURSDAY**....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal London Ophthalmic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.

**FRIDAY**.....Westminster Ophthalmic, 1 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.

**SATURDAY**....St. Thomas's, 9 P.M.—St. Bartholomew's, 1 P.M.—King's College, 1 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.—East London Hospital for Children, 2 P.M.—Hospital for Women, 9 P.M.

### MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

**MONDAY**—Medical Society of London, 8 P.M. Dr. Frederick Simms, "On the Treatment of Pioritis." Mr. Cole will make a casual communication on "Analysis of Third Nerve—Entomological Society."

**TUESDAY**—Ethnological Society of London, 8 P.M. Mr. Campbell (of Islay), "On Current British Mythology and Oral Tradition."—Royal Medical and Chirurgical Society, 8 P.M. Dr. Charles Fenn, "On Idiocy."—General Councils.

**WEDNESDAY**—Huntarian Society, 8 P.M. Dr. Peacock, "Some Experiences of an American Tour."

**THURSDAY**—Royal Society.

**FRIDAY**—Quekett Microscopical Club (University College), 8 P.M. Mr. M. C. Cooke, "On Microscopic Moulds, illustrated by Diagrams and Specimens."—Clinical Society of London, 8 P.M. Dr. Greenhow, "Atrophy of Brain, with very Low Temperature." Mr. Christopher Heath, "Imperforate Anus." Dr. Duckworth, "Keloid of Alibert." Dr. Handfield Jones, "Fatal Epileptic Stupor." Dr. Leared per Dr. H. Jones, "Artificial Respiration in Apparent Death from Epileptic Fits."

### EXPECTED OPERATIONS AT THE HOSPITALS.

**ST. BARTHOLOMEW'S HOSPITAL**, Saturday, March 19th, 2 P.M. Removal of Painful Mammary Tumour; Tenotomy for Talipes Equinovarus; Amputation of Thigh for Morbid Growth of the Lower End of the Femur—by Mr. Holmes Coote.

### NOTICES TO CORRESPONDENTS.

*All Letters and Communications for the JOURNAL, should be addressed to the Editor, 37, Great Queen Street, Lincoln's Inn Fields, W.C.*

**CORRESPONDENTS** not answered, are requested to look to the Notices to Correspondents of the following week.

**TO PURCHASERS**—To insure attention, it is requested that all orders sent to the Office for extra copies of the JOURNAL, be accompanied with stamps for the amount.

**WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.**

**CORRESPONDENTS**, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

**VIRTUE REWARDED**—Certain members of the "Sons of Gomer Friendly Society" recently gave a testimonial to Dr. Morris, an unsuccessful candidate for the office of Surgeon to the society. It appears that the chief cause of their gratitude to Dr. Morris was, that he had caused a reduction in the medical fees from 2s. to 2s. 6d. per member, and had increased the mileage from five to seven miles. Though we cannot feel regret at Dr. Morris' failure, it is impossible not to pity his successful rival, who has to do increased duty at the reduced rate. Perhaps, after all, Dr. Morris' istakand and good pencil-case to be preferred.

**AN A.B. and M.B. of Trinity College, Dublin**, who writes to express his disappointment of the way in which Dr. McDowell has been treated, must append his name to his letter if he wishes it inserted. Anonymous communications on such subjects are of little worth. We quite agree with the tenor of his note.

**M. T. (Sunderland)**, There are many good works on Diseases of Women. Those by Dr. Graily Hewitt, Dr. Playfair, and Dr. Scanzoni (American Edition), may probably, any one of them, suit your purpose. We do not know of any one which is limited to the subject of Uterine Disease with Operations.

**THE PRESIDENT OF THE ROYAL COLLEGE OF PHYSICIANS**—**ROYAL COLLEGE OF PHYSICIANS**—**SIR**—Can you kindly inform me why the examiners at the Preliminary Examination of the Royal College of Surgeons differ from all other Examining Bodies, in refusing to afford to the rejected candidate the cause of his inefficiency? It is clearly opposed to any sense of justice, that an institution receiving fees of a student should not place him in a position capable of appealing against their decision. The examiners of the Law Society have recently seen the injustice of such a course, and now afford every information.

Trusting you will kindly assist the unfortunate candidates for admission into the profession, and find a corner in the JOURNAL for insertion.

March 1870.

I am, etc.,

PATER.



**NOTICE TO ADVERTISERS.**—Advertisements should be forwarded direct to the Printing-Office, 37, Great Queen Street, W.C., addressed to Mr. RICHARDS, not later than *Thursday*, twelve o'clock.

#### ON THE TREATMENT OF CERTAIN FORMS OF UTERINE CANCER.

Sir,—My attention has been called to the paper of my colleague, Dr. Routh, on the above subject, published in the last number of the *JOURNAL*, in which he states that his knowledge of the use of bromine was derived from me, and goes on to say that I had informed him I had used it mixed with glycerine. In this regard, Sir, I am entirely correct; I never use bromine mixed with glycerine. In fact, I never used it in any form, except as a spirituous and watery solution. I was fully aware of the fact, long before I became a colleague of Dr. Routh, that to mix bromine or any other escharotic with glycerine would be to destroy its power. I take this mode of setting Dr. Routh right, as I had attempted to do so verbally on a previous occasion.

For confirmation of what I here state, I may refer your readers to the eighth volume of the *Obstetrical Transactions*, which contains a paper, in this regard, by Dr. Routh, entitled a New Mode of Treating Epithelial Cancer of the Cervix Uteri and its Cavity. He himself there states that I use bromine mixed with spirit of wine, two drops to a drachm. I beg to state I have used it in various degrees of strength, from its pure state to what I call watery solution.

In conclusion, I may be excused for asking what practical difference or improvement is suggested by the author of the paper in the use of bromine in cancer of the uterus, as compared with my pamphlet on *Cancer of the Uterus*, published in March 1869, a copy of which I forward herewith.

I, MONTAGU J. PEARCE.

A. WYNN WILLIAMS.

**PROTRACTED GESTATION.**—The case forwarded to us by Dr. Percy Boulton does not appear to us conclusive, unless the "good reasons for being certain" can be stated.

Mr. Wood (Shrewsbury).—Your case shall appear.

#### DR. O'CONNOR AND THE MILE END INQUEST.

In common, we believe, with the other medical journals, we have received from Dr. Woodman and from the Beaumont Medical Society, communications stating that they exonerate Dr. O'Connor (of Mile End) from any charge of dishonourable or personal intemperance in connection with the evidence which he gave at a recent inquest. Inasmuch as nothing has ever appeared in our pages imputing such motives to Dr. O'Connor, these letters do not concern us.

In commenting upon the case, we stated that Dr. O'Connor (whom, however, we distinctly remember by name) "has a high and just opinion" as to the right of liberty of adding that, when "addressing non-professional hearers, he should have taken care that what was said was well founded, and should have carefully guarded it against misconception."

It is an incontestable fact that our only charge was that of ill-judged communisiveness. Dr. O'Connor is of course entitled to his own opinion as to the impropriety of giving iron in pregnancy in general, and in this case in particular; but inasmuch as that remedy had been prescribed by well-qualified medical men, and inasmuch as the object was to have the evidence given in connection with the coroner and jury might misinterpret into censure of the treatment of the case. He denies having intended to imply such censure, and we gladly believe him; but that he was understood by them to do so, there cannot be the smallest doubt. The newspaper report of the case states that, after the verdict was given, and when Dr. O'Connor was no longer a witness, bound, as he might suppose, to speak out everything that he thought, he volunteered a further statement in defence of his evidence. Dr. O'Connor denies the accuracy of this report; but it is a statement of the impressions formed by those who heard him.

We are glad to correct one part of our former statement, which was written in the belief that Dr. O'Connor's evidence had twice led to an adjournment. We believe that he was not responsible for the first. In all other respects, we believe our facts were correct, and we have not a word to alter as regards our comments on them. We believe Dr. O'Connor to be a thoroughly honourable man, but that does not make us think that his evidence in this trial was cautiously given.

**A MEMBER.**—The last "Students' Number" of the *BRITISH MEDICAL JOURNAL* will contain the information which you require in a much more complete form than can be given here.

**DR. PRIOR (Bedford).**—Your paper shall appear very shortly.

#### AMERICAN PATENT VENTILATOR.

MR. THOMAS WINTER, of 96, Newgate Street, has introduced into this country a ventilator, known in America as Howard's Patent, or "Lepers' Ventilator," which appears to have met with considerable success in this country. The air in the chamber is drawn through three plates of perforated metal, covered with sponge or wool, and a box filled with charcoal. Suspended organic matter is thus prevented from passing through it; and, when necessary, a portion of the damp in the air is absorbed and retained in the sponge, or in the first chamber, and the air is absorbed in the charcoal in the second chamber. The air is rendered warm in the chambers through which it passes by being warmed by the heat of the room. From the formation of the ventilator, the air passes upwards and inwards, vertically, and not horizontally; therefore there is no sensibly draught. It is divided into numerous and continuous streams, and is discharged into the room like water from a fine rose on a watering-pot. The ventilator may be placed on one of the highest panes of glass in the window, in houses already built; but, when building, provision may be made to have strong and airy places, care being at the same time taken that no obstruction is allowed to prevent the easy withdrawal of the box of the ventilator, when necessary to do so. When it is found necessary to deprive the air of damp, the sponge must be placed in the first chamber, and the charcoal in the second. The air is drawn in through the mouth of the ventilator, the piece of flannel must be placed over the top of the box. At other times, it is allowed to hang down. Unless the air be over wet, the sponge should not be used. The box, as well as the whole of the ventilator, should be dusted occasionally. The ventilator offers very considerable advantages, and appears deserving of the attention of those specially interested in these matters.

**SEWAGE IRRIGATION.**—Mr. Hope, the well-known advocate of sewage irrigation, lately read a very able, and apparently impartial, paper before the Society of Arts. Mr. Hope met the usual side of the question, and advocated the irrigation in preference to all forms of *precipitation* and *decoloration* of sewage, on the ground that, when properly carried out, irrigation will be far less expensive and more efficient than any other known method.

**DANGERS ATTENDING LIGATURE OF THE SPERMATIC CORD ("EN MASSE").**  
SIR,—In the *JOURNAL* of January 8th, Mr. Wm. Monckton, of Brecknock, relates a case of castration by means of the ligature which he placed around the spermatic cord, "including, of course, the nerve and other structures". The operation described by Mr. Monckton, reminds me of two different instances in which this procedure was followed with sad effects. I may not be out of place to state that after the operation had been performed by a blacksmith. In the first case two young and valuable horses were castrated by the above method: tetanus set in on the third day, and ran a very rapid course, which terminated fatally. In the second, a score of sheep were operated upon in a similar manner. Irritative fever of a severe type followed in a few days, and destroyed twelve of the number; the others, being killed and dressed, were despatched to market for the benefit of the public. Ligature of the cord *en masse* is regarded by veterinarians as a very unsafe mode of removing the testicles. It may not be out of place to state that our experience in this department of surgery is very great. In my own practice, I invariably employ torsion, which has always been successful in my hands; and, in my own opinion, torsion has many advantages to recommend it. It must not be forgotten, as Mr. Monckton has mentioned, that Mr. Monckton, the testicle was diseased; while in those related by my colleagues the organs were healthy.

I am, etc.,

JOHN A. MCBRIDE.

Royal Agricultural College, Cirencester.

#### THE IRON TREATMENT OF RHEUMATISM.

We have received several communications in praise of the treatment of rheumatism by sesquichloride of iron, as recommended in this *JOURNAL* by Dr. Russell Reynolds. We select the following for publication, because its author appears to have had prolonged experience.

Seeing, in your issue of this date, a statement of the successful treatment of acute rheumatism by perchloride of iron, I beg to state that during the last twelve months I have treated several cases with it, although I was unaware that Dr. R. Reynolds or any one else had specially recommended it. The cases I have found most successful in the treatment, I have admitted to the Workhouse, where the attack had often been accompanied, if not induced, by exposure to wet and cold, and want of proper food. These cases appearing to me too weak to bear the administration of large doses of alkalies, I was led to try it at first as a tonic alone. Whether this is really its sole action, I must leave to others to determine.

"I am, etc.,

JOHN WOODMAN,

"Exeter, March 12th, 1870." Medical Officer, City Workhouse, etc.

We are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Indian Medical Gazette, Jan. 26th; The New York Medical Gazette, Feb. 26th; The Parochial Critic, March 16th; The New York Medical Record, March 1st; The Boston Medical and Surgical Journal, Feb. 26th; The Madras Mail, Jan. 4th; The Gardeners' Chronicle, March 12th; The Western Weekly Advertiser, March 5th; The Suffolk Chronicle, March 5th; The Northern Star, Feb. 24th; The Glasgow Herald, Feb. 26th; The North Wales Chronicle, Feb. 12th; The Wellington Journal, March 5th; The Yorkshire Post, March 7th; The Manchester Guardian, March 9th; The Birmingham Daily Gazette, March 14th; The Edinburgh Evening Courant, Feb. 14th; The Newcastle Daily Journal, March 9th; The Carlisle Journal, March 12th, etc.

**COMMUNICATIONS, LETTERS, ETC.,** have been received from:—

Mr. E. Woodward, King's Lynn; Mr. G. H. Davies, Morimer; Pater; Mr. J. Kirkwood, London; Mr. R. S. Crotty, Dublin; Mr. A. E. Durham, London; Dr. S. Monckton, Maidstone; Mr. R. Harrison, Ambleside; Dr. Cobbold, London; Mr. D. C. Timms, Stannore; An A.B. and M.D. of Trinity College, Dublin; Dr. T. B. Bott, Bury; Dr. P. Boulton, London; Dr. R. G. Whiffeld, London; Mr. J. Woodman, Exeter; Mr. Denton, Liverpool; Mr. J. Crocker, Stogumber; The Secretary of the Clinical Society; Dr. Phillips, London; etc.

**LETTERS, etc.** (with enclosures) from:—

Dr. George Johnson, London; Dr. Wm. Roberts, Manchester; Dr. T. Clifford Allbutt, Leeds; Mr. A. W. Stock, Salford; The Treasurer of the Edinburgh Royal Infirmary; Mr. Savory, London; Dr. G. Oliver, Redcar; Dr. James Russell, Birmingham; Dr. F. P. Atkinson, London; Mr. T. M'Cure, Bath; The Registrar-General of England; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; Mr. T. M. Stone, London; The Registrar of the Medical Society of London; Mr. E. Parker, Liverpool; Mr. C. Steele, Bristol; Mr. J. Bateley, Southtown, Great Yarmouth; Mr. T. E. Owen, Totnes; Mr. A. Doram, London; The Secretary of the Royal Medical and Chirurgical Society; Mr. F. Churchill, London; The Secretary of the Aylesbury Dairy Company; Mr. B. Flower, Liverpool; Mr. S. C. Homersham, London; Dr. S. Haughton, Dublin; The Secretary of the Ethnological Society; Mr. J. B. Stedman, Godalming; The Secretary of the Quekett Microscopical Club; Dr. A. Bennett, Edinburgh; Dr. Bell Fletcher, Birmingham; Dr. B. W. Foster, Birmingham; Mr. N. Heckford, London; Dr. Walker, London; etc.

#### BOOKS, ETC., RECEIVED.

**Newport Odd Fellows' Medical Aid Association.**  
Report on the Sanitary Condition of the Whitechapel District.  
A Treatise on the Progress of Practical and Scientific Medicine in different parts of the World. Edited by Horace Dobell, M.D. London: 1870.  
Three Letters on Medical Legislation. By J. Syme, D.C.L. Edinburgh: 1870.  
The Second Annual Report of the Richmond Infirmary for 1869.  
Report of the Medical Officers of the Small-Pox and Vaccination Hospital for the Year 1869. London: 1870.  
Renal Diseases: a Clinical Guide to their Diagnosis and Treatment. By W. R. Basham, M.D. London: 1870.  
Lectures on Ectematosus Affections. By Erasmus Wilson, F.R.S., F.R.C.S. London: 1870.  
Report of the Resident Medical Superintendent of the Richmond District Lunatic Asylum, Dublin, for the year 1869. Dublin: 1870.

## CLINICAL LECTURE

ON

HÆMATEMESIS AND PERFORATING  
ULCER OF THE STOMACH.

By GEORGE JOHNSON, M.D., F.R.C.P.,

Physician to King's College Hospital; Professor of Medicine in King's College,  
London; etc.

I WISH, in the first place, to direct your attention to a case of hæmatemesis recently admitted into the hospital. I will give you a history of the case, condensed from the more detailed report which has been drawn up by my clinical clerk, Mr. Mayo.

Sarah Duncan, aged 28, a maid-servant, was admitted into Twining Ward on February 3rd. She said that, for three months before her admission, she had suffered from pain in the right side, loss of appetite, and lowness of spirits. The catamenia had been quite regular, and she had never been ill before. On January 30th, she twice fainted, without apparent cause; and on each occasion, just as she was recovering consciousness, she vomited a large quantity of black blood—she says, as much as a pint each time. She went to bed for the remainder of the day. The next day, she got up; and, having taken some gruel and beef-tea in the course of the morning, she again fainted, and a third time she vomited a large quantity of blood, “about half a basinful”. On February 1st, she again fainted twice; and each time the faintness was succeeded by vomiting of blood.

On admission, she had a very anæmic appearance, the lips and the tongue being quite pallid. She complained of a constant thumping in her head; a feeling of sickness; a bitter taste in the mouth; pain and tenderness in the right hypochondriac, but not in the epigastric region. The tongue was covered with a yellowish fur. Pulse 100, very small and feeble. A soft systolic blowing was heard over the base of the heart. The urine was normal.

She was placed upon milk diet. On the 4th—the day after her admission—she vomited once, but brought up no blood. On the 5th, she twice vomited about a tablespoonful of blood. She was then ordered to take ten grains of tannic acid in water every four hours; to have no food by the mouth, but, in place of it, an injection of beef-tea, egg, and brandy, every two hours. On the 7th, there had been no return of sickness. A stool passed in the morning contained no blood. After six doses of the medicine had been taken, it was discontinued, on account of its exciting nausea. She had no food by the mouth. The enemata were continued. On the 9th, there had been no return of the sickness; but she was thirsty, and wanted food. She was ordered to take some iced water and milk, and cold beef-tea; three grains of sulphate of iron in two pills, with extract of gentian and ginger, three times a day; the enemata to be discontinued. On the 10th, she vomited after eating an orange which had been surreptitiously obtained; but no blood appeared. On the 15th, she had fish and potatoes for dinner; on the 16th, a chop. Since then, she has gradually returned to the ordinary meat diet. There has been no return of the bleeding. She continues the iron pills, and she is rapidly recovering her lost strength and colour.

Now, in this case there can be no doubt that the stomach was the source of the bleeding. In cases of hæmorrhage from the stomach, it not unfrequently happens, as in this case, that, while a copious bleeding is going on internally, the patient faints and loses consciousness, and may actually appear to be dying before any blood is expelled by vomiting. In some cases, no vomiting occurs; the blood passes into the bowels; and a patient who has become rapidly exhausted and anæmic is found to be passing blood by stool. If, in the history of an attack of hæmorrhage, you learn that the patient fainted before any blood appeared externally, and then that black and perhaps clotted blood was vomited, you may conclude that the blood came from the stomach. In this respect, there is a marked contrast between gastric and pulmonary hæmorrhage. Bleeding into the air-passages immediately excites coughing. The blood begins to be expectorated as soon as it escapes from the vessels. It is generally florid and frothy; and it sometimes happens that the first appearance of the blood so alarms a nervous patient as to cause faintness, when the mere loss of blood has been quite inconsiderable.

That the cause of the hæmorrhage in our patient is a simple gastric

ulcer, is highly probable, although some of the symptoms of that disease were wanting. In particular, it is to be observed that the pain, which was referred to the right side, had not been increased by taking food. She had not been troubled with water-brash, or with vomiting, before the occurrence of the hæmatemesis. There is no evidence of impeded circulation through the liver or the heart; the soft systolic blowing over the base is doubtless anæmic; the catamenia have appeared regularly; and there can be little doubt that a gastric ulcer is the source of the bleeding.

Now I wish to direct your attention particularly to the treatment of the two most serious and alarming accidents of gastric ulcer: I mean hæmorrhage and perforation.

In the treatment of hæmorrhage, absolute rest in bed is essential. Then, while the tendency to bleeding continues, no food should be introduced into the stomach; but the patient should be sustained by nutritive enemata. The introduction of food into the stomach excites an increased afflux of blood to the organ. This alone may cause a return of the bleeding; and with the increased supply of blood there is a copious secretion of gastric juice, which, coming in contact with the ulcer, may dissolve the recently formed coagula that had plugged the bleeding vessels. The bleeding patient, therefore, should lie still, sip iced water, and be fed by the rectum. The most useful styptics in these cases are, tannic acid in ten-grain doses, tincture of perchloride of iron in twenty-minim doses, and tincture of tannate in twenty-minim doses. Each of these medicines I have seen speedily arrest the bleeding in different cases. In the present case, the tannic acid excited nausea, and it was discontinued. In any case, I believe that the exclusion of food from the bleeding stomach is of more importance than the administration of medicine; yet I should always give one or other of the styptics that I have mentioned, if the bleeding continue in spite of abstinence and iced water. When the bleeding has ceased, liquid food may gradually and cautiously be given by the stomach; then solids; and, lastly, iron is a most valuable restorative tonic.

In the treatment of perforation of the stomach, the necessity for keeping the stomach free, not only from food, but from medicine, is absolute. This accident is generally fatal; but there are on record a few cases in which a patient has recovered after symptoms of perforation had occurred. One such case has been published by the late Dr. Hughes in the *Guy's Hospital Reports* (1846), and one case occurred in my own practice. On Christmas-eve, 1863, I saw, in consultation with Mr. Henry Lee, Mrs. T., aged 40. About two hours before, she had been seized suddenly in the street with severe pain, rapidly extending over the whole abdomen. She felt faint, and vomited, and had to be taken home in a cab. When I saw her, she had excessive pain and tenderness over the whole abdomen, the pain being much increased by pressure, and by any movement of the body. The pulse was rapid and feeble, and the skin cold. I learnt that for several months past she had suffered from pain in the region of the stomach, increased by taking food. She had frequent acid eructations, for which she was in the habit of taking calcined magnesia; and, about three months before, she had on one occasion vomited a large quantity of blood. Here there was a distinct history of chronic gastric ulcer; and now the symptoms pointed clearly to perforation and consequent peritonitis. Acting upon that view of the case, we gave every two hours an enema consisting of half a pint of beef-tea, half an ounce of brandy, and fifteen minims of laudanum; by the mouth, only an occasional dessert-spoonful of water or barley-water to allay thirst; perfect quietude in bed; hot fomentations to the abdomen. Under this treatment, the symptoms gradually subsided. As the pain abated, the laudanum was discontinued; but she was fed entirely by the rectum for nearly three weeks. She then began to take by the stomach small quantities of bread and milk, beef-tea, and arrowroot. For the first two or three days of feeding by the stomach, the food was rejected by vomiting; but this soon subsided, and she steadily regained strength. She called at my house on February 9th, 1864. She was then quite convalescent; but she had an anæmic appearance, and still complained of her old dyspeptic symptoms. I have not since seen or heard of her.

In this case, recovery having taken place, it is of course not certain that there had been perforation of the stomach. The history, however, leaves very little room for doubt. This, at any rate, is certain: that the only chance of recovery from perforation of the stomach is afforded by giving both food and medicine by the rectum, and excluding both from the stomach until the rent has been firmly closed.

Many years ago, on *post mortem* examination of a case of perforating ulcer of the stomach, I found that a large pill had passed through the perforation into the cavity of the peritoneum. There can be little doubt that much food and irritating physic has often taken the same course in similar cases. Let us be careful to avoid a practice that of necessity must aggravate the patient's pain and peril.



# CASES OF MOTIVELESS SIMULATION OF DISEASE.

By WILLIAM ROBERTS, M.D., F.R.C.P.,  
Physician to the Manchester Royal Infirmary.

BEFORE the interest awakened in cases of simulated disease, by the tragic history of the Welsh fasting girl, has entirely passed away, I may be permitted to contribute to the literature of the subject the following four cases which have fallen within my own experience.

If we exclude vulgar malingerers who feign disease or disability for some plainly intelligible purpose—to escape military service, to avoid punishment, to provoke pity or charity, to obtain compensation for alleged injury, to procure release from confinement or irksome duty, or for some other comprehensible purpose of fraud and imposition—there still remain a number of very remarkable instances of simulated disease where the motive to deceit is either altogether inscrutable, or is so greatly out of proportion to the inconvenience and pain and danger of the condition simulated, as to suggest an aberration of mind approaching—if not actually reaching—the confines of insanity. It is not at all conceivable, *a priori*, that there may exist individuals afflicted with an irresistible impulse to deceive; just as there are confessed cases of irresistible impulse to set things on fire (pyromania), or to steal (kleptomania), or to drink stimulants to excess (dipsomania). These latter are recognised by psychologists as forms of mental unsoundness, which absolve, partially at least, the subjects of them from the full moral delinquency of their acts.

I am conscious that a heavy responsibility attaches to any one who, on inadequate grounds, throws the almost sacred shield of a plea of irresponsibility over any class of moral or civil offences; and that the discipline of society might be seriously weakened by a too ready admission of such a plea. Nevertheless, we are bound to look facts in the face; and if there really be cases in which persons appear to be impelled, by an irrational impulse, to acts of imposition and deceit, we are bound to recognise their existence, and to pause before imputing to such persons the full quota of guilt which would attach to their acts if their minds were in all respects sound. To the friends and relations of these unfortunate, the recognition of the existence of such cases would also yield very real consolation.

Examples of motiveless malingering are most generally found amongst girls and young women, and they have, as a rule, a decidedly hysterical complexion; but occasionally we meet with instances in women advanced in life; and the most singular of the cases that have fallen under my own notice was in a boy of fourteen. The most familiar types are those in which persons feign to pass pieces of coal or pencil, snails, and various worms with the urine or faeces; or when discolorations and eruptions of the skin are artificially produced, and palmed off as genuine diseases. In rarer instances, the deceit sought to be practised is much more elaborate and much more difficult to detect; indeed, the perverse ingenuity sometimes displayed is such as altogether to baffle every inquiry, and to impose permanently on the patient's friends and the medical attendants.

The following cases are very diverse in their character; and one of them (case ii) almost conforms to the type of a genuine hallucination.

CASE I.—*Effluence of a White Powder on the Surface of the Body, which proved to be Starch.*—A maiden lady, aged about five-and-thirty, complained that a fine white powder exuded through her skin, filling up the cutaneous wrinkles and crevices on the face, hands, and surface generally. When washed off it soon returned again. This phenomenon excited much marvel and interest among her relations and neighbours, and puzzled her medical attendant. It was suggested that something was wrong in her drinking-water, and a chemist was called in to make an analysis. The chemist reported that the water contained an excess of carbonate of lime; and it was thence conjectured that the excess took this extraordinary method of working itself out of the system. The lady's own opinion was, that a piece of glass from a bottle she had broken some time previously in taking out the cork, had entered her hand, and had never been properly extracted, but that it had passed into her body, and was now exhaling through the pores of her skin. At my request, a portion of the white powder was obtained for examination. I found it to consist of wheat-starch. It was evident that this poor lady must have been in the habit of dusting herself with some of the powders in use to give brilliancy to the complexion, and that under some inexplicable motive she was trying to impose on those around her.

CASE II. *Insects floating from the Hair, which turned out to be Flakes of Soot.*—A married lady, of about 50, called upon me some years ago, stating that she was suffering from a very mysterious and distressing complaint. She went on to say that every evening when

the lights appeared she began to be afflicted with a plague of insects coming from her hair. She could see them swarming down from her head in vast numbers; and when she went into society in the evening, she remarked that those who sat next to her became uneasy and restless, showing evident signs that they were annoyed by the insects which came from her. They continued to torment her until she put out her light on going to bed. In the morning there were no traces of them to be seen; they had, as she alleged, retired into the pores of the skin, where they remained dormant until the evening lights brought them out again. She gave the most circumstantial account of their appearance and behaviour. When she shook her head over a basin of water, the insects fell in myriads into the water, and moved about actively for a considerable time; but if they were allowed to fall into hot water or into whisky they immediately became still, and died. She was a person of scrupulous personal cleanliness; and the most careful search failed to detect any traces of parasitic vermin. I prescribed some draughts, and requested her to send me some specimens of the insects for examination. Four days afterwards, I received the following note.

"Sir,—I have taken the four doses of the draught which you prescribed for me, and find myself much relieved from the annoyance. I send a small packet containing the insects; should it be necessary that I should have another prescription, I will thank you to forward it to me as per address. I shall take the first opportunity in my power of calling upon you in Manchester. I am, &c."

The packet mentioned in the note was a small phial carefully corked. This contained (besides a toilet-pen, a dead house-fly, and three long hairs) a large number of dark flaky particles like soot, floating in whisky. A fortnight afterwards, she called again, stating that her complaint was as bad as ever. She produced a folded sheet of note-paper, which she said contained some of the insects. When this was opened out, I found it to be thickly dotted over with flakes of soot, just as if it had been held for some minutes under a smoky chimney. She assured me that the black particles were all alive and moving when they were placed on the paper. She called on me three or four times subsequently. I never could detect in her the slightest indications of any delusion or hallucination on any subject save the insects; yet I could not quite satisfy myself that in this case the patient was not in some degree herself a victim of the imposition she sought to practise upon me. She appeared very anxious to be cured; and when she found me incurable, she at length intimated that I lacked penetration to fathom the real nature of her case. Quite recently, I have learnt the following additional particulars about this case. The patient is now perfectly cured of her notion about the insects. She has always been a great reader of medical books, and gives much trouble to her medical attendant by her various fancies; her intellect, however, continues quite unimpaired.

CASE III. *A Living Frog discharged with the Stool by a Woman.*—Nine years ago, at a meeting of the Manchester Medical Society, Dr. Browne exhibited a frog which an out-patient of his at the Royal Infirmary had sent to him, with the following letter, which he has kindly permitted me to publish. I must apologise for reproducing *verbatim et literatim* this comical epistle; but it gives a circumstantial account of the occurrence, and, withal, reflects so perfectly the mental state of the patient, that I venture to do so.

"Tyledesley, January 21st, 1861.

"Dear Sir,—I take greater pleasure of writing to you a few more lines hoping the will find you in good health as I am very Glad to inform you that I am a great deal better than the last time I sent you word how I was I am not as much swelled as I was you will please Examine in this Extra bottle it was on wednesday morning last that I sent to & I I wanted to have a stool very bad and before I could get to the poe this animal Dropped from me I never was as surprised in my life there is Different opinions About it at Tyledesley but Mr. Browne I Leave my opinion which you are the person I think should be the likeliest to know what to do the best it was a deal larger when it came from me it was a live but soon died when I had Examined my Stool I washed it and then I sent for the druggist a young man in the name of Joseph Wall-work and he took it with him and put in Spirits of wine for me now my dear friend I hope you will do your best yet for I must inform you that my belly is a deal looser and I feel a deal smaller than what I was I have given you the state of my body as well as I can this time I will let you no very time if I dont come my self I must conclude by wishing you success in every case you take in hand yours &c Mrs Harwood formally Ainsworth."

When the frog was dissected, remnants of a fly were found in its stomach; this disposed of the surmises of some of the members that the frog had actually grown up in and passed through the woman's intestines. The only real question in the case was whether or not the woman was herself deceived; whether, in fact, the frog was not simply hopping about the floor, and that the woman, finding it there, had imagined the



rest. It is difficult to reconcile such a supposition with the circumstantial description of the occurrence given in the letter. It seems more probable that the woman was acting under an irrational impulse to deceive; and the hypochondriacal vein running through her letter, and especially her laborious anxiety to describe her very trivial symptoms to her physician, indicate exactly the *malade-imaginaire* type of mind in which such an impulse might be expected to arise.

CASE IV.—*A Boy Vomiting large numbers of Membranous Tubes, which turned out to be pieces of Arteries.*—The subject of this singular case was a well-grown healthy boy of fourteen. He was sent to me by his medical attendant from Oldham, with a request that I would take him into the Infirmary, and have him watched. The boy was accompanied by his mother, who produced a piece of glistening membranous tube, three inches long and as thick as the thumb, which had been vomited by the boy, as she alleged, as they were coming in the train. I had no difficulty in recognising this as a piece of the thoracic aorta of some animal (probably a sheep), turned inside out. She further informed me that the boy had vomited similar tubes almost daily, and sometimes two or three times a day, for the last two months, and that she possessed at home a large collection of such pieces, which had been preserved after being vomited. I found that the boy was her youngest child (she was a widow), and evidently the pet of herself and of his two grown-up brothers. She expressed great concern about the boy's ailment, and the boy himself seemed very anxious to be cured. She stated that the complaint commenced with vomiting of blood, and that afterwards the tubes appeared; and that, when the tubes were vomited, the boy suffered extremely; that he became swollen about the neck and black in the face, and well-nigh choked. He never vomited any food with the tubes; sometimes they were tinged with blood, and sometimes not. At times he was so ill that he kept his bed for several days, and at these periods he brought up numerous tubes. I wrote to the boy's medical attendant an account of my discovery (saying nothing to his mother), and suggested that, before taking him into the Infirmary, a strict watch should be set on foot at home, and that inquiries in all the butchers' shops and slaughter-houses in the neighbourhood should be made, in order to ascertain where the boy procured his pieces of arteries. I also desired that the collection of tubes should be sent to me for examination. All this was accordingly done.

The collection of tubes arrived in nine pickle-jars. All consisted of pieces of arteries of various sizes, evidently obtained from the carcasses of animals slaughtered by butcher's meat. I found no difficulty in matching every variety of them from the carcasses of sheep and oxen hung up in the shambles. The total amounted to fifty-five pieces, weighing altogether two-and-a-half pounds. The greater number were pieces of the thoracic aorta of sheep or lambs, varying from two to nine inches in length; these were all carefully turned inside out. There was one piece of aorta nine inches long, which was not turned inside out, with a big lump of fatty tissue attached to one end of it; this weighed a quarter of a pound. Another piece was still larger—sixteen inches long and half a pound in weight; this was turned inside out. A large number consisted of smaller arterial trunks—pieces of the abdominal aorta and its branches—varied in size from a goose-quill to the thickness of the little finger; all these were turned inside out.

All the watching and inquiries proved utterly unproductive, though carried out with scrupulous care and trouble. The boy's brothers, as they informed me themselves, watched by his bedside days and nights, and witnessed over and over again the boy bringing up, with apparent pain and imminent suffocation, pieces of tubes which, they alleged, it was impossible for him to have procured and swallowed beforehand without their having detected him. No traces could be found of the boy's visits to any of the slaughter-houses or butchers' shops in the neighbourhood.

At the end of a fortnight, I took the boy into the Infirmary. He was perfectly sound in all his organs. His appearance was somewhat girlish, but simple and ingenuous. He vomited up a piece of aorta as my clinical clerk was taking notes of his case, and another piece was discovered hidden among his clothes. When asked about this latter, he answered that he had vomited it on his journey, and brought it to show the doctors. He remained in the Infirmary ten days, during which time he was quite well, and vomited no more tubes. Mr. Fletcher, my clerk, stated that he found him vigorously sucking his gums on one occasion, and spitting out a bloody sputum. When he was told that his imposition had been discovered, and solemnly adjured to confess where he had obtained the pieces of tubes, he simply replied that he "got them from nowhere"—that "they came from his inside"; and, when more strongly urged, he began to shed tears. All the endeavours of nurses, students, and of myself, and even threats of corporal punishment, which were used without my sanction, failed ignominiously to extract a word of confession from the boy. His mother

and brothers likewise continued, in spite of the clearest demonstrations, quite unshaken in their belief in the genuineness of the symptoms. Ten days after the boy's return home, I received the following note from him.

"Dear Sir—I write these few lines for what you have done to me during the little time I have been at the Infirmary; but I am very sorry to say that you have not cured me; and I am very glad to say I have not yet vomited any more of the tubes, and I have begun to vomit blood. I have vomited blood three nights together, and spit a little on Sunday night; and, if you desire to analyse any of it, it will be a great pleasure to us to send you a bottle of it. In concluding, allow me to thank you sincerely for your kind service while under your treatment. I am, etc."

I did not, however, care to follow the case further. The family of which this boy was a member was of the respectable artisan class. They lived in comfort and abundance. The boy himself was a factory hand; he was quite comfortable in his situation, and professed himself anxious to return to his work. No conceivable motive could be assigned for the imposition. The boy bore an unblemished character for truthfulness; and of the *bona fides* of his mother and brothers it was impossible to entertain a doubt.

As to the mechanical difficulties of the case, they lie outside the purpose of the present paper. The boy was repeatedly *seen* to bring up from his throat—and once by my clinical clerk—large pieces of artery. Probably he had acquired the trick of partially swallowing objects—that is, of taking them into the gullet—and regurgitating them again. He evidently did not take them into the stomach, for he never vomited his food. Chinese jugglers, who swallow knives and disgorge them again, appear to possess this power in even greater degree than was acquired by this boy.

While admitting the undoubtedly hysterical affinities of these cases, it must not be forgotten that hysteria sometimes overlaps the confines of insanity; and that, in most large asylums, cases are found in which it is very difficult or impossible to draw a line of demarcation. It may indeed be truly said that an exaggerated desire to excite attention and sympathy is a sufficient motive for many of the slighter cases; but such an explanation is scarcely satisfactory in cases where pain and inconvenience, and even death itself, are encountered to keep up the imposition.

## FEIGNED OR HYSTERICAL DISEASE OF SKIN.

By THOMAS FLOWER, Esq., House-Surgeon to the Royal Surrey County Hospital.

IN THIS JOURNAL for January 8th, 1870, Mr. Startin mentions some cases of feigned skin-diseases; and again in the number for February 12th, 1870, Dr. Hilton Fagge gives notes on similar cases. At the present time, when "feigned diseases" are engaging considerable attention, the following case may prove worthy of notice.

R. S., servant, aged 17, very tall, but well nourished (height, 5 ft. 9 in.; weight, 105 lb.), was admitted into the Royal Surrey County Hospital under Dr. Stedman on December 6th, 1869. She was well in health, except that the catamenia were irregular and the bowels costive. On each cheek was a bright scarlet blush; which, she said, was painful and tender. She had been laid up at her situation for five weeks with a similar rash coming out on various parts of the body, which had defied medical treatment. The blush on the cheeks continued for three days, when it gradually faded, and desquamation took place. Eight days after admission, an eruption resembling urticaria appeared on the outside of the left hip; and, two days later, a similar one on the back of the left hand and forearm, with three long marks as if caused by finger-nails; but she denied scratching her arm. It afterwards appeared, successively, on the front of the chest, on the inside of the left knee, the left arm, and again on the inside of the left knee. This last eruption was of a bright scarlet colour, and felt rough to the touch. A mustard-plaster of the same size as the eruption was applied to the right knee for three hours, and the next morning both rashes seemed exactly similar. She denied having caused it; but, during the remainder of her stay (ten days) in Hospital, no fresh rash appeared. A month after her discharge she continued well. In sweeping the chimney of the room in which she was laid up at her mistress's, a "pot with some old dried mixed mustard in it" was found lodged above the fire-place. The patient was kept some time in the Hospital in order that she might be closely watched, to detect, if possible, the agent with which she caused the rash, but nothing was found; yet, from the similarity of the rash on both knees—one caused by mustard-plaster, from the finding of the secreted mustard-pot, and from the erratic nature and various forms which the eruptions took, undoubtedly all were caused

artificially, and mustard was the sole or principal agent used. But it is difficult to decide for what reason the girl died to sham illness, as she lost a comfortable situation, and had to return to a miserable home inhabited by a sick father and mother.

### ON THE PROPAGATION OF ENTERIC FEVER.\*

By T. CLIFFORD ALLBUTT, M.A., M.D.Cantab., F.L.S., etc.

THE great and inspiring advance of recent medical knowledge is nowhere better seen than in the department of infectious diseases. The distinction between typhus and enteric fever, and the wholly distinct causation of the two diseases, have, during the last few years, been clearly made out, and but few points remain to be investigated. Among questions which are still open are those which relate to the kind and the origin of the agent which produces the "enteric" state. The admirable investigations of W. Budd, Parkes, Murchison, and many others in England, and of men like Hirsch, Liebermeister, Pettenkofer, and others abroad, have done much to aid our investigations even in this direction also.

I think it is not yet clearly understood by the profession at large that enteric fever is a specific fever, and therefore must, in accordance with all analogy, depend upon a specific poison. We see many accounts of epidemics—accounts which are drawn up with industry and intelligence, but which fail to tell us the origin of the specific poison. The drinking of polluted water is shown, the entrance of drain-refuse into the wells is proved, but the farther problem is too often overlooked—the problem of the introduction of the peculiar poison. It is, however, quite certain that persons may drink fecal water for months or years, their cesspools may communicate with their wells, their drains may find a way into their water-pipes, and, in consequence, they may suffer from diarrhea, from low forms of sore throat, from debility, languor, and from other evidences of low vitality, but they do not suffer from enteric fever, unless they drink the specific poison of that disease which may or may not be present in the cesspool or drain, and which certainly is not there unless it be introduced from without. Enteric fever is not caused by the drinking of faces, whatever else this may produce, but by the drinking of a specific poison whose chief place of development is the infected human bowel, and which is, therefore, often found in human dejections. Unless that element be traced, the origin of the endemic is not discovered. Here, for example, is one of the difficulties which waits for settlement. Can the enteric poison which is known to be carried by water into the system be carried also by the atmosphere into the lungs and blood? Many writers hold that this latter is a means by which the endemic spreads. It is always hard to prove a negative, still more so to prove a negative in a question of such subtlety; the right course is rather to extend, as far as possible, the positive proof of that means which we know; viz., the introduction by water, and to find out whether it will cover all cases.

It seems to me very doubtful whether it will cover all cases. In large towns like Leeds, for instance, where the water-supply is uniform, continuous, and excellent, and where enteric fever is nevertheless prevalent, there would seem to be some farther means at work. For instance, I go frequently into infected houses where the water-supply is all that can be desired, but where there is a strong ventilation from the sewers. In such cases it would certainly seem as if the poison were light enough to be borne upon the wind and thence either breathed or caught in the food. Again, there seems to be some widely spread influence which determines the periods of the endemic. Individuals, or their excrement, must be moving from place to place and carrying infection all the year round; but yet we see endemic outbreaks chiefly in autumn, and their subsidence chiefly in spring. The ground-water levels seem to have much to do with this, probably in some mechanical way;† and it is certain that rains have much to do with it, as we see in one of the cases I shall now publish, as was seen in the Dundee outbreak so well described by Dr. MacLagan in the *Edinburgh Medical Journal* (October 1867, p. 297‡); and at Terling also, as was shown in the reports of Dr. Haviland in the *Medical Times and Gazette* for January 11th, 1868; and of Mr. Salter in the same journal for the 7th of March. The fall of rain acts, no doubt, by washing the infecting material into the springs and water-courses. That personal contagion has little or nothing

to do with the spread of the disease is now believed by all careful and instructed writers. That mere accumulation of dung and filth has no direct causative power is less clearly seized as a truth; and the hesitation which is felt on this point is now explained by the fact that the poison (whether parasite or not, as Fischer and Hallier have attempted to show,) certainly batters upon excrementitious filth and organic putrefactive matters.\* In large towns, where many and complex agencies are at work, it is difficult or impossible to trace the beginning and causation of epidemics or epidemics, except it be under circumstances so crucial and peculiar as those of the Guildford outbreak. It is in small societies—the circumstances of which are simple, that such investigations are most likely to prove successful. In two such cases I have been able to trace the origin of enteric fever, and these cases I have now to bring forward. The first case, in point of time, was that of a college belonging to the Society of Friends; it is called the Flounders Institute, and is situated at Ackworth, near Pontefract. The following is the report which I was enabled to make with the kind assistance of Dr. Wood.

"At the request of Mr. Harvey and Mr. Brown, I visited the Flounders Institute on April the 16th, 1869, in order to ascertain the nature of the fever now prevalent at the Institute and in Ackworth, and in order to learn, if possible, the causes of its prevalence. I met your medical attendant, Dr. Wool, accordingly; we visited several patients at the Institute, and I ascertained that the disease from which they were suffering was enteric fever. That opinion you had already heard from Dr. Wood. We also visited several patients in Ackworth Moor Top, and ascertained they also were suffering in like manner from enteric fever. As is commonly the case, it had fallen chiefly and firstly upon young persons.

"As regards the Institute, I found your conditions as to site, and aspect, and internal comforts, to be most satisfactory. My survey ended, as is common in these cases, by my suspicions falling upon the drinking water. I found that your supply was from two sources. 1. From a well upon your own premises; 2. From a well in the village, to which I shall refer under the name of the watering troughs. First, as to your own well. It appears that this water has been little used for drinking purposes. You have not any cesspool in dangerous proximity to it, your drains are constructed with sanitary tubes, and I do not think it likely that the excreta from the fever-patients in your house have reached your well. I shall show reason for believing that they all derived their poison from one common source; viz., the watering troughs.

"The analysis of your well-water, made by Mr. Wilson of the Leeds School of Medicine, shows that it contains 1.82 grains of organic and volatile matter per gallon, and 4.9 grains of common salt. On the whole, though somewhat unsatisfactory, it may safely be used, provided it be exposed to the air so as to allow the sediment of oxide of iron in combination with organic matter to be fully formed, and that it be then filtered. Mr. Wilson holds the same opinion, and recommends the use of a carbon-filter.

"I now turn to the water at the watering troughs. It appears that this water, which is very bright and pleasant, has been chiefly or entirely used for table purposes in your household. As your Institution is conducted upon the principle of total abstinence, this village water has been largely consumed by your inmates. The watering troughs supply a favourite drinking water not only to yourselves but also to that part of the village of Ackworth called Ackworth Moor Top. It is a remarkable fact, which I hear from Dr. Wood, that those persons in the village who have suffered first and most severely are also total abstainers, and have drunk largely of the attractive water of the troughs. The watering troughs and the small well or drinking trough a little above them, are supplied from one stream, and the analysis of the water, as made by Mr. Wilson, is as follows: 'The water from the spring at the watering troughs is inodorous, very bright and clear, and has a scarcely perceptible saline taste; it forms no deposit on standing. An imperial gallon contains 5.04 grains of organic and volatile matters and 6.21 grains of common salt.' Nitric acid, which is a product of the decomposition of animal matter, is present in unusually large quantity. It will be clear to you from the above analysis that the water of the troughs is, in spite of its beautiful appearance, very impure. The area of the enteric fever is curiously continuous with the area supplied by the troughs, only one case having occurred outside this area, and that one was a boy who passed by the impure well twice daily and frequently drank the water. On examining the troughs with Dr. Wood, I found below your gates and across the road two large troughs, and a short distance above these troughs another small trough. On inquiry, I found that a stream was known to cross the high road reaching the well-rough from a point about thirty yards higher up. We crossed

\* Read in the Medical Section at the Annual Meeting of the British Medical Association in Leeds, July 1868.

† When I wrote this paper, I had not had the advantage of reading the admirable paper on the same subject by Dr. Buchanan, in the *Medical Times and Gazette* for March 18th, 1870. He shows very clearly the specific origin of an outbreak in an Essex village, and makes some remarkable observations on Pettenkofer's theory.

‡ In this interesting paper, Dr. MacLagan shows that cholera followed the same track as enteric fever; while typhus, on the contrary, took quite another course.

\* Cf. Liebermeister's account of the outbreak at Basel, in the *Deutsche Klinik* for 1866, Nos. 6, 7, 9, 10.



the road and walked some yards up the road, where we found a clump of cottages. In the midst of them is an open space, and in this space is a pump which is never dry, and the water of which, we have no doubt, is a branch of the stream which supplies the troughs. Now the space occupied by these cottages is the site of an old stone-quarry, which has been filled up with loose earth and rubble. Some parts of this quarry, and for example, a part now occupied by a privy, had been worked and filled up again within the last ten years. These cottages, therefore, stand in a sort of amphitheatre, sheltered behind by the walls of the quarry. At the back of these premises is a pool supplied constantly by running water; this is, we proved, the main source of the stream which supplies the troughs. This stream runs by several channels through this basin of excavation, the channels themselves then combining to form a main stream which supplies the watering troughs. The basin is filled with porous made earth, upon which again are placed six or eight dwellings, with foul privies, etc. To give some idea of the rapidity of percolation, I may say that on the day of my visit a heavy rain was falling. Surface-water, at the close of the shower, was standing in the hollows of the soil behind the cottages. In less than an hour nearly the whole of this rain-water had disappeared; and, I may add also, a certain sump-hole which receives the surface drainage, etc., was never emptied, for 'it emptied itself' by escape into the soil below. This sump-hole lies just above the calculated run of the stream going down to the troughs.

"It appears that the first case of typhoid fever in your district was that of a girl named Lee. She soon fell ill of fever after her return from a village near Wakefield. Lee lives in one of the cottages which are built in the stone-quarry. During the first day or two of her diarrhoea, the dejections were cast into the privies behind the cottages, and upon the made earth. After that time, the people buried these dejections in the loose earth which fills the old quarry, and below which the stream runs to the trough. This case occurred during the winter months, and at a time when much rain was falling. The rain, soaking through the loose ground in the way I myself witnessed, would enter the stream, and would carry with it the whole of the typhoid excreta. These excreta were then carried by the stream itself into the stomachs of the inmates of your household."

The next outbreak which I was called upon to investigate was with Mr. Ellerton of Aberford, and it occurred at Bramham College, a large school near Tadcaster, under the management of Dr. Haigh and his sons. This report is as follows.

"On the 10th of May, 1869, I was consulted by you concerning an outbreak of fever which had recently taken place in your establishment. From the evidence which I obtained from Mr. Ellerton, I was satisfied that the fever was of the kind known as enteric. I felt satisfied also that the appearance of enteric fever in the college was due to introduction from without. It appears that, in the latter half of the month of March, nineteen of your boys sickened at once with symptoms that afterwards developed into those of well-marked enteric fever.\* It seemed clear, therefore, that these boys were subjected to some common cause of disease. My attention was at once directed to your water-supply. A suspicion of the kind I had already presented itself to Mr. Ellerton and yourselves; and you were exploring the state of your supply. I found that your drinking-water was taken from a surface-well on your premises. Having, then, a well liable to pollution, was any pollution by the specific excreta of enteric fever to be detected? I believe that, with your assistance and the assistance of Mr. Ellerton, I am enabled to answer both these questions in the affirmative. A specimen of the well-water, however pleasant for drinking purposes, was (as shown by analysis) contaminated by sewage-matter. It became important, then, to find the origin of this contamination. In close proximity to your well was a soft-water tank, cemented inside. The cement, however, was shelling off on the side next the well; and that there was soaking going on from the tank into the well was clear from the distinct discoloration which was found on the stonework of the well contiguous to the soft-water tank, and in no other part. It was discovered that the water in the tank was contaminated by sewage matter, by means of a drain formed of sanitary tubing which runs over the top of the soft-water tank on its way from a water-closet to the sewage-tank. At the spot where it passed over the tank, this tubing was broken (owing to its having been undermined by rats and so let down), and the whole ground above the arched roof of the tank was saturated with filth. Inside the soft-water tank at the spring of the arch, and just above the broken drain, were found two cracks, through which there were evident traces of the dripping of

\* It is interesting to know that these nineteen boys are total abstainers, or nearly so, and were, as the Messrs. Haigh found out in reply to my questions, the only or the chief abstainers in the school. This was noticed at Ackworth, and it was noticed at Telling. The fact is curiously in accordance with our views of the propagation of water.

sewage into the tank. Your well was, therefore, impregnated with sewage through the intermediation of the soft-water tank.

"It only remains now to discover the source of the specific infection. You tell me that at the end of last January you received two boys, who sickened about nine days after their arrival and developed all the symptoms of enteric fever. It is in accordance with the time of the incubation of enteric fever (which is seldom or never less than ten days, and generally more,) that these boys should have received the poison into their systems before coming to you, for fever was prevalent in the localities from which these boys respectively came; in fact, enteric fever was present in the home of one of the boys. These boys had the diarrhoea characteristic of enteric fever; and I find that their excreta were thrown down the water-closet generally used in cases of sickness. The broken drain found above the soft-water tank was the drain from the water-closet. The whole case is therefore singularly clear, and the remedy as clear as the causes."

Both these cases tend, I think, to prove with unusual clearness that water charged with sewage-matter had long been drunk daily with impunity, so far as enteric fever was concerned, until the moment when the dejections of an enteric patient passed into it. At Telling the people had long been drinking water horribly charged with organic matter and bowel-dejections, and without the fever as a consequence, until one young girl commenced the specific process; her dejections were washed by heavy rains into the wells, and then only did the endemic spread among the people.

## REPORTS

OF

### MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

#### THE MARGATE SEA-BATHING INFIRMARY.

[BY THE EDITOR.]

[Continued from page 233 of last number.]

*Mortality, etc.*—There is no museum at this Hospital, a circumstance which is to be regretted. We believe that not a few interesting specimens are obtained from time to time, especially those illustrating processes of repairation after excisions of joints, etc. The mortality is not large; but, of the few *post mortem* examinations obtained, some are of unusual value. Mr. Clouting, who has been in the Institution nine months, told us that he could remember only two deaths—one from tubercular meningitis, the other from disease of the lungs. The mortality of 1868 was 18 out of a total of 909 admissions.

*Treatment of Disease of the Hip-joint.*—The admirable plan of extending the limb in cases of disease of the hip, by means of a weight attached to the foot and passing over a pulley at the bottom of the bed, is extensively employed here. This plan was imported, we believe, from America, and is now in very general use in the London Hospitals; but it is not so widely known as it deserves to be. It is both more comfortable to the patient and vastly more convenient to the nurse than the long splint. Its more general employment in private practice would save many a patient from the deformity which often results when recovery takes place. Sometimes it is necessary to use counterfriction; and we observed that Mr. Clouting had devised a sort of laced jacket, padded under the amputations, by straps from which the patient's body might be secured to the top of the bed. It seemed to act very efficiently. In some cases, counterextension by a perineal band may be better. Mr. Clouting mentioned to us that he had recently had several cases in which the habit of wetting the bed in children in cases of disease of the hip-joint had ceased when the limb was extended. No excisions of the head of the femur for disease of the hip have been recently performed. There were no patients in at the time of our visit, in whom this operation had been performed at other hospitals.

*Successful Case of Excision of the Knee.*—A boy named Hall, aged 11, was the only instance of excision of the knee-joint performed elsewhere under care at the time of our visit. This boy's knee had been excised by Mr. Langstaff at Southampton ten months before admission. The patella had been left. The limb is now straight, but with a little twisting outwards of the tibia. The sinuses are almost healed.

We mentioned last week two cases in which excision of the knee had been performed in the hospital.

*Cases of Syphilis.*—There was one patient under care whose disease was clearly acquired syphilis, and not scrofula in any sense. We mentioned last week that we were able to identify only one patient (out of one hundred and thirty-five) as being undoubtedly the subject of in-



herited syphilis. In a second case there was some reason for suspicion. This patient, a young woman under the care of Mr. Thornton, has been ten months at Margate, and was for eighteen months previously in St. Bartholomew's Hospital, under Mr. Holden's care. She has suffered from struma for seventeen years. Her ailments consist in lupus of the face, with ulcerations of the cornea and chronic synovitis of both knees. Her right eye has been excised, the cornea having been totally destroyed; her left cornea is still very opaque. There is nothing in the case to warrant any definite opinion that inherited syphilis is present.

*General Features of Struma.*—The cases in such a Hospital as this afford a good opportunity for appreciating the peculiarities of the scrofulous physiognomy and diathesis. It would be well worth to collect data as to the relative proportion of the different temperaments as indicated by colour of hair, eyes, etc.; and, in doing so, the necrosis cases and others not really "scrofulous" ought of course to be carefully excluded. It would be interesting to know in how many the history of tuberculosis in relatives is obtainable, and to ascertain also the relative proportion of those distinguished by thick lips, tumid features, and large development of cellular tissue, to those with thin skin and finely marked features.

We were much struck, in passing through the wards, by observing the great number who seemed to suffer from feeble capillary circulation in a very marked degree. Red flabby hands were extremely common, accompanied in some cases by a pallor of the face, in others by deep patchy colouring of the cheeks. In one patient the hands and cheeks were so much congested as to make the diagnosis of heart-disease suspected; none, however, was present, and the condition was due simply to the peculiarity in the capillary circulation. This patient showed on his hands a peculiarity which is somewhat rare, and which consists in the occurrence of salmon-tinted spots exactly like those on the skin of a plaice. In slight degrees this condition is observable in cold weather in many persons. We do not know of any good explanation of its cause. The salmon-tinted or orange spots always occur on a red or dusky ground, and a very feeble capillary circulation is clearly one of the peculiarities denoted.

In speculating as to the frequency of these states of feeble capillary circulation in connection with scrofula, it is necessary to be on one's guard as to the possible disturbing influence of temperature and locality. At the seaside, or in any country district, on a bleak day examples of this state of things may be seen with a frequency which is likely at once to arrest the attention of an observer previously accustomed to a London population. There can be no doubt that, in persons whose circulation is not very vigorous, the habitual exposure to cold air tends to exaggerate capillary dilatation in the exposed parts without inducing any loss of general health; the symptom must, therefore, always be interpreted with due consideration to the exposure which has been encountered. It may be noted, further, that these peculiarities are by no means always attended with sensational cold; on the contrary, the possessors of dusky livid hands will assert that they feel quite warm. Several of the most marked examples of it which we saw at Margate illustrated this fact. In some the patient complains rather of numbness and deadness than of cold. The special phenomena of these derangements of capillary circulation are well worth more detailed study than they have yet received.

*Conservative Surgery.*—We suspect that the surgeons to the Margate Hospital see not very infrequently examples of that kind of surgery of which it has been wittily said that it is not only "conservative" but of a thoroughly "tory type", consisting in the persevering attempt to preserve what is absolutely rotten. That there will come before long a certain degree of reaction in favour of the amputating-knife is highly probable. There were three or four cases in the Hospital at the time of our visit which strongly suggested thoughts in this direction. The error, if it be one, is however in the right direction, and we must speak with caution.

*Hospital Statistics.*—Detailed statistics from such an institution as the Margate Infirmary would be very valuable. In the case of patients admitted after operations elsewhere, the name both of the subject and the operator should be given, together with a careful appreciation of the final result of the case. Such facts would be most valuable; and the committee would certainly be fully justified in appropriating a small portion of their funds to such an object.

The Institution also offers an unequalled field for observations as to the real benefits to be obtained from sea-air in various forms of disease. To medical men resident inland, the knowledge which the Margate surgeons must have obtained would be most useful. For instance, the authorities on skin-diseases hold that lupus, although certainly a form of scrofula, is generally made worse at the sea. Is this the fact? We should like also information on the following points, amongst others.

Are there not cases of chronic eczema of a constitutional origin which are benefited in a most remarkable way by sea-air?

In those peculiar cases of extensive enlargement of lymphatic glands without abscesses, and usually with anæmia, does sea-air do any good?

Cases of Basedow's (or Graves's) disease (proptosis with bronchocoele) must sometimes find their way to Margate. Do they derive special benefit?

In bronchocoele generally, is sea-air beneficial?

In cases of inherited syphilis, is the effect of sea-air definite?

Special notice should be given to all cases which do *not* obtain benefit, and their peculiarities marked.

Lastly, we should like statistics as to the quantities of different drugs consumed at Margate. Does cod-liver oil hold its ground? Is its employment increasing or the reverse? Are the preparations of iodine (originally, be it remembered, introduced as specifics for scrofula) still believed to exercise any marked influence on it? We grant that drug-experiments, under the disturbing influence of seaside residence, would be somewhat more than usually liable to fallacy; but still we should much like to know the opinions of those who enjoy such splendid opportunities for observation as this Infirmary offers.

## THE NORTH STAFFORDSHIRE INFIRMARY.

By J. ALEXANDER ROSS, M.D., House-Physician.

[THIS Infirmary has been opened only a few months, and, as it has been built on the newest models a detailed description of it may be of interest. It was visited by our own Reporter a few weeks ago. The following report concerning it has been kindly supplied to us by the resident Medical Officer.]

The history of the North Staffordshire Infirmary resembles in the main the history of most hospitals. First taking the form of a dispensary in 1804, it gradually grew more and more important until, in 1815, the first North Staffordshire Infirmary came into existence. It was enlarged in 1821; but it was in the latter end of 1869 that the sick of this rapidly rising district experienced the comforts of an excellent hospital. The chief distinctive feature between the history of this and of other hospitals is, that in half a century it has become necessary to erect three separate buildings on different sites; this being due in part to mining operations.

For some years past, the subject of erecting a new building occupied the attention of the Governors, and not an hour too soon did they come to the determination of building a hospital worthy of the wealthy and important pottery district. Mining operations, as I have said, played an important part in causing the change; but the more peremptory demand for it arose from the utter unfitness of the old building for hospital purposes. The truthfulness of this assertion will be fully realised after a perusal of Dr. B. W. Richardson's "Medical History of England" (*Medical Times and Gazette*, 1864). We must not, however, be too hypercritical. The old infirmary did good service in its time; but an ever increasing population necessitated the provision of a more fitting resting place for its sick. The defects arose, not from any preventable cause, but from circumstances over which the Committee had no control.

Let us now turn to the pleasant part of the subject, the new North Staffordshire Infirmary, with its delightful site, extensive grounds, magnificent wards, and general perfection in sanitary and domestic arrangements. The "Infirmary grounds" extend over ten acres, occupying an elevated site on the road between Haillshill and Penkhill, and having a substratum of red sandstone. The locality is cheerful and healthy, leaving the "pot-banks" iron-works, and coal-mines, in the distance. The building itself displays nothing grand or majestic in architectural structure; but, as Miss Nightingale says, "the first architectural law is that fitness is the foundation of beauty."

The main building is arranged round a central quadrangle or court, about 140 feet long by 70 feet wide, and it is built on the pavilion principle, with closed corridors surmounted by balconies, the corridors connecting the pavilions of the same side being 160 feet long. An objection has been raised to closed corridors; but it cannot hold good in this case, for the pavilions do not open directly into the corridors, thus communicating with each other, but into a separate shaft, about twenty feet square, reaching to the roof and communicating with the open air by means of ventilators. The pavilions run north and south and thus present a large amount of surface to the influence of the sun's rays. They are six in number, four large and two small ones; the larger are situated at the four corners of the main building, there being a small pavilion between each of the two larger ones. It would have been more in accordance with the generally received architectural laws if the small pavilions had been excepted, this law being that the distance between two pavilions

should equal twice the height of a pavilion. It cannot be said, however, that the infringement of this excellent rule produces a defect in the present instance; for the distance between the two larger pavilions is almost equal to three times the height of a pavilion, and the smaller pavilions are scarcely half the length of the larger; again, the elevated and open nature of the site ensures the full play of air around the Infirmary in every direction.

The front of the hospital faces the west, and is composed of two pavilions and a central block. The southern pavilion contains the accident ward with its ante-room, a medical ward being over it; the northern contains the surgery, out-patient room (eighty-eight feet long), consulting rooms, dispensary, laboratory, and drug-store.

The block between these two pavilions contains the entrance-hall (forty-three feet long by twenty feet wide), board-room, Secretary's office, operation-theatre with ward attached, library, museum, and private apartments.

At the eastern side of the quadrangle are two more large pavilions and a central block; the pavilions being occupied by medical and surgical wards, and the central block by the housekeeper's apartments, dining rooms, kitchen, larders, and wine-cellars. The smaller pavilions contain wards for special diseases, as the ophthalmic ward, etc.

The wards in the larger pavilions are eighty-eight feet long, twenty-five feet wide, and fifteen and a half feet high. They contain twenty-two beds each, thus allowing to each bed 1,550 cubic feet of air, and a superficial area of 100 square feet. In the wards in the smaller pavilions, the cubic space allowed per bed averages 1,900 cubic feet, and in the detached fever wards it is 2,700 cubic feet.

The northern side of the hospital occupies a lower site than the southern, and it has an additional story, the lowest containing the servants' sleeping apartments, stores, etc. To the north of the main building stand the "Smith Child" wards, forming a pretty little hospital, with accommodation for twelve incurable patients.

On the east side are the detached fever-wards, mortuary-block, engine-houses, water-tower, laundry, disinfecting chamber, and ice-pond.

The kitchen, compact and well arranged, is composed of two rooms; the larger one being fitted up with Flavel's patent Leamington range, a plate-warmer heated by steam, beer-engine, and other articles necessary for completion; the smaller room is fitted up with another range, set of ovens, and five boilers. In the latter, flesh-meat, vegetables, etc., are cooked by means of steam. The steam is supplied by the engine-boilers, and its pressure averages six pounds.

The laundry has been got up on the most approved principles; Manlove, Alliott, and Co., of Nottingham, having been entrusted with the arrangements in this department. In the first room, there are washing, rinsing, and wringing machines, the wringing being effected by means of a cylinder, with sieve-like sides, revolving about nine hundred times per minute, thus bringing centrifugal force into action. In the next room is the drying closet; and in the third is placed another ingenious piece of machinery, a mangle, with a cylinder heated by compressed steam. This removes the necessity of ironing most articles. The laundry machinery is worked by steam.

**Ward Decorations and Furniture.**—The walls have been finished in Keene's parian cement, and have somewhat the appearance of white marble. They are impervious to moisture. Pictures have been hung up, giving a very cheerful effect. The windows are fitted with light-coloured Venetian blinds. The floors are of polished oak, and the furniture is of the same material. Each patient is supplied with a locker, containing separate departments for clothes and bed-vessels, the top is constructed to hold medicine bottles, books, and such other things as the patient may require or wish to have at hand when lying in bed; this arrangement contributes materially to the neatness and good order of the wards.

**Ventilation** is as perfect as it can be by any natural method. Ventilators for the admission of air are placed over each window, the current being directed upwards; and extraction shafts are placed in the centre of the ceiling towards each end of the ward. Moreover, fresh air is conducted into hot-air chambers, and, after being heated, from thence into the room. This is not only a great aid to ventilation, but is also conducive to the health.

**Heating Arrangements**, which consist of open fire-places in the centre of the ward, heated air, as mentioned above, and pipes in which hot water is constantly circulating.

**Lighting.**—There is a window, reaching almost from the floor to the ceiling, for each two beds. Gas has been brought into every part of the building.

**Baths.**—At present there are hot and cold water baths for each ward; and it is expected that in a short time all the other necessary forms of baths will be added. Portable vapour-baths are also in use.

**Draughting.**—This has been carried out with the greatest skill and care.

No drain passes under the building; never can the slightest smell be detected coming up the water-closets, which are placed in projecting turrets at one end of the wards.

**Nurses Accommodation.**—Each nurse has a nicely fitted up sitting-room, with one of the windows looking into her ward, a scullery, and a separate bedroom.

**Nursing Arrangements.**—A lady superintendent has been appointed, who superintends the nursing department; and already good effects have been experienced.

The Infirmary has been constructed for one hundred and ninety-five beds; but, on reference to the cubic space allotted to each bed, it will be seen that it would accommodate more patients if necessary.

The inhabitants of North Staffordshire may well be proud, not only of possessing one of the most perfect of hospitals, but also of their generosity in contributing largely towards its erection.

## LONDON HOSPITAL.

CASE UNDER THE CARE OF MR. MAUNDER AND DR. SUTTON.

*Carcinoma of Testis, Brain, Lungs, Liver, &c.; Elevation of Temperature.*—At a recent visit to the hospital, we were present at the *post mortem* examination of a case of carcinomatous disease which presents several features of interest. Mr. Robinson kindly furnished us with particulars of the case.

The patient was a man aged 36. He said he had been perfectly well till seven months before his admission in February, when the left testicle became swollen, but not painful. He was admitted under Mr. Maunder's care for the disease of the testis; but, as there did not appear to be any very active disease then in the organ, and no need for operation, and as his chief malady seemed an affection of the lungs, he was transferred to Dr. Sutton's care. There was a history of loss of flesh and of spitting of blood for three weeks. The symptoms indicated acute changes going on in the lungs; and the physical signs showed that the changes were diffused through both lungs. In about a week, he suddenly became quite blind, and remained so for five days, when his sight improved. It varied much during the next few days; at one time he could apparently see objects about him very fairly, and at another he said he could see nothing at all. He brought up blood from the mouth to a considerable extent several times; but this was possibly due to an ulcer which appeared on the roof of the mouth. His eyes were examined on several occasions with the ophthalmoscope, but without any definite changes being observed. There was some haziness about the margins of the discs, but no free effusion of lymph nor extravasation of blood. The following details, showing the temperature, etc., appear worthy of note.

### Record of Pulse, Respiration, and Temperature.

Date.	Pulse.	Respiration.	Temperature.
Feb. 16 .....	88 .....	24 .....	99.2
" 21 .....	104 .....	25 .....	100.2
" 22 .....	108 .....	29 .....	101.2
" 23 .....	120 .....	36 .....	101.2
" 24 .....	120 .....	42 .....	101.2
" 25 .....	120 .....	39 .....	101.4
" 26 .....	118 .....	34 .....	101.2
" 27 .....	120 .....	36 .....	100.4
" 28 .....	116 .....	32 .....	100.
Mar. 1 .....	120 .....	34 .....	100.8
" 2 .....	118 .....	44 .....	101.

He died on March 2nd, a fortnight after he came under Dr. Sutton's care.

At the *post mortem* examination, several deposits of carcinoma, of the size of walnuts, were found in various parts of the hemispheres of the brain. There was a large mass of soft cancer in connexion with the liver. The lungs were studded with carcinomatous deposits. The left testis was utterly disorganised, and the upper part softened down; the lower part was, on the contrary, quite firm. There were no enlarged lumbar glands; and there were no sinuses involving the scrotum.

The question of the primary origin of the disease being raised, Mr. Hutchinson, who was present at the *post mortem* examination, observed that it was not an uncommon occurrence to see cancer beginning in one testis and then after a time become secondarily deposited in internal organs; whilst the testis then diminished in size. So marked was this in one or two cases he had seen, that it was only on questioning the patient closely that he had been able to obtain a history of the early disease of the testis.

Dr. Sutton showed that in this case there was no evidence of any



acute inflammatory changes in any part of the body; no pneumonia or nephritis. The brain-substance was healthy, and there was no inflammation of serous membranes. At the same time, it is instructive to notice that the thermometer indicated that some acute changes were going on. The question arises, was the increase in temperature dependent on the rapid growth of this diffused cancer? The cancer had the character of a rapidly growing medullary mass. It was exceedingly vascular, as is seen in encephaloid, which, as experience shows, grows quickly. It has been stated that one does not meet with a high temperature in cancerous growths; and this is one of the distinctive points between cancer and tubercle. The temperature being high in this case led to the inference that the changes going on in the lung belonged to the class known as tubercle or broncho-pneumonic phthisis. The case, however, would appear to show that it is not yet certain that the temperature may not be considerably higher than normal when there is a rapid growth of cancer in several organs of the body. It might be said that some inflammatory mischief must have been going on; but Dr. Sutton remarked that, if this were the case, such mischief was inappropriate, though the body was very carefully examined.

It was further instructive to observe the growths in the brain. In each, there was a dark red substance of about the size of a walnut, which, on section, looked very like coagulated blood—so much so, that it was very difficult to say that they were not the result of hemorrhagic effusion. The same character was observed in the growths scattered through the lungs.

*Functional Paraplegia.*—We also saw a young woman who had recovered from what Dr. Sutton prefers to call "functional paralysis" of the lower extremities. She was twenty years of age, and was admitted on December 22nd. For six weeks previously she had had pain in the lower extremities below the knees, and also some headache. Latterly, the pain had extended to the feet, and also to her back. The catamenia were normal. The tongue was coated with a yellowish fur. She had no appetite; was very thirsty; her bowels were confined; and she perspired a good deal. The urine, pulse, and temperature, were normal. She was apparently quite unable to stand, but could draw both legs up slowly when she was lying in bed. She seemed also to do this with some power, if the hand was placed on the knee, and assistance made quietly, as she drew the legs up. The muscles of the calf were somewhat flabby and wasted. There was no incontinence of urine or feces, and there were no bed-sores. For the first month after she was admitted, she appeared to be losing power in her legs; but at this time Dr. Sutton ordered her to get up, and to be encouraged to try to walk while being supported on each side. After a month's trial of this "moral suasion," she could walk without assistance, but said she "could not feel the ground with her feet." She was liable to pains in the legs at night, and they trembled if she stood for a time. At the present date, she seems as well as ever she was. She is a well made, healthy-looking girl. Dr. Sutton remarked that the distinguishing features in this case, which showed that the paraplegia belonged to the so-called hysterical or functional class, were as follows. The paraplegia was not complete. The patient stated that she could not stand or walk; and, when taken out of bed, she appeared unable to stand. On desiring her to draw up her legs, she did so slowly; and, on pressing on the knee, and holding the ankle so as to resist her flexing the leg on the thigh, it was clear that she had considerable power over the muscles of the lower extremities; and the absence of bladder-disturbance and of bed-sores over the sacrum supported the opinion that it was functional paraplegia. The treatment consisted in giving the patient confidence, and disabusing her mind of the belief that she could not walk. This was done; and Mr. Robinson, the clinical clerk, who has kindly furnished us with notes, encouraged her to stand, and then each day to move her legs more and more, and walk a little day by day.

*Ascites.*—There has lately been in the hospital a man suffering from very great ascites, apparently the result of cirrhosis of the liver. His abdomen was so much distended that it was with great difficulty the patient could raise himself in bed. There was no cardiac, pulmonary, or renal affection. He was treated by Dr. Sutton with rest. The only medicine he was ordered was a little coloured sugar and water. The patient did remarkably well. The ascites in the course of three or four weeks entirely disappeared, and he was discharged from the hospital at his own request. His body was wasted; but, as far as the ascites was concerned, he was apparently well. Dr. Sutton remarked that this case was instructive, as it showed the great influence of rest alone. Every now and then, a patient suffering from ascites and cirrhosis of the liver is kept in bed, and medicine ordered, and the ascites disappears; and we are in the habit of ascribing the improvement to the drug administered. This case would teach us that the rest in bed may be perhaps the most powerful part of the treatment. The case is still further instructive, when we state that this patient returned, a few

weeks after his discharge, with general cedema and albuminous urine, evidently suffering from nephritis. He died; and the liver was found to be very much contracted (hob-nailed)—in the condition known as cirrhosis. The kidneys were in a state of acute nephritis.

*Relapsing Fever.*—Among the cases of relapsing fever which have lately been under care at this hospital, jaundice has been a not uncommon occurrence; but it has generally been transitory. There is one man, however, remaining in, but nearly well, who was jaundiced for a fortnight, and still looks yellow. One nurse caught the fever while attending cases. We heard Dr. Sutton remark that she was the only person, out of many who have been brought into daily contact with the fever, who had caught the disease. This nurse had evidently caught it in the hospital, apparently while attending in the fever-wards; for she slept every night in the hospital, and was attending regularly to her duties during the day. A number of the relapsing fever patients complained very much of pain in the shoulder and other joints; but there were no objective signs to show arthritis, excepting in one patient. He complained very much of pain in the elbow. It was observed to be very much swollen. This increased; and distinct fluctuation was felt over the joint, there evidently being well marked effusion. As he recovered, this entirely subsided in the course of a week or two, without any treatment.

## REVIEWS AND NOTICES.

LECTURES ON OBSTETRIC OPERATIONS, INCLUDING THE TREATMENT OF HÆMORRHAGE, AND FORMING A GUIDE TO THE MANAGEMENT OF DIFFICULT LABOUR. BY ROBERT BARNES, M.D. Lond., F.R.C.P., Obstetric Physician to St. Thomas's Hospital, etc. 8vo, pp. 526. London: Churchill and Sons. 1870.

THE author of this work is well known as one of the ablest obstetrical writers of the present day, and any contribution from his pen commands the close attention of all who are interested in the science of obstetrics. The volume now before us fully sustains Dr. BARNES'S well-earned reputation as a scientific worker and practical physician; and it may safely be asserted that the high expectations formed on the first announcement of these lectures will be abundantly realised by their perusal. In the short space allowed us, we can, of course, do nothing like justice to the contents of a book which abounds in original matter, and which contains valuable information at every page. We trust that, by pointing out its excellence, we may induce those of our readers who wish to become conversant with the modern teaching of obstetric surgery to study the book carefully for themselves.

The first five lectures deal chiefly with the Forceps. The description of this, "the noblest of all obstetrical instruments," what it is capable of doing, and how it does it, is admirable. The author is a strong advocate for the long double-curved forceps, and states that only in two cases has he ever found the short (straight) forceps preferable to the long. These were cases in which the head had descended in the pelvis, keeping nearly in the transverse diameter, and in which, by a slight movement of rotation, the occiput was brought forwards. He adds, "The simple lever would have done as well." Dr. Barnes's objections to the straight instrument are to our mind conclusive; and we can personally testify to the great superiority of his double-curved forceps over a straight one, whether long or short. The cause of the difficulty so frequently met with in occipito-posterior positions he believes to be, that "the head imprisoned in the pelvis is not able to take its normal extension-movement. In occipito-posterior positions, the propelling force propagated through the spinal column causes the head to roll up from the floor of the pelvis out by the open space by the pubic arch. But, in occipito-posterior positions, the propelling force acts against the escape of the head by driving it against the floor of the pelvis, the occiput naturally rolling back into the hollow under the promontory. If extension-movement then takes place, this, by throwing the occiput against the back, rather increases the difficulty. Release can only be obtained by a movement of flexion." In the majority of cases, he thinks it undesirable to make attempts at rectifying the position, but recommends resort to the long forceps, in case of delay; and, in using it, to extract simply, without attempting to rotate. "If nature prefer or insist upon rotation, your business is to consent." He thinks that there is no serious difficulty in extracting with the force forwards; and that the fillet or the lever would here find its most scientific application, by seizing the occiput and restoring flexion.

Dr. Barnes explains very clearly what service the forceps is capable of rendering in difficult cases of face-presentation. In the event of arrest after the chin has turned forwards, he considers the forceps very useful. The chin is to be brought fairly under the pubic arch, by



drawing at first downwards; and subsequently traction is to be made forwards and upwards, bringing the vault of the cranium *slowly* over the perineum. When the chin has not turned forwards, and interference is required, the forceps may assist in rotating the chin. The author, however, considers it best, if practicable, to turn the child. If this be difficult to accomplish, it may be possible to hitch the chin over the perineum by drawing the chin forwards with forceps, and pulling the perineum backwards. The chin being thus liberated, the forceps may be applied to draw the occiput down under the pubes and backwards, delivery being effected by a process of flexion.

Various conditions causing dystocia, and incidentally related to the history of the forceps—such as *pendulous abdomen* and *faulty conditions of the soft parts*—are described; and the author's method of dilating the cervix uteri by water-bags is fully illustrated. He refers briefly to the treatment of vaginal cicatrices, recommending "a careful process of incisions multiplied in all parts, alternating with water-pressure." It is interesting to know that recent experience tends to show that, if numerous incisions be made in part through such cicatrices, they will frequently be found to have disappeared almost completely in a few months, leaving slight, if any, trace of their existence.

We trust that Dr. Barnes's exposition of the forceps will lead not only to its more dexterous, but also to its more *timely*, application. It is quite as important to recognise the indications for instrumental assistance, as to know how best to render it. So much information on this point, in a large class of cases, is contained in a paper published by Dr. Huxton Hille in the ninth volume of the *Obstetrical Transactions*, on "Obstructed Labour," etc., that we may perhaps be permitted to point it out as one worthy the attention of all who practise midwifery.

The operation of Turning, and the various conditions requiring it, take up twelve lectures, the whole being dealt with in an exhaustive manner. The mechanism of spontaneous evolution and expulsion, or, as Dr. Barnes prefers calling them, *version* and *evolution*, respectively, is described very fully. Had space permitted, we should have been tempted to make copious extracts from the lectures on Turning in Contracted States of the Uterus. If carefully perused, they will save many an obstetrician from most unpleasant consequences.

In dorso-anterior transverse positions, the author recommends the patient to be placed on her left side, and the operator to use his left hand; while in abdomino-anterior positions he thinks it best to lay her on the back, and then either hand can be introduced. The principle of seizing the knee *opposite* to the presenting shoulder is well illustrated. The lecture on the difficulties which arise in certain cases of breech-presentations contains most useful practical information; and the method of extraction in breech-first labours, or after podalic version, is described so accurately that, if the directions here given were followed, they would doubtless tend greatly to increase the number of children born alive under such conditions. We must especially refer to the methods to be adopted for overcoming the difficulties which frequently oppose the release of the arms, and quote the first.

"You want to bring the posterior or sacral arm within reach of your finger. Carry the child's body well forwards, bending it over the symphysis pubis. The effect of this is a two-fold advantage. Space is gained between the child's body and the sacrum for manipulation; and, as the child's body revolves round the pubic centre, the further or sacral arm is necessarily drawn lower down, commonly within reach. When the sacral arm is freed, you reverse the manoeuvre, and carry the child's trunk backwards over the coccyx as a centre. This brings down the pubic arm."

Turning in Contracted Pelvis forms the subject of a very interesting chapter. The practice is defended, in suitable cases, on theoretical grounds and by clinical experience. The author considers that the proper range of the operation is in cases where the conjugate diameter measures from 3.25 to 3.75 inches; and that with an average head it is not to be practised when this diameter is under three inches. When the pelvis is unequally contracted, Dr. Barnes thinks that an attempt should be made to bring the occipital end of the head into the larger half. This should be remembered during the operation; for, unless the fetus be abnormally small, "if we draw down the right foot, the child's back and also its occiput will come into the right half of the uterus, and *vice versa*. If, therefore, the right half of the pelvis is the larger, seize the right knee; if the left side is larger, seize the left knee."

The various steps in the performance of Craniotomy are described and explained. In extraction, the author does not now often use the crotchet, as he prefers the craniotomy forceps. In cases of great disproportion, where it is necessary to break up the whole of the cranial vault, he confirms the opinion of other esteemed authorities, based, indeed, on conclusive evidence, and recommends the head to be brought through face foremost. In this way, all that is opposed to the conjugate diameter of the pelvis is the distance from the orbital plates to the

chin, which is rarely more than one inch. We are glad to find that Dr. Barnes speaks more decidedly in favour of the Cephalotribe than when his first lecture appeared in the pages of a contemporary. We believe that this instrument will establish a still firmer footing in this country. It is calculated to save much trouble in cases of minor disproportion, while of its value in extreme cases, it is enough to instance a case quoted by Dr. Barnes, in which he lately successfully delivered, by its means, a woman whose pelvis was so deformed by rickets as to reduce its conjugate diameter to one inch and a half. The author uses Dr. Hicks's instrument, in which a moderate pelvic curve is preserved in the blades. We can confirm the statement that this holds on well for extraction, and this is a point of great importance; for, as can be shown on the fetal head, it is necessary in extreme cases, after the crushing, to keep up the compression exercised by the instrument.

Delivery by the Forceps-saw, as first practised by Van Huelvel and Hyernaux, is mentioned. This instrument consists of a powerful long forceps, the blades of which are grooved along the inner aspect in order to carry a chain-saw. When the head or other part of the child is seized by the forceps, this chain-saw is worked up from the point whence the blades spring by means of cross handles attached to the two ends. Thus travelling up the grooves, the saw crosses the head and cuts through it. Although the author thinks this proceeding deserving of attention, recommended as it is by high continental authorities, still he considers it specially adapted only for cases of minor degrees of fetal contraction. His ingenious new method of Embryotomy is then described. By its means, a malaric focus may be brought through a pelvis measuring only an inch in the antero-posterior diameter, as was demonstrated by Dr. Barnes at a meeting of the Obstetrical Society last summer. The best instrument for the purpose is Weiss's *lévateur*. After the head has been perforated, and while it is steadied by a crotchet, a loop of strong steel wire is passed up and guided over the occiput. A steady working of the screw cuts through the head in a few minutes, and the loose segment may be removed. Another section is to be made by reapplying the loop over the anterior side of the head. The wire cuts through the base of the skull, dividing the sphenoid bone. The craniotomy forceps is then made to seize the remaining portion of the head; and, by directing traction to one side, a shoulder is brought into the brim. A crotchet being hooked into the axilla, the arm is amputated at the shoulder by a strong pair of scissors. The other arm is dealt with in a similar manner. The thorax is then perforated, and both it and the abdomen are eviscerated until the body collapses. Delivery is completed by moderate extraction. Dr. Barnes does not state that he has performed this operation in the living subject.

By the preceding methods of Craniotomy and Cephalotripsy, the author greatly limits the performance of the Cæsarean section. He, nevertheless, enumerates the causes which may render the operation necessary (the most frequent being distortion from osteomalacia), and gives full directions for its performance. It is, however, evident throughout that he agrees in considering it "the last extremity of our art, and the forlorn hope of the patient."

The author's method of inducing Premature Labour is well known to the profession. He now introduces, overnight, an elastic bougie six or seven inches into the uterus, and, next day, proceeds to dilate the cervix by the elastic bags. He refers to ten cases proving fatal from the use of the intrauterine douche for bringing on labour, and these are by no means all that are known. "The douche ought to be absolutely condemned as a means of inducing labour." Surely the facts above alluded to challenge the earnest attention of those who still employ it.

Dr. Barnes devotes about 130 pages to the consideration of Hæmorrhage before, during, and after labour. The lecture on Placenta Previa is complete in itself, and is a clear exposition of the author's views on the subject. He points out one source of hæmorrhage after labour which is not sufficiently recognised; and that is, lesion of the cervix uteri, the bleeding from which persists even when the uterus is well contracted. In case of hæmorrhage, the remedy is to apply a powerful styptic to the bleeding surface.

Dr. Barnes strongly advises, as a preventive against *post partum* hæmorrhage, to follow down the fundus uteri with the hand on the abdomen after the expulsion of the head and trunk, and to continue this pressure for some time after the birth of the child, so as to maintain the uterus in a contracted state. In the treatment of hæmorrhage, when there is not sufficient nervous force to respond to irritation, he shows the uselessness, and even the injurious effects, of those remedies which act only by exciting contraction of the uterine muscular fibre. These are the cases for the application of a direct styptic to the bleeding vessels. He uses the strong solution of the perchloride of iron diluted with three parts of water, and injects it with a Higginson's syringe, to which an

uterine tube eight or nine inches long is adapted. In the hemorrhage of abortion, after clearing the uterus, he uses the same solution on a sponge fixed on a whalebone stem, and passes it into the cavity of the uterus as a swab.

We must not end this notice without adding that the value of the work is much increased by numerous original illustrations. In conclusion, we know of no book of its kind from which so much may be learnt. The student of the present day may well be congratulated on possessing so trustworthy a guide, founded on such extensive clinical experience and thorough knowledge of the whole literature of the subject.

#### A PHARMACEUTICAL GUIDE TO THE FIRST AND SECOND EXAMINATIONS. By JOHN BARKER SMITH.

THIS little manual, short of two hundred pages, is intended to supply the student with all the information necessary for success at his examinations. We cannot say that it implies any compliment to the examiners. The author would appear to believe—and, for anything we know, he may be right—that young men commence the study of pharmacy without the first rudiments of a liberal education. He provides them with thirty pages of Latin grammar, and about as much on arithmetic; next follows a long table of the vegetable substances of the *Pharmacopœia*; then a glossary of botanical terms, and a list of common British wild flowers. We have now reached the middle of his performance. The second half consists of extremely concentrated information as to chemistry and pharmacy. The book is intended as a cram, and we may admit that some parts of it are cleverly done; but we cannot conceive that any one previously ignorant of the subjects discussed could use it with advantage. If our dispensers get up their Latin in the fashion suggested by this work, it is certainly time that prescribers bestook themselves to plain English. We cannot commend our author's skill at definitions. Thus, for instance, he says of *Protoplast*, that it is "formative matter—a whitish, opaque, viscid fluid." This is nearly equal to the celebrated definition of a crab, "a red fish that walks backwards", respecting which Cuvier is said to have informed the author that it was very good, but involved three small errors. Mr. Smith defines "a spine" as a "thorn, a modified branch, of a prickly nature, but different from a prickle." So we might say of his book, that some parts are of a good nature, but that it is very different from a good book.

### NOTES ON BOOKS.

*Price-Current*. London: 1870.—As a companion to their quarterly *Price-Current*, these enterprising providers for the various wants of the profession, Messrs. Maw and Co., have now produced a very complete Illustrated Catalogue of Instruments, etc. It comprises almost every conceivable article, from cataract-knives of the newest pattern to couches, chairs, lamps, and even door-plates. The list of instruments is very complete indeed, and the illustrations are well executed. Everything is numbered; so that orders may be given by letter, without risk of error. The catalogue will be of great use, not only to those residing at a distance, but to others who wish to ascertain easily what modifications of instruments are in use. It may even save some waste of time in attempts to invent what is already known. The catalogue is divided into three parts: 1. Surgeons' instruments, appliances, etc.; 2. Apparatus, implements, utensils, etc., employed in pharmacy and dispensing; 3. Fittings, furniture, etc., suitable for surgeries and dispensaries. As an example, we may note that choice is offered from fourteen different kinds of stethoscope, and from at least twice as many modifications of the midwifery-forceps. In saying that the catalogue is remarkably complete, we by no means intend to imply that it is absolutely so; a few mistakes occur here and there, and there are some omissions. Taken as a whole, however, it is excellent, and will be a real boon to the profession. Messrs. Maw propose, we believe, to distribute it gratuitously; and we trust that their enterprise will meet its appropriate reward.

*Essays on Physiological Subjects*. By GILBERT W. CHILD, M.A., F.L.S., F.C.S.—We welcome a second edition of these instructive essays, which are well worthy the perusal of every medical man. Mr. Child's method of dealing with facts is distinguished by a judicial clearness and care in avoiding prejudice. If his essays do not exhibit original views, they at any rate supply the reader with admirable expositions of the present state of opinion on some of the most important scientific topics of the day. Of the six essays which make up the volume, all excepting one appeared either in Reviews or in the Proceedings of the Royal Society. In the present reprint, emendations

and additions have been made. We must content ourselves with mentioning the titles of the several essays. 1. Marriages of Consanguinity. 2. Recent Researches on the production of the Lowest Forms of Animal Life. 3. On the production of Organisms in Closed Vessels. 4. Some Aspects of the Theory of Evolution. 5. Physiological Experiments. 6. Physiological Psychology. The book is well printed, and will afford very agreeable reading for leisure hours.

*The Cell-Doctrine: its History and Present State*. By JAMES TYSON, M.D. Philadelphia: 1870.—The author, who is Lecturer on Histology in the University of Pennsylvania, has collected in this little volume the now scattered views of authors on the "cell-doctrine", in order to facilitate the acquaintance of students with the subject. He refers briefly to the results obtained by microscopists down to the time of Schleiden and Schwann, of whose researches he gives a more extended outline. He then notices in the same way the observations of Henle, Martin Barry, Professor Goodsir, Huxley, Hughes Bennett, Todd and Bowman, Virchow, Dr. Beale, Robin, and Pouchet. The author adopts, with some modification, Dr. Beale's views as to "germinal matter" and "formed material". He says that germinal matter is usually granular in appearance; and hesitates to consider the formed material as dead, inasmuch as, in muscle and nerve for instance, it is the seat of important vital endowments. A copious bibliography completes the book, which we recommend to those who wish to have at hand a convenient summary of the various views held on the formative histology of the animal body.

## INVENTIONS, &c.,

### MEDICINE, SURGERY, DIETETICS, AND THE ALLIED SCIENCES.

#### MODIFICATION OF HOLT'S DIRECTOR FOR STRICTURE OF THE URETHRA.

WE have seen a modification of Mr. Holt's instrument in use at St. Bartholomew's Hospital, which, we are informed, is found very efficacious. Mr. Smith (Mr. Paget's house-surgeon), having found a difficulty in passing in the dilating wedge through a tight stricture without using more force than he thought justifiable, succeeded in doing so by a screwing movement; and it struck him that it would be well to adopt the screw plan. He has, therefore, got Mr. Ferguson to make a Holt's instrument with the central wire grooved as a male screw, and the dilator as a female screw. By this means, gradual and forcible dilatation to any extent can be effected easily, without using more violence than can with safety be employed in patients who are not admitted into the hospital.

#### APPARATUS FOR TREATMENT OF FRACTURE OF THE FEMUR.

MR. PAGET has for some time employed the American plan of treatment of fractures of the femur at St. Bartholomew's Hospital. A notice of the apparatus used has already appeared in the JOURNAL. To form a support at the back of the limb, a bandage is passed in a series of loops from one of the iron rods to the other. Mr. Smith (Mr. Paget's house-surgeon) has lately introduced the plan of fixing the splint first to the sound limb; and then, by thoroughly starching the bandage, he gets an accurate mould of the back of the thigh and leg. This plan makes a very light and shapely splint. It looks well, and, when padded with cotton-wool, is very comfortable. Another manœuvre practised at this hospital consists in fixing a piece of wood so as to project inwards from the lower end of the splint. A piece of strapping, passed from this to the toes, keeps them well inwards, and prevents that falling of the foot outwards which is very likely to happen if the leg be comfortably swung. Several minor modifications of the plan originally described by Dr. Nathan Smith have been found necessary in practice, but it would be tedious to describe them here. We are informed that Mr. Bloxam, when house-surgeon, contributed to the present efficacy of the plan.

#### QUINOVATE OF LIME.

MESSRS. HODGKINSON, KING, and Co., of Tenter Street, Moorgate Street, have sent us an advertisement of a new preparation—*Quinovate of Lime*—prepared from the quinoic acid of Peruvian bark. The new salt is said to possess valuable tonic properties, and to have been used by several German physicians with marked success. The dose is two to eight grains, given frequently. It may be taken as a powder, or in a mixture.

## NOTICE.

THE ANNUAL SUBSCRIPTIONS TO THE BRITISH MEDICAL ASSOCIATION FOR THE YEAR 1870 ARE NOW DUE: and it is a matter of great convenience to the Association, and conduces to the efficiency of its working, that they should be paid promptly.—Members of Branches, and all others who usually receive circulars at the beginning of the year from the local Secretaries, will greatly oblige, and will prevent trouble, by PAYING THEIR SUBSCRIPTIONS TO THE LOCAL SECRETARIES, AND NOT TO THE GENERAL SECRETARY.—All other members should pay their Subscriptions without delay to the General Secretary, T. WATKIN WILLIAMS, Esq., 13, Newhall Street, Birmingham.

Members of the Association residing in the counties of Middlesex, Essex, and Hertfordshire (except those belonging to country Branches), should pay their Subscriptions to Dr. A. P. STEWART, 75, Grosvenor Street, W.; or Dr. ALEXANDER HENRY, 16, Great Coram Street, W.C.

## BRITISH MEDICAL JOURNAL.

SATURDAY, MARCH 26TH, 1870.

## THE ABUSES OF MEDICAL CHARITY.

THE public ought to be able to obtain the best possible medical advice at the cheapest possible rate. The medical profession ought to be paid by the public the highest price that can suitably be afforded. These two propositions by no means confute each other; on the contrary, they give mutual support. "There's nae sin in taking a guid price, but in gieing ill measure." An underpaid profession will of necessity be an ignorant profession; and the public will very rightly have to bear the penalty of its own stinginess. The problem before us is, then, to find the true market price of our commodity; and we wish to do this, if possible, in a quiet gentlemanly manner, with as little approach to the shopkeeper method as circumstances may permit. Hence such meetings as that held on Thursday evening in the rooms of the Royal Medical and Chirurgical Society, to consider our present plan of giving advice to out-patients, with a view to its reform. Institutions for giving gratuitous medical advice to the poor have of late years much increased, and they have assumed certain new features: they have extended from our large towns to our villages; they compete with each other; and, altogether, the matter has assumed features which are very legitimate grounds of anxiety. It is asked with some fear whether, in the first place, these arrangements are the best that could be devised for the good of the public; and secondly, whether they are in any way likely to undermine the profession. The inquiry is, for the present, as to the out-patient system only; but it is manifest that the same, or nearly the same, arguments will apply to other developments of our schemes for gratuitous medical relief.

What, then, are the abuses or imperfections which are suspected? To take, first, those which concern chiefly the public, it may be replied somewhat as follows. It is asserted that the plan of giving away any thing which is a necessary tends to demoralise the recipient, to diminish his thrift and self-reliance; and that, therefore, the gift of medical treatment during illness ought to be made only under circumstances of cogent necessity. It is thought, further, that our out-patient institutions have gone much further than is desirable in this direction, and have invited those to obtain gratuitous advice who are by no means proper objects for it. Another supposed abuse is, that the professed boon is not really one, and that in many instances an out-patient's room wastes the patient's time and causes him expense in various ways, for which he does not get the equivalent which he supposes, since owing to overcrowding and other causes the advice obtained is not any better than, if so good as, that which he might have had at home. Lastly, we are sorry to be obliged to add that it is alleged that in some cases out-patient departments are made use of by those connected with them as traps to catch private patients. This last charge is one which is probably true only on a very small scale, and which concerns the profession quite as much as the public.

With respect to the injustice inflicted upon the profession itself by medical charities, it tells in several ways. Patients who are not wealthy, but who can yet well afford a moderate charge for advice, habitually betake themselves to hospitals for all ailments which do not confine them to bed, and thus their private medical advisers are defrauded. We refer to cases in which thrift is the object, and in which, were it not for the saving, the patient would feel no preference for the public institution. There are, however, other and perhaps more numerous cases, in which a belief (often a mistaken one) that better advice will be got at a hospital is the motive for going there. This applies especially to special hospitals. In the neighbourhood of a noted hospital for diseases of the eye, or of the skin, it may often be difficult for a general practitioner to retain his patient's confidence long if the ailment belong to either of these special departments. It is very naturally believed that the public specialist must have greater skill than the private surgeon; it is also thought that such institutions would not exist were there not something which was acknowledged to be peculiar in such maladies. Hence it is not in the least surprising that a person by no means inclined to dishonest saving, becomes willing and anxious to avail himself of the advantages of a hospital. Now, none of our hospitals make any arrangements for co-operation between the general practitioners and the members of their staffs in the treatment of cases, and hence there is no middle course between losing the much desired opportunity or the entire abandonment of private attendance. Were it possible, by the payment of small fees, to have the advantages of consultations, many patients of this class would most willingly remain under the care of their ordinary attendants. In these cases it is not only the general practitioners that suffer, but consultants also share in the loss.

Inasmuch as our English Poor-law provides for the gratuitous relief of the medical necessities of all who are in real poverty, it follows that those who support out-patients' departments, dispensaries, and the like, must do so by some special arguments. They may allege that they wish to provide for a class above paupers—those who can pay their bakers, but who, under the stress of illness, are unable to pay a doctor. Secondly, they may assert that Poor-law advice is unpopular; that it leaves the poor with no choice of medical attendants; and that it thus requires some supplement even for the use of paupers. Or lastly, they may make bold to imply that there is a difference in the quality of the article supplied; that a Poor-law surgeon is a general practitioner, and a hospital or dispensary physician a consultant; and that it is fair that the poor should have the same kind of advantage in this direction provided by charity that the rich secure by their wealth. There is some truth in all these statements. With the expected improvements in the Poor-law service, the provision of dispensaries, etc., it is to be hoped that both the efficiency and the popularity of the medical aid given by the nation will increase. It is manifest that the necessity of applying to the relieving officer offers a very useful guarantee against abuse; and there can be little doubt that the soundest principle as regards the run of disease amongst the really poor is to provide suitable aid, systematically administered and paid for out of the rates. For the large class just above paupers who find the expenses of illness ruinously heavy, the Provident Dispensary, self-supporting, is a far more legitimate resource than gratuitous relief at a hospital. We speak still of ordinary illness; but institutions of this class can easily arrange so as to provide the assistance of consultants, and even of specialists, when wished.

It is quite certain that a different rule must be laid down as regards the classes of patients proper for admission at special and at general hospitals. Our special hospitals are, it is well known, in the habit of admitting many who would by no means be eligible if their ailments were of an ordinary kind. When a man is the subject of some disabling defect which none can treat so well as a specialist, his prospect of paying his way becomes much altered. The specialist will demand heavy fees; and a person who, for common illness, would never have thought of seeking charity, does so under such circumstances, with perfect propriety. But it is certainly desirable that arrangements



should be planned for such cases, and that, whenever possible, something should be paid. If British consultants (those of London especially) chose, in imitation of continental custom, to reduce their fees, or at any rate to allow those of their body to do so who liked, there is no doubt that this evil would be somewhat met, and that a certain number of persons would retain independence who are now, by heavy fees, driven reluctantly into the arms of charity. We much doubt, however, whether in the long run a reduction of fees would work for good either to the public or to any branch of the profession.

The abuses which are now under notice are no new evil, nor is it the first time by many that attention has been drawn to their existence. About a year ago the Metropolitan Counties Branch of our Association took the matter up, and several influential meetings were held under the presidency of Mr. Erichsen, and much expression of opinion was elicited. The result of the inquiry was the appointment of a committee to deal with the subject. This committee was in every way well constituted; but it has not as yet presented any report or recommendations. The difficulties of dealing with the question are, no doubt, very great, and the most that such a committee can do will be to express opinions and offer advice. It can exercise no sort of compulsion. Yet we cannot but think that something useful might really be effected if good judgment and a willingness to see all sides of the question were brought to bear on it. There is no body which could offer such advice more suitably, or speak with a voice more nearly approaching to that of authority, than our own Association.

We would venture to suggest the following as some of the practical objects which might be attained by such a committee.

1. The preparation of a document, suitable for distribution amongst the lay supporters of hospitals, explanatory of the relations of such institutions to the medical profession. It is time that the heads of firms, wealthy masters of families, and the like, should know that in many instances their subscriptions to hospitals, given with the design of sending their dependents for advice, are nothing short of mean frauds on medical men.

2. The preparation of a brief exposition of the same facts suitable for distribution amongst the patients themselves. In many instances a person goes to a hospital for advice because he honestly believes that the advice that he there gets will be better than any he could obtain in private. In other cases, thrifty persons who go for economy's sake are still quite ignorant of the real character of the transaction, and believe that a guinea or less put into the donation-box really satisfies all claims. Most non-professional persons are amazed at being told that the surgeons to hospitals work for nothing—for, knowing a little of the extent to which such appointments are coveted, they take for granted that those who get them are well paid. There are yet others who cannot plead ignorance, upon whom a few plain words of expostulation would probably have a good effect.

3. After all has been done that can be done by explanation to the governors and patients, there will still remain a proportion of the worst class of cases to be dealt with in other ways. We allude to those in which imposition is knowingly practised. Against these some machinery should be devised; and we can think of none better than the provision of a sort of declaration-book, which should be offered for signature to all applicants who are suspected. Such declaration should comprise an assertion of fitness for hospital relief; a full permission for inquiry, if wished, by the hospital authorities; and it should also supply the names of referees.

4. An opinion might be expressed as to the advantages of Self-supporting Dispensaries, and suggestions offered as to the best methods of conducting them, and as to the limits within which their operations should be restrained.

5. It would be advisable to explain the circumstances under which it is feasible to allow patients to pay money to hospitals for their treatment, and also as to the principles involved in allowing (by payment) the use of private wards, etc.

That the matter is one of great difficulty and delicacy no one can

doubt. Conflicting interests and prevalent misconceptions of the real facts will combine to make it so. It is, however, one which is well worth discussion, for it is high time that the most careful endeavours be made to foster independence in the English character, and to economise every species of charitable effort.

### THE CASE OF THE LATE EARL ST. MAUR.

WE last week reprinted the preface of a narrative of the case of the late Earl St. Maur, drawn up by Dr. Williams; in which preface, Dr. Williams gave concisely his answers to and explanations of certain of the statements contained in the libel which lately formed the subject of an action on his part against the Duke and Duchess of Somerset. The pamphlet itself contains an account of the events connected with the fatal illness of Lord St. Maur, so far as Dr. Williams was personally concerned.

The reasons which led to the publication of this pamphlet were contained in the extract which we gave last week. The narrative contains a history of the facts, as far as Dr. Williams was personally concerned, from the time when the patient first came under his notice up to the fatal termination of the case. It is scarcely necessary, after what has already been said in this JOURNAL as to the nature of the case, and which substantially agrees with the narrative, that we should here attempt an analysis of Dr. Williams's pamphlet. It were much better that each one who takes an interest in such a case, whether in a scientific point of view or in regard to the character of the physician whose name has been so unfortunately brought forward in connection with it, should read the narrative and judge for himself. All but the most prejudiced will, there can be no doubt, concur with us that Dr. Williams has given very good grounds for the diagnosis which he formed: viz., that the case was one of intrathoracic tumour, most probably aneurism, pressing on the larynx and its recurrent nerves; and that he has shewn that his conduct throughout was only that which would be rightly expected from a skilful, judicious, and humane physician. The narrative is throughout simple, temperate, and consistent, and ought to satisfy every unprejudiced reader of it of the utter groundlessness of the charges which were made against the character of Dr. Williams. It is, as it were, a necessary supplement to the proceedings which took place when the action came on for trial; necessary to remove the erroneous impressions which appear to prevail in some minds—but not necessary for the conviction of that large section of the profession which knows and esteems Dr. Williams.

We would willingly leave the matter here; but an incident has occurred, on which it is necessary to make a remark or two. There is in the *Times* of Wednesday, a letter from the solicitors to the Duke of Somerset, denying many of the incidents related in Dr. Williams's pamphlet, and the phrases attributed by him to the Duchess. This letter does not produce the least impression on us, beyond that of regret that His Grace should ever have been persuaded to allow his solicitors to write it. Its accuracy or inaccuracy must depend on the credibility to be attached to the statements of the Duchess and Dr. Williams, as measured—not by their desire of speaking truth, which must be regarded as equal—but by their capability of correctly remembering and relating what occurred under the distressing circumstances in which her Grace was placed. When we note the words of the Counsel in making the apology and retraction that "her mind was frenzied," that "her mind was a chaos, incapable of fixed thought," and that the retraction contains the admission that wrong impressions had been formed on her mind; there can be no hesitation as to which of the statements deserves credence. The letter states further that "there are many less important mistakes of a medical nature which lead her Grace to hope the work has not been compiled by a medical hand." What this may mean, we can scarcely understand. If it be meant to throw doubt on the truth of the narrative by questioning its authorship, the attempt is certainly a most injudicious and impotent one. If, as at first sight seems more proba-

ble, it be intended thus publicly to asperse Dr. Williams' character, we can only express the hope that the letter has not been suggested by a member of the English aristocracy.

#### THE ST. PANCRAS INFIRMARY CASE.

THE decision of the Poor-law Board has at length been given on the notorious St. Pancras Infirmary case, which created so much attention a few weeks ago. The St. Pancras Board, at their weekly meeting on Monday, received a lengthy communication from the Poor-law Board, in which the various charges preferred by them against Dr. Ellis, the Resident Medical Officer, were answered *seriatim*. With regard to the first charge, it is stated that—

"Dr. Ellis, either wilfully or negligently, so managed the ventilating apparatus of the Infirmary as to produce a wrong impression upon the minds of medical men who came round to examine the Infirmary; and that the ventilating apparatus was never properly managed by Dr. Ellis, and that if it had been it would have been sufficient for the purpose for which it was constructed.

"Mr. Bere and Dr. Seaton inform the Board that they are of opinion that Dr. Ellis's orders and directions were given from a belief that they were right ones, and not from any wish to cause the state of the atmosphere in any ward to be foul and abominable. The Poor-law Board see no reason to dissent from the opinion expressed by their special inspectors in respect of this branch of the first charge.

"In regard to the other portion of the charge, which imputed general culpable negligence in the use of the ventilating apparatus, thereby allowing the air to become 'unnecessarily impure,' the inspectors report that 'when along with the setting in of the cold weather the wards became overcrowded to the extent which they were, there existed only a choice of difficulties.' Notwithstanding the admitted great foulness of the air in some of the wards on various occasions, Mr. Bere and Dr. Seaton consider that the circumstances were such as to justify the exercise of individual discretion on the part of the medical officer, and are of opinion that no charge of culpable negligence has been established against Dr. Ellis in respect of this part of the first charge.

"They equally acquit Dr. Ellis of the remaining portion of that charge—namely, 'of creating a foul atmosphere on certain occasions for particular purposes.'

"The second charge against Dr. Ellis was 'that he retained as patients in the Infirmary persons whose ailments could have been as well attended to in the infirm wards of the workhouse, and even in the body of the house; and that by such improper retention he caused the overcrowding to which the report refers.' The inspectors acquit Dr. Ellis of the charge of 'retaining any persons for the sake of causing overcrowding.' As to the third charge against Dr. Ellis, of 'having warranted cases of contagious fever in the general wards for the purpose and with the design of producing an epidemic,' Mr. Bere and Dr. Seaton are of opinion 'that there was no evidence to support it, and that it ought never to have been made.' They equally acquit Dr. Hill, who they state 'was very improperly charged by Dr. Edmunds with having conspired with Dr. Ellis to commit this criminal offence.' The Poor-law Board agree with their inspectors, and acquit Dr. Ellis of all blame in respect of the third charge made against him. They deem it right at the same time to express their great surprise and regret that so gross and unfounded a charge should have been imported into the inquiry. With regard to the fourth charge—that relating to inequities—Mr. Bere and Dr. Seaton state that 'four cases were alleged in which Dr. Ellis was said to have called for inequities where none were really needed,' the special inspectors are of opinion that 'in three out of the four cases inequities should not have been called for on the grounds assigned by Dr. Ellis,' and the Board concur with their inspectors in this opinion. The charges made against Dr. Ellis extended beyond the allegation that inequities had been held unnecessarily, and included the imputation of two culpable motives. With regard to the imputation that Dr. Ellis generally made use of inequities to support his views of the insufficiency of the Infirmary, the inspectors state that 'no proof was given'; and the most careful examination of the evidence by the Board has led them to the same conclusion. With regard to the allegation of a pecuniary motive, the inspectors state that it derives force from the fact 'which was in evidence before them, that in this Infirmary, as compared with other similar parochial infirmaries in London, an extraordinary number of inequities had been called for by Dr. Ellis; and they certainly cannot but regard it as probable that the desire of profit may have operated on his mind so as to induce him to request inequities for slight and in-

sufficient reasons.' The Board regret that Dr. Ellis, by initiating inequities on what the inspectors have found to be slight and insufficient reasons, should have exposed himself to the suspicion to which the inspectors refer, and from which it appears that he did not succeed in exonerating himself. But the Board, in the absence of any proof that the imputed motive existed, must confine themselves to expressing their view that the evidence taken at the inquiry leads to the conclusion that Dr. Ellis was injudicious and hasty in some of the instances in which he required inequities to be held."

Such is the substance of the report of the special inspectors, and the decision thereupon of the Poor-law Board; and we are glad to observe that the report bears out largely the opinions we expressed on the condition of the Infirmary a few months since. The tenure of the communication from the Poor-law Board is in the main undoubtedly favourable to Dr. Ellis, and as distinctly adverse to the course which the guardians thought fit to pursue against their resident medical officer, on evidence which has been proved to be most inadequate. If Dr. Ellis overstepped the bounds of prudence and propriety, and we confess we think such was frequently the case, he was met, on the other hand, by the most violent and continued opposition from the Board of Guardians. The result was, of course, an open rupture between the Board and Dr. Ellis; and a disgraceful pantomime ensued, in which the Board and local self-government were held up to public derision. Dr. Ellis may congratulate himself on having got out of his difficulties. The guardians appear to feel sadly the decision of the Poor-law Board, for it is reported that the communication was received with comparative silence. It is to be hoped that the new election of guardians may bring about a new state of matters, and prevent the repetition of a quarrel which can be looked upon in no other light than disgraceful.

#### THE MEETING AT THE COLLEGE OF SURGEONS.

NEVER, perhaps, were the arrangements for an important public meeting worse managed than those of that at the College of Surgeons on Thursday. A large meeting of influential members of the profession was brought together, and there appeared to be but one feeling of dissatisfaction with the method in which it was attempted to conduct the business. A few resolutions, some of them embodying principles upon which the profession is tolerably unanimous, but others of a very different character, had been prepared beforehand, but they had not been made public. Expressions which ought never to have been necessary in such an assembly were freely used by many speakers; and amongst them such terms as "clique," "hole-and-corner," and the like, were enunciated with great emphasis. Now, really nothing could be more absurd than for a few individuals to attempt to carry, by a sort of sleight-of-hand, resolutions which should pledge such a body as the College of Surgeons to the opinion that examiners ought to be appointed by the State. Had it chanced that a vote in favour of such a proposal had been carried, it would have been repudiated to-morrow by the common sense of the profession. Everyone must feel gratified that the attempt to take people by surprise has failed in the way that it deserved. There is no principle so dear to every lover of fair play as that of open discussion, and there is none so essential to the satisfactory settlement of such questions as those now under debate. No fair discussion is possible, if resolutions concocted by a few are concealed from the majority until the moment of their proposal. The result has been that the Fellows and Members of the College have firmly declined to be hurried into a pitfall. The excellent speeches of Mr. Clarke and Mr. Holmes expressed only the general feelings of the meeting. On the next occasion, we have no doubt that a very different course of action will be observed, and the measures will be carefully considered beforehand and openly announced. We may then hope that resolutions will be passed which will fairly represent the views of this important body, and which will be likely to carry weight with those to whom they are addressed.

Whilst censuring the manner, we are yet very glad that the meeting has been held, and we thank its promoters thus far. Will the College

of Physicians follow the example? No doubt, a series of such meetings for the public examination of the principles of proposed reform would do much to facilitate a satisfactory arrangement of details. It was manifest on Thursday that several speakers were by no means conversant with the real merits of the case. But, in order that such meetings should do actual business in the way of affirming or negating essential principles, discussion must precede decision. Of those who signed the requisition to the College for this week's meeting, not a title were, we believe, in any way consulted as to the arrangements. Good taste would have dictated that a preliminary meeting of the requisitionists should have been called; had this been done, valuable time would have been saved, and the very lame ending of a meeting which ought to have been influential would have been avoided.

### THE NEW MEDICAL BILL.

THE conference between the Executive Committee of the Medical Council and the President of the Privy Council, which took place last week, was for purposes of explanation. Nothing of novelty transpired at it. Although, of course, the details of the Government measure are not yet known, yet if it may be assumed that they will, in the main, be in conformity with the views of the Medical Council, it is not difficult to foreshadow the main features. The constitution of the Medical Council will, probably, be remodelled and liberalised. The electing bodies will be compelled to adopt the plan of allowing all those affiliated to them to vote for representatives, or, if it should not in some instances be practicable to enforce this, representatives will be given to the profession independently of the colleges. On the Council thus made popular, additional powers will be conferred, enabling it to compel the amalgamation of Examining Boards, etc. The appointment of Examiners will probably rest with the Colleges, as heretofore, and the special privileges of the latter will not be interfered with, excepting that none will be permitted to grant the license to practise excepting to those who have already been examined at the Central Board. There will be a separate Board for each of the three Kingdoms, and registration will be referred to all who have not obtained diplomas thereat.

### THE PROPOSED ROYAL SOCIETY OF MEDICINE.

AN adjourned meeting of the Royal Medical and Chirurgical Society was held on Monday, the 14th instant, to consider the resolutions proposed by the Committee of Delegates to promote an amalgamation of various Medical Societies. The proceedings were altogether of a formal character, only a few verbal alterations being made in some of the resolutions (as may be seen in our report), which in no way altered their sense; and they all were adopted with nearly complete unanimity. The only important modification, therefore, which has been made in the scheme sent up by the Committee of Delegates, consists in the reunion of Medicine and Surgery in a Medico-Chirurgical Section, and the formation of a Physiological and Anatomical Section; so that the Sections proposed to be formed are precisely the same as originally agreed upon by the Society at its meeting in May last. We cannot but congratulate the Fellows on their determination not to sever Medicine from Surgery, as we should consider such a proceeding to be fraught with grave mischief to the profession. We trust that this scheme for amalgamation, which appears to us most fair and equitable to the Societies concerned, will meet with their cordial support; and that we may soon be enabled to chronicle the fact of the establishment in England of a Royal Society of Medicine.

THE Metropolitan Free Hospital has received a second donation of £1,000 from a friend who signs himself "E. G."

DR. HOOKER has been elected an Honorary Member of the French Acclimatization Society, on account of his exertions with regard to the emuclon plant.

### THE MIDDLESEX HOSPITAL.

DR. SANDERSON and Mr. Hulke have resigned their joint lectureship on Physiology at the Middlesex Hospital Medical College.

### UNIVERSITY OF LONDON.

It has now been definitely settled that the opening of the new University Building will take place on May 11th, when Her Majesty the Queen has graciously signified her wish to be present. For this purpose, great preparations are in progress for completing the interior, which till lately has been in an unfinished state. The ceremonial will take place on the same day as the presentation for degrees, and, therefore, the day after the annual meeting of Convocation, so that a large attendance of graduates may be expected. Only members of Convocation will be admitted into the building to view the ceremony, and it is expected that every one will appear in full academical costume. It is, we believe, the intention of the Senate to invite a great many visitors on the occasion, such as the Cabinet Ministers, Presidents and Heads of affiliated Colleges, and also of all the learned bodies, so that all the possible space will be made available for the occasion. The ceremony will, probably, only last a few minutes, as the Queen will merely pass through the chief rooms and the large theatre. The presentation for degrees will take place afterwards, in the theatre of the new building.

### YELLOW FEVER AT RIO DE JANEIRO.

WE learn from the *Gazeta Medica da Bahia* of Feb. 15th, that at that date yellow fever was spreading extensively at Rio de Janeiro. The mortality had not been great in proportion to the number of attacks, which had amounted to hundreds daily; but there had been not fewer than twenty deaths each day. It would seem that the authorities were behindhand with preventive measures, as the *Gazeta* urged the importance of taking them.

### A VERY PROPER RESOLUTION.

THE Hennepin County Medical Society, Minnesota, has adopted a resolution "That any member of the Society who shall permit his name to appear in connexion with a report of a surgical operation or case of disease in the public prints, or who shall furnish any secular journal with such report for publication, shall be deemed guilty of gross violation of the medical code of ethics and of professional honour." The punishment, after investigation and proof, is to be reprimand for the first offence, and expulsion from the Society for the second. The Society has acted rightly.

### RETURNS OF SICKNESS.

AT the ordinary meeting of the Social Science Association held on Monday last—Dr. William Farr, F.R.S., in the Chair—Mr. James Lewis, of the General Register Office, read a very able and comprehensive paper, containing considerable amplification of an article which appeared in our columns of February 12th, showing the feasibility of the plan proposed by him for securing efficient weekly returns of sickness. Citing the recent prevalence of relapsing fever, he pointed out that no public return indicated this, till the first death appeared in the Registrar-General's returns. The medical officer of the Privy Council has already advocated a quarterly return of sickness treated by the Poor-law medical officers, and an annual one from hospitals and other medical charities. Mr. Lewis urged the advisability of a weekly return for London and a quarterly return for the country. Blank forms should be supplied to the Poor-law medical officers and to officers respectively from a central office. Dr. Ransome had published weekly returns from Manchester for the last ten years. The discussion was begun by Mr. Safford, who proposed, and Dr. Hardwicke, who seconded, a resolution recommending the publication of the paper, and referring the subject to the Joint Committee of the British Medical and Social Science Associations. This was unanimously carried. Dr. A. P. Stewart, Mr. Holland, Mr. Curgiven, Dr. Stallard, Mr. Haviland, Dr. Rogers, and others, joined in the discussion, which was concluded by an able summary from the Chair.



## THE UNIVERSITY OF LONDON.

THE following Examinerships, amongst others, will be filled up by the Senate on April 27th. Chemistry, worth £175 a year; Medicine, £150; Physiology, Comparative Anatomy, and Zoology, £150; Midwifery (two), £75 each; Materia Medica and Pharmaceutical Chemistry, £75; Botany and Vegetable Physiology, £75; two Assistant-Examinerships in Chemistry, worth £25 each.

## THE HUNTERIAN SOCIETY.

A VERY interesting paper was read by Dr. Peacock, on Wednesday last, at this society, consisting of notes on American and Canadian Hospitals. The materials had been obtained during a tour made last autumn, and, although necessarily brief, gave instructive facts as to the medical schools, licensing bodies, hospitals, asylums, museums, and other institutions in connexion with professional pursuits. The criticisms were especially valuable as coming from a mind trained by much previous observation of kindred institutions, both at home and abroad.

## CHARGE OF MANSLAUGHTER AGAINST A SURGEON.

ON the 16th instant, Mr. William Price, surgeon, of Pont-y-pridd, was tried at the Glamorganshire Spring Assizes for the manslaughter of Thomas Price in January last. The deceased, a man thirty-three years of age, had received a kick from a horse two years previously, and a tumour was formed near the knee. He was for some time under the care of Mr. Dyke and Mr. Cresswell of Merthyr Tydfil; then he was a patient in the Bristol Infirmary; and was afterwards attended by Mr. Dyke, Mr. Cresswell, and Mr. Webster, of Merthyr. Amputation of the limb was proposed; but, about five weeks before the man's death, Mr. Price dissuaded the patient and his friends from having the operation performed, and took charge of the case. He introduced a seton on January 2nd; and on the 7th the man died, inflammation and mortification having set in. The main question raised was, whether the tumour were merely bursal, or myeloid; and the evidence of Mr. Dyke, Mr. Cresswell, and Mr. Webster, proved that, on *post mortem* examination, the tumour was found to be myeloid. At the same time, the accused (who conducted his own defence) elicited from the witnesses that the diagnosis between bursal and myeloid tumours might be difficult, and that mistakes had occurred in the hands of experienced surgeons. The Judge, without calling on Mr. Price for his defence, gave the prisoner the benefit of the doubt raised by the medical evidence, and directed the jury to acquit the defendant. A verdict of "Not Guilty" was accordingly recorded.

## THE SANITARY STATE OF EASTBOURNE.

WE are glad to find that the local authorities are bestirring themselves, and showing a determination to put right whatever was wrong in their sanitary arrangements. The Local Board have unanimously adopted Dr. Thorne Thorne's recommendations. The eminent engineer, Mr. McClean, has reported that he has had "the sewer between the Archery Tavern and the sea outfall, and at other points, examined, and it works at all times of tide in an efficient manner for discharging the sewage of the town." Plumbers are busily at work carrying up ventilating shafts from closets, and disconnecting waste-pipes from drains. An analysis of the water complained of is being made, so that, if it be found unfit for dietetic purposes, its use may be prevented. An officer is about to be appointed, whose sole duty will be to search out and abate nuisances prejudicial to health; or, better still, by a vigilant enforcement of hygienic laws, to prevent such nuisances from arising at all. Eastbourne possesses great natural advantages; a pure, dry, bracing, air, an abundant supply of excellent water, enough and more than enough for a town treble its size. There are also close at hand the breezy South Downs; and there is the sea, unpolled by sewage, inasmuch as the latter, thanks to the liberality of the Duke of Devonshire (who has spent between £30,000 and £40,000 to accomplish it), is carried nearly three miles away. With all these points in its favour, a serious responsibility rests on the Local Board that nature's beneficence should be supple-

mented by a wise and enlightened practical application of the simple rules of sanitary science; and the inhabitants of our watering places generally would do well to remember that every case of preventable disease that occurs in them may be regarded as a loss of *prestige* and, therefore, of gain.

## THE ACADEMY OF MEDICINE AND THE MEDICAL PRESS.

THE Academy of Medicine in Paris, at its meeting on March 15th, elected M. Amédée Latour, many years editor of *L'Union Médicale*, to the honorary rank of Associate. This may fairly be regarded as a compliment paid to the medical press of Paris in the person of one of its most worthy representatives. The earnestness and ability with which M. A. Latour has made his journal a medium not only for diffusing professional knowledge, but for promoting professional interests and ethics, are well known, not only in the French medical world, but to those on this side the Channel who have been accustomed to read the French journals; and it gives us much pleasure to notice that a learned body, which does not scatter its honours broadcast, has selected him as the recipient of one of its honorary distinctions.

## KING'S COLLEGE.

WE understand that very considerable changes are about to take place in connexion with the Medical School of King's College. Sir William Fergusson resigns his chair of Systematic Surgery, and Mr. Partridge his appointment as surgeon to the hospital. Sir William will, however, be appointed Professor of Clinical Surgery; while Mr. Partridge still retains the chair of Anatomy. Mr. Wood is expected to succeed Sir William Fergusson as Professor of Systematic Surgery; he will also be promoted to the rank of full surgeon to the hospital. Two vacancies will, therefore, occur—that of assistant-surgeon to the hospital, and demonstrator of anatomy. We are sure we speak the feeling of almost every old King's College man when we say that Mr. Partridge will be missed with much regret from the wards of the hospital, where he has rendered faithful and excellent service for so many years.

## INFANT MORTALITY IN FRANCE.

A REPORT has just been presented to the Academy of Medicine by a Commission appointed to examine into the causes of and remedies for the excessive mortality among infants in France. The following are the conclusions at which the Commission have arrived. The causes of the great mortality among newly born children may be referred to the following categories. 1. Misery, which is so often the cause of congenital weakness in infants. 2. The abandonment, sometimes unavoidable, but very often voluntary and unjustifiable, of lactation by the mother. 3. Ignorance of the most elementary rules of diet and physical training in infancy, and the prejudices of all kinds which arise from this ignorance. 4. The abuse (unfortunately too prevalent) of artificial lactation, always inferior to maternal lactation, and the difficulties in the application of which almost always produce danger. 5. Too early feeding: this must not be confounded with artificial lactation, though the two are often associated. 6. Want of necessary hygienic care; and, especially, the chilling to which infants are too often subjected while being carried about. 7. The want of medical care at the commencement of illness. 8. The want of a regular surveillance and medical inspection, in regard both to the regular supply of nurses, and to the care to be taken of the children. 9. The obligation, which is still too general, to carry infants to the *mairies* in order to register births. 10. The carelessness and culpable indifference of parents with regard to their children who are sent out to be nursed. 11. The too frequent delay of vaccination. 12. The localisation of the nursing occupation (*l'industrie nourricière*) in too small a number of departments. 13. The large number of illegitimate births. 14. The more or less criminal proceedings which constitute the masked varieties of infanticide.—The remedies are arranged under the following heads. 1. To prevent misery, all means of amending the physical and moral condition of the people should be put in force. 2. To combat the other causes, maternal lactation should be favoured as much as possible, by

increasing the number of sources of temporary assistance granted to poor women who are able to suckle their children, and the feeling of maternal duty aroused in the more fortunate mothers. 3. Sound hygienic principles and rules, especially as regards the feeding of infants, should be extensively diffused. 4. The administrative and medical surveillance of infants sent into the country to be nursed should be rendered more effectual. 5. The registration of births at the parents' houses should be rendered general throughout France. 6. The performance of vaccination in the early period after birth should be favoured. 7. A more extended distribution of infants put out to nurse should be encouraged. 8. The occupation of nurses should be subjected to regulations based on medical data, in conformity with the plan proposed by the Commission. 9. The formation of societies for watching over infancy, and of local committees for the inspection of nurses, should be encouraged. 10. Rewards should be established for devoted and meritorious nurses. Cases of notorious want of care should be followed up, and brought within the category of homicide by imprudence in cases where death occurs; and those women should be considered guilty of voluntary homicide who cause the gradual death of the infants abandoned to them. 11. The mode of transport of infants to nurses should be improved. 12. With a view to future statistics, a numerical and classified statement of infants who have died out of their native country should be prepared; as well as a similar statement of the births and deaths in each commune of the French territory—the cause of death being given as far as possible. 13. A permanent Commission, under the title of Commission on Infantile Hygiene, should be instituted in the Academy of Medicine; to which should be sent documents referring to the hygiene of infants and the inspection of nurses. Like the other permanent Commissions, this one should propose annual rewards, with the sanction of the Government.—The report is to be forthwith discussed in the Academy.

#### ST. BARTHOLOMEW'S HOSPITAL.

DR. P. J. HENSLEY has been elected Assistant-Physician to St. Bartholomew's. His duties will, for the present, concern the casualty department only.

#### OUR ARMY RECRUITS.

IN a memorandum by the Inspector-General of Recruiting, which has just been presented to both Houses of Parliament, it is stated that, owing to the facility of obtaining recruits, the chest-measurement and *physique* of the men are increased. It refers to the inferior method of primary examination which used to be made by certain medical practitioners, the selection of whom was left to the recruiting-sergeant, who appears to have been in the habit of taking the recruit for examination to any practitioner who might be most accommodating in passing him as fit. To obviate this, lists of medical men of good local repute, registered under the Medical Act, have been made and published; and recruiters are now compelled to employ these gentlemen only. The medical men selected have been furnished with letters of appointment, and carefully worded instructions for the medical examination of recruits. This arrangement, the memorandum goes on to state, although the emoluments are very small, has been found to work most satisfactorily, the examinations showing much care and discrimination. The Medical Recruiting District Board has been done away with, and its place occupied by an experienced staff-surgeon.

#### THE MALOO MIXTURE.

THE question of the adulteration of tea came before the magistrate at the Guildhall this week. Dr. Letheby again gave evidence showing that the tea which he had caused to be seized was utterly unfit for use. It was not merely of a poor quality, but, he considered, in a state of decomposition. His evidence was supported by that of Dr. Stenhouse. Mr. Redwood, of the Pharmaceutical Society, stated that he had examined the tea in question; and, while he joined with the other witnesses as to there being no good qualities to be detected, he was not

of opinion that it was deleterious. Mr. Alderman Stone condemned the tea to be destroyed. The tea in question is, we believe, one which has been already used in China, and it gets the nickname from being employed on the Maloo race-course as "tan" is with us. Dr. Letheby deserves much credit in connexion with this seizure.

#### THE METROPOLITAN COUNTIES BRANCH.

AT an ordinary meeting of the Metropolitan Counties Branch to be held at the rooms of the Medical Society of London, 32a George Street, Hanover Square, on Wednesday next, March 30th, at 8 p.m., Dr. George Johnson, the President of the Branch, will demonstrate and explain his microscopic specimens of Hypertrophied Arteries from various tissues in cases of chronic Bright's Disease.

#### THE LONDON HOSPITAL.

IT is probable that an important addition will very shortly be made to the staff of this hospital. The number of physicians and surgeons will be increased in each case from three to four. Should the proposed arrangement be carried out, Dr. Down and Mr. Rivington will no doubt be elected to these posts. It is doubtful whether any vacancies in the assistant staff will be declared at present, as it is already very large, and believed to be quite sufficient for its duties.

#### THE GUY'S HOSPITAL BIENNIAL FESTIVAL.

THE Guy's Hospital Biennial Festival passed off with great success on Wednesday evening, at Willis's Rooms, Mr. Cock, Senior Surgeon to the hospital, in the chair. The large room was crowded, upwards of 250 old and present Guy's students and their friends from all parts of the country being present at dinner. Amongst the visitors were Sir William Fergusson, Bart., Sir Henry Thompson, and others. After the usual loyal toasts, that of the Army and Navy was proposed from the Chair, and responded to by Mr. Mackenzie for the Army, and Mr. Domville for the Navy. The next toast, that of the Presidents and Treasurer of the Hospital, was proposed by Dr. Owen Rees. "The Universities" followed. "The Staff" was proposed by Dr. Odling, and responded to by Mr. Hilton. The toast of the evening—The Past and Present Students of the Hospital—was proposed by Mr. Birkett, and responded to by an ex-House Physician and the present House-Surgeon, and most enthusiastically received. An excellent choir contributed to the pleasure of the meeting, which was altogether most successful.

## SCOTLAND.

THE annual concert of the Edinburgh University Musical Society passed off successfully in the Music Hall on Friday, March 18th.

#### THE LEITH HOSPITAL.

THE annual meeting of Managers of the Leith Hospital was held on Tuesday. The number of cases treated in the hospital during the year was 241, and of these 94 were fever cases. The number of out-patients was 4,427; as many as 1,756 had been treated at their own homes; and 250 attended by the district nurse. Dr. Struthers proposed that the Directors should erect a refuge, where families in which fever had broken out might be accommodated, if necessary. The matter was referred to a Committee.

#### EDINBURGH INFIRMARY.

WE regret to hear that Mr. Edwin Thompson died of typhus fever, caught in the discharge of his professional duties as resident to the fever-wards in the Royal Infirmary, on Monday last, after fourteen days' illness. He graduated in Medicine and Surgery last autumn. A very promising student and an universal favourite, he dies deeply regretted by a large circle of friends, and by his fellow-students, who followed his remains to the grave last Wednesday.

## THE MORNINGSIDE ASYLUM.

A new wing is being added to the asylum. It is a continuation of the present south-west wing, and is being laid out in bedrooms, instead of dormitories. The building, which will cost about £4,000, is expected to be ready for occupation in a few months. The Directors have resolved to exclude from the asylum all patients who have not the right of presentation.

## IRELAND.

## AMALGAMATION OF THE LICENSING BODIES.

NOTHING definite has been settled as to the union of the Colleges of Physicians and Surgeons and the Apothecaries' Hall, although the example has been set in the sister countries, and although it is believed that the Government Bill will provide for amalgamation of the existing corporations. The College of Surgeons is anxious for union on terms similar to those effected in London. A division of fees proportional to the average incomes of the three bodies for the last seven years would also be an equitable settlement.

## ROYAL DUBLIN SOCIETY.

The Scientific Lectures have been resumed this season; and Dr. McDonnell, F.R.S., lectures next Saturday on Phosphorescence and Fluorescence.

## CORONERS' BILLS.

THE second reading of Mr. Vance's Bill is fixed for May 11th. It proposes to have but two coroners in most of the Irish counties, each to be paid £100 yearly. It vests the appointments in the Grand Jury; while Mr. Goldney's Bill for England, now in Committee, leaves the election with the freeholders. It is to be regretted that no member of the Committee on Grand Jury Law of last session has endeavoured to transfer coroners' duties to the magistracy, assisted by medical assessors—a plan much favoured by the Committee.

## THE PROPOSED ROYAL SOCIETY OF MEDICINE.

AN adjourned meeting of the Royal Medical and Chirurgical Society for the purpose of discussing the scheme for the amalgamation of the medical societies, was held on Monday, March 14; George Burrows, M.D., F.R.S., President, in the chair.

THE PRESIDENT said the meeting had been summoned for the further consideration of the amalgamation scheme agreed on last year. In order to bring this matter more rapidly to a conclusion, the scheme had been printed, with the alterations made in committee in italics, and it would be best to limit their consideration to these portions.

Dr. PITMAN moved the adoption of Section IV, which provided for the election of two representatives by each section to sit in the General Council.—Mr. HOLMES seconded, and pointed out that the alteration here was from nomination to election.

Dr. PITMAN moved, and Mr. GASCROY seconded, the adoption of Section VIII, which was the corollary of the former, giving the election of representatives to the body of each section.

Dr. PITMAN moved, and Mr. GASCROY seconded, the adoption of Section IX, which gives certain functions to the Royal Society as a body to meet at least four times a year for the discussion of important questions not so well adapted for sections, the election of Fellows, and the appointing of committees for special investigations, as has been done by the Royal Medical and Chirurgical Society.—Mr. SOLLY asked if the questions to be discussed were to be merely scientific, or if they were to include policy also.—Dr. PITMAN thought the Society itself would regulate that.

Mr. HOLMES said the subjects might be fixed at a previous meeting of Council, and moved that this clause be introduced.—This was seconded by Mr. SOLLY, and carried *nem. con.*

Mr. GASCROY moved, and Mr. HOLMES seconded, the adoption of

Section XIV, which was intended to meet a difficulty with regard to India by substituting the words "British dominions" for "colonies" with reference to those eligible for election into the new society.

Dr. PITMAN moved, and Mr. SOLLY seconded, the adoption of Section XV, "That any Fellow who is a member of more than one section may retire from one or more of them without resigning the Fellowship of the Society."—Mr. HOLMES pointed out that this might be so construed as to allow a Fellow to resign all sections and yet remain a Fellow.—Dr. PITMAN said it was intended to give a Fellow the right of selecting the section to which he should belong; but thought that if Section XVIII came before XV all would be explained. He moved accordingly "That XVIII, 'that all Fellows of the Society shall pay to its funds an annual contribution of three guineas, which shall make them members of any one section, with the privilege of using the library of the Society,' become XV."—Mr. WOOD seconded.—Mr. SOLLY asked what provision had been made for those who had compounded.—Mr. HOLMES said their rights must be preserved, and provision made accordingly.—Mr. MOORE thought there would be difficulty with regard to other societies in money matters. He thought two guineas quite enough for a Fellow's subscription. As matters now stood, this Society was saving annually about the amount of the additional guinea. He proposed that two guineas be inserted instead of three.—Mr. BRODHURST seconded, and said there had been much talk about this in Council, and that some even proposed one.—Dr. WEBSTER said that with two guineas they would not be able to keep up the library and appoint scientific committees.—Mr. SOLLY felt strongly on this matter. The admission fee was done away with. They would have the run of the library, which even now was a saving to young men.—Mr. HOLMES said he was sorry that Dr. Greenhow was not present, as his figures had compelled the committee to adopt the rates proposed. They had been most anxious to lower the fee, but had not been able to do more than abolish the entrance fee. Additional Fellows would imply more books in the library, and it was, therefore, too dangerous to start with conditions at all likely to end in bankruptcy.—Dr. PITMAN said all had been exceedingly anxious to diminish the fee; but if they began with too small a sum, they would have to increase it, and an outcry would be raised; whereas they could easily lower it if necessary.—The amendment was lost.

Returning to Section XV, Mr. HOLMES moved, and Mr. SAVORY seconded, the motion that the words "all except one" be inserted instead of "one or more of them." This was adopted.

Dr. POWELL thought that provision might be made whereby one attending a certain number of sections or paying a certain fee might be entitled to attend all. He made a proposal in accordance with his observations. His motion was carried, as was also Section XX.

Section XXI, which provides that the obstetrical section shall retain as its private property the existing library and museum of the Obstetrical Society, was moved by Mr. HOLMES and seconded by Mr. BRODHURST.

After some discussion, the motion was carried.

A motion to the effect that all existing rights and privileges should be preserved was also carried.

Section XXVI was next moved. Its effect was to give each section an undisputed right to dispose of three-quarters of its income, the remainder to be at the disposal of the main body. Mr. HOLMES said the original motion was that they should have one-half, but this was thought rather too little, especially for the *Transactions* of the Pathological Society. He remarked that the proceeds of the sale of *Transactions* was included in the total income.—Dr. CHOLMELEY seconded the motion, which was carried.

Sections XXIX and XXX, the one providing for the election of Honorary Fellows and Members, and the other for the expulsion of objectionable Fellows or Members, were also carried *nem. con.*

Mr. HOLMES moved, as a rider to the foregoing, "That this Society, while not objecting to modifications of detail, will not consent to any fundamental alteration in the scheme now agreed upon." This he said, would show that they were still open to negotiation, but that they would not consent to have their scheme radically altered.—Mr. THOMAS SMITH seconded the motion, which was carried *nem. con.*

THE PRESIDENT said that an ordinary meeting would have to be made special to confirm these resolutions.

Mr. MOORE proposed, and Mr. POLLOCK seconded, a vote of thanks to their delegates for the trouble they had taken in this matter. This was carried by acclamation, as was also a vote of thanks to the President, proposed by Dr. WEBSTER.

**DONATION.** The Great Northern Hospital has received a second donation of £1000 from S. W. Y.; and a third donation of £10:10 from the Worshipful Company of Cutlers.



# PROFESSOR FLOWER'S HUNTERIAN LECTURES ON THE COMPARATIVE ANATOMY OF THE MAMMALIA.

*Delivered at the Royal College of Surgeons of England.*

## LECTURE V.—Wednesday, February 23rd.

*Development of the Vertebrae.*—The vertebrae in the early embryo are formed around the chorda dorsalis or notochord. The column at first consists of cartilage, in which the form of the future vertebrae is sketched out.

Each vertebra is mainly formed from three principal ossifications; one forming the greater part of the body or centrum; and two others, one on each side, spreading upwards and downwards till they meet the centrum. The part which is described as the body does not correspond exactly with that which is formed by the nucleus of the vertebra; a portion of it being constituted by the nuclei of the arches. The line separating the arch from the centrum has been called by Huxley the neuro-central suture. The body of the vertebra is completed by a disk-like epiphysis at each end, which, as a general rule, remains separate for some time. The presence of these disk-like epiphyses is peculiar to Mammalia; they have not been found in the Monotremata. In the Sirenia, also, they seem to be wanting, though they are present in the Cetacea. In Man, the disks are not complete, bony rings only being formed. The Marsupials also, and some of the higher Apes, have ring-like epiphyses like those of Man. The disks have no special relation to that part of the body which is formed from the central nucleus.

*The Processes.*—These have been divided into those which are mere outgrowths=exogenous, and those formed from independent centres=autogenous. In addition, the tips of nearly all processes of a certain length have attached to them, at a comparatively late period of life, small ossifications, perhaps comparable to the disks on the bodies. It is often difficult to determine absolutely what parts of a vertebra should be considered as primary, and what as epiphyses.

*Ribs* are present in all Mammalia, forming the thorax or chest, and segmented off as distinct bones from the vertebrae. But we constantly find, anteriorly or posteriorly to the thoracic ribs, certain elements or parts which occupy a position similar to that of the ribs or *pleurapophyses*. It is, however, doubtful whether these are in all cases to be regarded as modifications of ribs. In the cervical vertebrae of Monotremata, the transverse processes are ossified from distinct centres, and much resemble the structures in the neck of the Crocodile, which pass gradually into ribs, and hence have been named cervical ribs. In other animals, apparently similar parts are found, but they are endogenous; and hence great stress cannot be laid on the mode of development in determining the question of homology. In Man, the anterior transverse process of the seventh cervical vertebra is generally ossified separately, and is considered to be a rib; but probably this is only a transitional form from one vertebra to another. The separate point formed at the anterior part of each transverse process may perhaps be regarded as a pleurapophysis; and occasionally the transverse processes of the caudal vertebrae are ossified from separate centres. As far as we know, the arches of the caudal vertebrae are formed from the nucleus of the centrum, not from separate nuclei.

*Division of the Vertebrae into Regions.*—The Cervical Vertebrae lie next behind the head, and have not moveable ribs, or ribs reaching the sternum. In general, the transverse processes of all except the last have holes for the passage of the vertebral artery. With two or three exceptions, all known Mammalia have seven cervical vertebrae.

The Dorsal or Thoracic Vertebrae have moveable ribs articulated with them. The ribs are generally united by an upper attachment (tubercle) to the transverse process, and by the head or *capitulum* to the body: the latter attachment is shifted a little forward, so that the head of the rib lies partly on the body of the vertebra in front.

The Lumbar Vertebrae are distinguished from the dorsal by being those vertebrae which have no ribs attached, and lie in front of the sacrum.

The dorso-lumbar vertebrae, taken together, vary in number from fourteen in the Armadillo to thirty in the Hyrax. The number of pairs of ribs is twelve or thirteen.

The Sacrum presents some difficulties in definition, arising from the ossification of caudal vertebrae with it. The anterior sacral vertebrae are characterised by the presence of a separate piece of bone connecting

the sacrum with the ilium. This is generally found attached to two vertebrae; and it has been proposed to give the name pseudo-sacral to the ankylous vertebrae lying behind these.

The Caudal Vertebrae form the tail, and vary much in number.

*Peculiarities of the Vertebrae in the Different Regions.* *Cervical Vertebrae.*—In Man, the bodies of these vertebrae are short and wide, and the arches broad and low; the bodies are hollowed in front from below, and posteriorly from above. The spinous processes are short, projecting directly backwards, and more or less bifid. The transverse processes are short, broad, and perforated. The vertebrae from the fourth to the sixth present what is sometimes regarded as a pleurapophysis or costal element, though there is no distinct evidence that it is ossified separately. The inferior (anterior) transverse process of the seventh cervical vertebra is ossified separately; occasionally it is not perfectly ankylous to the remainder of the bone, and forms a cervical rib.

The Atlas is little more than a ring, with two lateral masses and two articular surfaces. The neural arch has no distinct spine. At the anterior part of the neural arch on each side is a groove, through which the suboccipital nerve passes; in most animals there is here a foramen.

The Atlas is characterised by having a long body—the odontoid process—in front, on which the atlas turns. The arches are high, and there is a distinct spinous process; the transverse process is short and simple. The body of the axis is developed from two points, anterior and posterior; the odontoid process is in Man generally formed from two centres, which soon unite. The process is not united to the remainder of the body till after birth: it remains separate a long time in Monotremata and some other of the lower Mammalia. It is to be regarded as the displaced body of the atlas. It is not certain to what part the anterior portion of the atlas corresponds.

Proceeding downwards, we do not find any striking deviations from the human type in the Simiina. In the Chimpanzee, the groove on the atlas becomes a foramen; but this does not occur in all the Primates. In the Gorilla, Chimpanzee, and Orang, the spinous processes are long and not bifid, and are thus adapted for the attachment of the mass of muscles supporting the head. In the lower Apes, the spines are short, though generally single; but in one of the American Apes the spinous processes of the cervical vertebrae are trifid.

The Lemniscus presents no striking modifications in the cervical vertebrae; except that, in the Potto, the spines of the lower cervical and upper dorsal vertebrae are much longer than the others. Two or three of them appear to almost perforate the skin: their tuberculated points, indeed, are only covered by a thin layer of integument. This peculiarity is found in this genus alone.

In the Chiroptera, the Bats have the spinous processes almost obsolete.

In some Insectivora, there is a very high spine to the second vertebra, those of the others being short.

In Rodentia, as the Capibaya, the spine of the second vertebra is very long. Both the first and second nerves pass out through the arch of the atlas. In the Jerboa, the atlas is free; but all the other cervical vertebrae are united by bodies, much as in some Edentata. The reason of this arrangement in the Jerboa is not known.

The Carnivora have the transverse processes of the atlas greatly expanded, principally in front, for articulation with the skull. The spine of the axis is elongated from before backwards. The other spines are small; the transverse processes are well developed, the lower portion being large. There is no perforation, nor costal element, in the seventh cervical vertebra.

In Ruminants, such as the Deer, the atlas has deep articular surfaces in front; and the transverse processes are elongated from before backwards, depressed vertically, and perforated. The odontoid process of the axis forms a sort of half-cylinder, hollowed out where it fits into the corresponding rounded portion of the atlas. The spines of the other cervical vertebrae increase in length, and project somewhat forwards. The bodies are hollowed out posteriorly=opisthocclian. The transverse processes are large. From the under surface of the body has a ridge or hypapophysis projecting backwards. The number of cervical vertebrae in Ruminants is always seven; in the Giraffe and Camel, the bodies are very long, and in the latter animal the vertebral artery runs some way within the spinal canal, and comes out into the vertebral canal at about the middle of the neck. This arrangement has also been found in the Macrauchenia, an extinct South American Perissodactyle. Among the Artiodactyla, the Pig has a conical odontoid process, but in other respects does not present any remarkable features in the cervical vertebrae.

In the Elephant, the atlas is much like that of Man. The odontoid process is generally short and rounded.

In the Hyrax, the structure of the cervical vertebrae approaches, on the whole, to that found in some Perissodactyles.

# ROYAL COLLEGE OF SURGEONS OF ENGLAND.

## MEETING OF FELLOWS AND MEMBERS.

A MEETING of Fellows and Members took place in the Lecture-Theatre of the College on Thursday afternoon, at three o'clock; EDWARD COCK, Esq., President, in the Chair. There was a very large attendance of metropolitan and provincial Fellows and Members, amongst whom we observed: Sir William Fergusson, Bart.; Mr. Samuel Solly; Dr. Humphry, Cambridge; Mr. Jonathan Hutchinson; Mr. Gay; Mr. Nunneley, Leeds; Mr. Bryant; Mr. Holmes; Mr. Heckstall Smith; Dr. Morris Moore; Mr. Walter Rivington; Mr. Hancock; Dr. Morris, Spalding; Dr. Carr, Blackheath; Mr. Lund, Manchester; Mr. Curling; Mr. Partridge; Mr. Coulson; Mr. de Méric; Mr. Erasmus Wilson; Mr. J. F. Clarke; etc.

The PRESIDENT said he hoped he might be allowed, on the first occasion of the meeting of the Fellows and Members of the College within those walls, to make one or two opening explanatory remarks. The Council unanimously acceded to the wish of the Fellows and Members that they should meet there, and there they were. He only wished that they could have been better accommodated within the College than in the somewhat confined and very ill-ventilated theatre; but they had no hall within the College. Their premises were almost entirely occupied by the Museum, which they all knew was very large, by the Library, and the necessary conveniences of the College. They had neither space to build any hall, nor funds to erect such a building. Their Museum, he did not hesitate to say, was the finest in the world, and was of national as well as professional reputation; while their Library was, without hesitation, the best in England. Those two objects, the Council found, engrossed all their funds; in fact, they scarcely had funds sufficient to keep them in integrity, and to renew what was required. He hoped that those who intended taking part in the discussion would confine their remarks to the subject before the meeting, and that no one would speak twice on the same resolution. Finally, he could assure them that whatever they resolved upon would be received and considered with the most earnest attention by the Council of the College. *[Applause.]*

Dr. MORRIS (Spalding) said he had to introduce a series of resolutions which would be brought before the meeting. First of all, he might be permitted to congratulate the Fellows and Members present at the great triumph achieved—at being able to meet there and discuss freely and frankly, without fear, favour, or affection, matters affecting the interests of the profession. He would remind them that it was not the first time the attempt had been made. Indeed, on two former occasions he had attempted to address the President on matters relating to the College itself, but he was put down with the remark that the legal adviser he should not be allowed to speak. But he was glad to find that the legal adviser had been able to grant the privilege which they then enjoyed. At the same time, he could not help expressing surprise that bye-laws which had been in existence for forty years should have been so suddenly made elastic as to allow that meeting to be held. Perhaps it arose in consequence of the legal adviser suffering from some disease of the optic nerve which had been suddenly cured. *[Laughter.]* Perhaps Messrs. Erichsen and Gay, of whose addition to the Council he was very proud, had had something to do in removing the disorder; and the meeting ought to acknowledge the services which those two gentlemen had rendered in obtaining the requisite permission to have the meeting held. *[Applause.]* In proposing the first resolution, he might be permitted first to refer to the terms of the advertisement by which the meeting was called. It was “to discuss and consider the present position of the College with respect to probable legislation and the formation of a single Examining Board for each division of the United Kingdom.” In 1800, the first charter was granted to the College; under its provisions, ten gentlemen were appointed examiners; and those persons, he was sorry to say, were elected for life. They went on most swimmingly until 1822, when an amended charter was sought; and under that the Master and Governors were exchanged for President and Vice-presidents. He would stop there a moment, to pay a tribute of respect to the memory of one man who for years advocated that which they now sought to obtain—the late Mr. Wakley. That gentleman submitted to many insults on account of his views; but to the time of his death he insisted upon them with a pertinacity and consistency which were amongst his chief characteristics. He advocated the

throwing open the walls of the institution, and the introduction of greater liberalism, which they now hoped to obtain. Things went on smoothly until an agitation took place, which resulted in the charter of 1843 being obtained. Under that, the Board of Examiners was increased to the extent of twenty-four members; and the power of self-election was taken away from the Council and given to the Fellows. That was a great stride; but he thought at the time he should not have been satisfied until a vote had been given to every Member of the College. He was surprised that the power had been allowed to lie dormant; no one seemed to take up the power they had. With regard to the College, he thought if it had less to do with the executive, it would be far better; and then it might be left to employ itself more as a scientific body. When he remembered who had been the persons that had spoken in that theatre, he could not help feeling that the very air was heavy with the spirit of departed genius. *[Applause.]* Another charter was obtained in 1852, and then the effect was to bring about a limit to the appointment of Examiners to five years. But they had come to stirring times in the present; and to-day's meeting would, he hoped, be the forerunner of great changes. The resolution which he had to propose was one that bore upon the future very materially; it was: “That, in the opinion of this meeting, it is highly desirable that a single Examining and Licensing Board shall be established in each division of the United Kingdom, as the sole portal to professional practice.” If this resolution were passed, it would do away with the discussions which had so often taken place when questions affecting the profession had been raised, namely, the vested interests of corporations. He would also make a disqualification as an Examiner being one of the executive of every College. He had much pleasure in taking part in the meeting upon so important an occasion as this appears to be. *[Applause.]*

Dr. CARR (Blackheath) seconded the motion. He also wished to congratulate the President upon the very distinguished position he filled, not merely as President of that enlightened institution, but upon being the President over an assembly so distinguished as that was. In his heart he felt that the President must approve of the resolution which had been proposed, and which would in due time place before the profession a change which must affect the well-being of the profession at large. He had no doubt that the change would, when carried out—of having only one portal through which to enter the profession—be a considerable advantage. It had been said that, as a rule, physicians knew nothing of surgery, and surgeons knew nothing of medicine, or rather they repudiated it. Now that arose from a defective system of education very much, and, therefore, when a combined board had been established, they would be able to compel men to submit to an examination which would remedy the defect which, from experience, they found existed now. This, he thought, was a point which bore distinctly upon the question before them. *[Hear, hear.]*

The PRESIDENT asked the Solicitor to explain one or two legal points to which reference had been made.

Mr. WYLD, Solicitor to the College, said he wished to make one or two observations, lest some gentlemen should be under the impression, naturally derived from the mover of the resolution, that he had given an opinion at one time inconsistent with the opinion which he had given at another. It was entirely a mistake, however, and one easily corrected. There was, in the bye-laws, a direction that immediately after the members of the Council had been proposed, they should proceed to vote on the election, and that prohibited, as a natural consequence, any other business from being transacted. But the meeting then assembled was summoned for a special purpose, and therefore the rule to which he referred was not discussed at all.

Dr. E. CRISP was in a little difficulty at the outset, because he knew nothing whatever of the object for which the meeting was called; and he was in entire ignorance of what resolutions would be submitted. Now he thought that it was a great pity that those who had brought them together had not allowed them to know the nature of the resolutions which were about to be submitted. They were all probably agreed that one portal was necessary. After referring to the treatment which some members of their body had met with at the hands of the Medical Council, he proceeded to refer to what he termed the chaotic state of the profession. He would just remind them that they had 20 different diplomas at the present time—5 some made the number; while their Medical Council was returned by less than 300 of the 21,000 members of the profession. Nineteen-twentieths of the profession and general practitioners of England were entirely unrepresented on the Council. The Council was especially known to be composed of men whose interest it was to glut the diploma market. Why, seven or eight fresh diplomas had been established, and there was actually some talk of the establishment of another—that of Doctor of State Medicine. They were almost creating a new degree every year.



Mr. HECKSTALL SMITH said he wished to propose an amendment: There was no doubt that Ireland had taken the lead in the test of her students; and he was quite sure that one of the most important things necessary in the examination of students was one which would prove them to be literate men. Now, if the resolution before the meeting were carried, they would have the opportunity of properly testing their men; and still he would remind them that there would be three different licensing bodies for the three united kingdoms. How could they feel any security that there would not be amongst the three bodies a considerable difference in the tests to which they would be submitted; or that there would not be a strong difference of opinion amongst them as to who should be admitted or who should not? His motion went to this point, and was to provide that there should be no such division in the portal examination, whatever honours might afterwards be conferred. He, therefore, proposed to omit from the resolution three words, "each division of," so that it should read: "That, in the opinion of this meeting, it is highly desirable that a single examining and licensing board shall be established in the United Kingdom as the sole portal to professional practice."

Mr. E. WILSON said the amendment appeared to him to involve a principle of so much importance that he rose with great pleasure to second it. He felt that there ought to be no distinction between them, except such as they were capable of making for themselves. *[Applause.]*

Mr. GANT alluded to the formation of the Council, which, he said, numbered amongst its members some of the most eminent surgeons in the country. He was about to propose another amendment; but the President ruled that the one already before the meeting ought to be decided first.

At the suggestion of Mr. J. B. LANGLEY, all the resolutions to be submitted to the meeting were then read. They were: "That, in the opinion of this meeting, the establishment of a single examining and licensing board should not be left in the hands of existing medical corporations;" "That, if representatives in the medical corporations are continued by a new Medical Act, the Fellows and Members have a right to elect a representative;" and, "That a copy of the foregoing resolutions be forwarded to the Lord President of the Privy Council."

Dr. BRADY, M.P., who was received with cheers, said that, as an old reformer, he would presume to address a few words to the meeting; and he was very much gratified to see such an assembly there, to take into consideration a very important step as affecting the future of the profession. He entreated them seriously to weigh any resolution that might be brought before them. The resolution before them was one full of danger. What was to become of the existing Colleges and institutions which had grown up, if the one portal was to be a sufficient guarantee that any member was entitled to practise and to receive appointments under the Poor-law Board? The medical profession of Ireland had been an example to the profession, and its diplomas had been respected throughout the whole of Europe. He objected to the appointment of one examining board, which would bring all the students from Ireland to be examined in England; and he objected as much to the amendment as to the resolution.

Mr. T. CROSBY thought they would be doing no harm to either Scotchmen or Irishmen by requiring them to go to certain places to be examined.

Mr. J. B. LANGLEY objected to the formation of a single medical travelling Board for the examination of students.

The amendment was then put to the meeting, and lost; and the motion was afterwards passed, with the following words added, on the suggestion of Mr. W. Rivington: "And that means should be taken to establish uniformity of examinations and equality of fees."

Mr. THOMAS NUNNELLY (Leeds) proposed the second resolution: "That, in the opinion of this meeting, the establishment of Examining and Licensing Boards should not be left in the hands of the existing medical corporations." He congratulated the President upon the position he occupied; and proceeded to argue that no degradation would be suffered by the existing corporations, but that their diplomas would in the future be estimated at their due worth by the public. Every medical man would possess the diploma of the central body; and the additional honours, as he chose to avail himself of them, which the corporations conferred.

Mr. R. B. CARTER, in seconding the resolution, wished to point out that there was no tendency in it to lower the dignity of the Royal College of Surgeons of England. He thought that a combination of corporations for a minimum standard of examination must be a mistake, and must terminate in a system from which would spring the same errors as the profession had deplored in times past. The plan contemplated was, that the Examiners should be appointed by a small Council, partly elected by the profession.

Dr. CRISP submitted the following amendment: "That, in the opinion of this meeting, no plan of reform will be acceptable to the great bulk of the profession that is not founded on the representative system, so that all may have a voice, through their universities, colleges, or halls, in the election of the Council and the Examining Board."

Dr. CRISP: That is No. 3 resolution.

Dr. CRISP: Well, that just shows the difficulty in which we are placed. We come to this meeting without knowing anything about the business. I have no hesitation in saying that this meeting has been got up by a clique. *[Hear, hear, and disorder.]* If I had seen the resolutions, I would not have obtruded myself at the present time, and, therefore, I withdraw my amendment.

Mr. J. F. CLARKE said that the resolution should not be carried without serious consideration. They were talking about representation and examination, while this resolution would place the profession under the authority of the Government of the time. If the Medical Council had been a representative body, could they have been treated as they have been? *[Hear, hear.]* He thought this matter was not ripe for decision. Were the interests of a profession like theirs to be settled after five minutes' consideration? *[Hear, hear.]* He was perfectly astounded at the turn the meeting had taken—that the resolutions had been concocted by a clique. *[Applause and uproar.]* He defied any one to say that they had received the sanction of the profession at large; and, to use the words of a colleague of his own, there had been a hole-and-corner proceeding in this matter. *[Renewed applause.]* They might have had, and ought to have had, a larger meeting than this if the promoters had so desired. He had said as much against the College as any man *[laughter]*, but still he was convinced that it would be a suicidal policy to throw down this noble structure. *[Applause.]* They seemed to be in danger of allowing a man to get into the profession at the least cost—particularly if he had a Government stamp upon him like a patent medicine. *[Great laughter.]* Were they going to be like a ship without a captain or a helmsman? If they were, whither would they go? Below! *[Loud laughter.]* What had the Government done for the surgeons? Where did the Government assist them in the Poor-law question, or in any other that they had carried? He remembered a very large association having been formed for the purpose of establishing a College of General Practitioners. They carried every thing before them for a time, and would have succeeded in their object, but a cry was raised that "You will cease to be surgeons; your membership of the College will be ignored; you will be neither flesh, fish, nor fowl!" and this cry went through the land, petitions were got up, and the College of General Practitioners was stopped. *[Laughter.]* He would conclude by saying, "Don't go over to the State, for if you do you will certainly be lost." *[Applause.]*

Mr. ROGERS HARRISON proposed, as an amendment on the resolution, that the word "not" be left out. He said there were a great many in the meeting who thought they would be quite right in leaving the selection of the central examining boards in the hands of the existing corporations, and that was the object of his amendment.

Mr. GANT seconded the amendment.

Mr. T. HOLMES thought the meeting were not in a position to pass the resolution. There were two alternatives proposed; but for his own part, he should prefer the combined action of the Colleges. The resolution just passed was a very useful and practical one, but they were not sufficiently conversant with details to come to any decision on the points now under discussion; and, therefore, he would propose an adjournment.

Mr. WEBSTER seconded the motion for adjournment. He denounced the meeting as a hole-and-corner affair, and agreed with Mr. Holmes that they must have the details before them before giving a definite decision.

After a good deal of conversation, it was agreed to postpone the second resolution and adjourn the meeting till that day four weeks, or as near to that date as the Council may be able to determine.

A vote of thanks to the President terminated the proceedings.

**RUPTURE OF THE UTERUS: RECOVERY.**—Dr. Strong (*Buffalo Medical and Surgical Journal*) recently reported to the members of the Buffalo Medical Association, a case of rupture of the uterus, resulting in recovery, which occurred under his observation in Washington. The patient, a primipara, did not have a very severe labour; but before the head reached the superior strait, the pain suddenly ceased, the head receded, and, upon examination, it was found that the child had escaped through a rent in the uterus into the peritoneal sac. The feet were seized, and the body delivered; but it was necessary to apply the forceps free to the head. The patient recovered; and a careful examination, made five or six weeks afterward, revealed no trace of the injury.—*New York Medical Record*, March 1st, 1870.



## ASSOCIATION INTELLIGENCE.

### METROPOLITAN COUNTIES BRANCH.

AN ordinary meeting of this Branch will be held at the rooms of the Medical Society of London, 32A, George Street, Hanover Square, on Wednesday, March 30th, at 8 P.M., when Dr. George Johnson, the President of the Branch, will demonstrate and explain his Microscopic Specimens of Hypertrophied Arteries in cases of Chronic Bright's disease.

A. P. STEWART, M.D.

ALEXANDER HENRY, M.D. } *Honorary Secretaries.*

London, March 16th, 1870.

### CUMBERLAND AND WESTMORLAND BRANCH.

THE spring meeting of the above Branch will be held at the County Hotel, Carlisle, on Wednesday, April 20th, at 12.30 P.M. President: M. W. TAYLOR, M.D., Penrith; President-elect: T. F. L'ANSON, M.D., Whitehaven.

Gentlemen intending to read papers or cases, are requested to communicate with the Honorary Secretary.

The dinner will take place at 4 o'clock. Members can introduce friends.

HENRY BARNES, M.D., *Honorary Secretary.*  
Carlisle, March 24th, 1870.

## SPECIAL CORRESPONDENCE.

### PARIS.

[FROM OUR OWN CORRESPONDENT.]

Paris, Monday, March 14, 1870.

1. *Small-pox in Paris.*—2. *The New Hôtel-Dieu.*—3. *The Medical Press of Paris.*—4. *The New Medical Journal, "L'Opinion Médicale."*

**SMALL-POX IN PARIS.**—In writing to the BRITISH MEDICAL JOURNAL (p. 450 of last volume) on the 18th of October last, I alluded to the then alarming prevalence of small-pox, the consequent panic, and the consequent demand for re-vaccination. Since that date, the epidemic has continued; and latterly, not only in Paris, but also in other towns in France, it has assumed formidable proportions, and produced intense social uneasiness. In Paris, for some weeks past, the mortality from small-pox has been about one-sixth of the total mortality. In some districts of the city, however, there is now a decrease in the number of new cases—a circumstance no doubt attributable in a great measure to the waning supply of unprotected subjects. The epidemic will, I suspect, only cease when there ceases to exist a supply of persons unprotected by having undergone efficient vaccination. It is, perhaps, not too much to say, that the present scourge is mainly due to the growth, in past years, of a large unprotected population. A culpable laxity has prevailed here in respect of public vaccination.

The number of persons who are erroneously supposed to be vaccinated and re-vaccinated in France is enormous. This arises chiefly from the practice of vaccination having passed, to a very considerable extent, from the hands of the profession into the hands of farriers, midwives, charlatans, and amateur practitioners of both sexes. It constantly occurs that these people—through sheer ignorance, I dare say—produce nasty sores by inoculating nasty matter. Sores are caused which neither in origin nor character have the least resemblance or relationship to cow-pox.

I have now before me a circular issued to her clients by Madame Moreno, of 20, Rue Chaptal, intimating that on certain days she supplies vaccine matter direct from the heifer, the said heifer being then in attendance. Madame Moreno is the widow of a Spanish refugee, and the *directrice* of a well known baby-farming institution, or *bureau de nourrices*, licensed by the Prefect of the Seine. She receives babies on the shortest notice, and forthwith allots them to wet nurses or others in town or country, according to the exigencies of the case. I mention this lady and her circular merely to throw a slight gleam of incidental light upon one phase of the curiously lax vaccination system in France. Thanks to recent legislation, these matters are very much better managed in England.

It is much to be regretted that the present panic has not been turned to better account by the authorities. Under the excitement of what is called the *vaccinomanie*, or mad desire to be vaccinated, which now pervades the Parisian public, something more rational and something more permanent might have been established than gratuitous vaccination of promiscuous crowds at hospitals and *mairies*. The business is transacted amid the haste and bustle necessarily produced by an impatient crowd. There is neither supervision nor registration of the cases as they progress. The Prefecture of the Seine has, at an expense of £400, established this *ex tempore* system of gratuitous vaccination; and Government has granted £80 to the Academy of Medicine to keep up a regular supply (from the heifer) of lymph for this service. The demand, however, has been greatly in excess of the supply; and for ten days the service was stopped for want of lymph. It recommenced to-day—a fact announced by the following notice, placarded all over Paris.

#### "Vaccinations et Revaccinations."

"Le public est prévenu que l'administration se trouvant obligée à raison de l'affluence considérable de la population qui s'est présentée dans les mairies pour la vaccination, de faire inoculer un plus grand nombre de gémées, et cette inoculation ne pouvant avoir d'effet utile qu'au bout de quelques jours, le service exceptionnel de vaccinations et revaccinations établi dans les vingt mairies de Paris est provisoirement suspendu.

"Ce service sera repris dans les vingt arrondissements de Paris à partir de lundi 14 Mars, aux jours, lieux, et heures précédemment fixés."

The wholesale vaccination at hospitals and *mairies* has given quite a fillip to some pushing medical practitioners, particularly to some whose residences are near the gratuitous stations. Some mornings, hundreds of applicants have had, for want of time or lymph, to be sent away from the hospitals and *mairies*; and of these, not a few have ultimately repaired to cabinets of neighbouring doctors, who have their stated hours of vaccinating. From inquiries which I have made, the fee varies with the patient and the district. Some obtain twenty francs, while others are content with ten, five, three, or even two francs.

**THE NEW HÔTEL-DIEU.**—This costly palatial edifice, after a pause, is again rapidly proceeding towards completion. Within the last few days, conspicuous progress has been made with the windows, floors, and roofs. The erection of this building and the demolition of the old Hôtel-Dieu will complete the transformation from filth and ugliness of what is called the "*cité*" into one of the most magnificent parts of this now magnificent capital. As soon as that portion of the new hospital which fronts the Rue Saint-Christophe is finished, the old buildings on the west and south-west of Notre-Dame will be demolished. There will then be a superb open space, bounded on the east by the portico of the cathedral; on the west, by the Rue de la Cité and the grand new barracks where the Garde de Paris is lodged; on the south, by the Saint-Michel branch of the Seine; and on the north, by the new Hôtel-Dieu. It required the skill and daring of ex-Prefect Haussmann to achieve this transformation. The architectural result will be—indeed, already is—surprisingly beautiful; but the cost is almost incredible. Take the hospital alone, and think of the money it has already absorbed! The new Hôtel-Dieu, including purchase of ground and indemnities, will cost six hundred thousand pounds sterling! This is equal to an annual charge in perpetuity of £112 for each of the proposed seven hundred beds. This, be it remembered, is reckoning only the cost of the bare walls. When due allowance is made for furniture and service, the annual cost of maintaining each bed in the new hospital palace will be brought up to a considerably higher figure.—Till almost the close of his remarkable ædilian career, Haussmann's conceptions of Parisian grandeur were never curbed by lack of money. He has, however, left a legacy of financial tightness to his successor, M. Chevreau, which may once more delay the progress of the new Hôtel-Dieu, in the same way that it has brought to a standstill the work of demolition and reconstruction so actively progressing all over Paris a few months ago.

THE MEMBERS OF THE MEDICAL PRESS OF PARIS are a more numerous and a more fraternal body than in London. The Parisian medical journalists aid one another when in distress, and dine together at stated times when in health. This is a wholesome state of matters, and one, moreover, which is fraught with many benefits to the whole profession. On a recent evening, the members of the medical press had a banquet at the Grand Hôtel du Louvre, at which every journal relating to medicine and medical sciences was represented. It is proposed to continue these social meetings once a month; and, with a view of carrying out this plan, a committee has been constituted, consisting of MM. Caffé, Lapeyrière, Le Sourd, Linas, de Ranse, and F. Rou-

baud. These gatherings are intended to embrace all the gentlemen connected with the medical and medico-scientific press of Paris.

NEW MEDICAL JOURNAL.—M. Félix Roubaud has just started a new medical journal. It is "*cautionné et timbré*"; so that it is evidently intended as an organ of medico-political opinions, as well as of medical science. The ordinary medical journals do not pay caution money or stamp-duty, and are consequently legally disqualified from treating political questions. The name of the new journal to which I refer is "*L'Opinion Médicale*".

## REPORTS OF SOCIETIES.

### CLINICAL SOCIETY OF LONDON.

FRIDAY, MARCH 11TH.

A. W. BARCLAY, M.D., Vice-President, in the Chair.

DR. WILKS brought forward some cases illustrating the remarkable Disturbance of the Heart which often occurs in Renal Disease, more especially when this is of the acute form. During the late prevalence of scarlatina, and the succeeding nephritis, he had met with several cases of the kind where the patient was seized with a sudden and violent palpitation of the heart, accompanied by all the usual distresses resulting from disturbance of the heart's action. The same symptoms might be observed in chronic renal disease, but to a less degree. Knowing that acute inflammation of the heart may arise in the course of scarlatina or nephritis, he had always been on the watch for its occurrence, but in the present class of cases the disturbance of the heart's action subsided after a few days without leaving any trace of an inflammatory process; only in one case did death occur. He believed, therefore, that the cardiac disturbance was of nervous origin, and was a symptom of blood-poisoning or uræmia. As regarded treatment, Dr. Wilks had seen most of the cases in consultation, and thus different methods had been adopted. In nearly all stimulants had been administered in consequence of the fears of momentary stoppage of the heart's action. Digitalis had certainly been of no avail. In one case, henbane appeared to check the heart's action. His own opinion was, that the condition named being a result of uræmia must be treated after the ordinary manner by diaphoretics, purgatives, etc.—DR. HERMANN WEBER had seen five or six cases of a similar nature, in four after scarlatina, and in two independently of this. In all there was acute renal affection. He regarded four, at least, as cases of uræmia. The heart was perfectly normal, but in one, after three weeks, a mitral bruit appeared. Hot baths had proved very beneficial in two cases. He had also found purgatives useful, and the wet sheet. Alcohol proved injurious in two cases. In two patients, the urine became free from albumen; but in three it did not.

—DR. A. P. STEWART had found these cases exceedingly rare. Their nervous origin, as suggested by Dr. Wilks, was probably correct in a certain number of cases. He had observed that, in a very large number of cases in which the heart was affected during scarlatina, pericarditis being the usual affection, no renal affection had been present. He had found cupping to the loins followed by good results where nervous symptoms presented themselves during scarlatina.—DR. WILKS was not prepared to admit the great rarity of cardiac nervous symptoms in scarlatina.

MR. HOLTHOUSE exhibited a cast of an Inguinal Hydrocele, which had been mistaken for strangulated hernia. The symptoms which led to this belief were a tympanitic and painful abdomen, vomiting, and general prostration; then the situation and form of the tumour, and a truss which the patient was wearing, seemed to confirm it; but the fact that he was suffering from diarrhoea and bad living was overlooked. The case was one of arrested descent of the testis, this organ being lodged in the inguinal canal, whilst its sac—the vaginal process of peritoneum—extended to the groin and upper part of the scrotum; into this sac, which was closed above, fluid had become effused, forming a tumour which was situated between the skin and the aponeurosis of the external oblique, and resembling in shape and direction a large bubonocoele. The physical characters of these tumours are sufficient to distinguish them from hernial protrusions, which they resemble.—MR. BARWELL had seen two similar cases, in which the fluid was contained in the cord between the abdomen and tunica vaginalis.—MR. JOHN CROFT remarked that two cases had lately occurred at St. Thomas's Hospital, in which their nature was immediately diagnosed.

MR. CALLENDER read a note upon Cases of Amputation in which Ligatures had been used, with a view of showing how very rare had been the accident of secondary hæmorrhage at St. Bartholomew's Hospital in cases of this kind, and also the recoveries would compare

favourably with those recorded in which acupressure or torsion had been employed. In 108 amputations performed by Mr. Paget and Mr. Callender there was secondary bleeding in two only, whilst in 480 performed by the staff six deaths had resulted from this cause, just 1.2 per cent. Out of forty-six cases of amputation during 1869 (twenty-one of the thigh and twenty of the leg being included) thirty-nine were recovered. Mr. Callender thought that some discredit had unfairly fallen upon the ligature which ought really to have attached to the carelessness with which it had been employed, though he did not think that tying an artery required more care than twisting or acupressing it.

### MEDICAL SOCIETY OF LONDON.

MONDAY, FEBRUARY 28TH, 1870.

PETER MARSHALL, Esq., President, in the Chair.

MR. HANCOCK mentioned the case of a patient who had blown off, by gunpowder, the phalanges of the thumb and destroyed the whole pad of muscles of the hand, laid bare the index finger, etc. Mr. Hancock placed the limb in a splint, using the carbolic acid lotion. The case did well, a stump remaining, to which Mr. Ernst had applied an artificial thumb.

MR. WALTER COULSON read a paper on the Recurrence of Vesical Calculus. Recurrence might occur without reference to the kind of operation; after lithotomy; or after lithotomy. The subject of the recurrence of vesical calculus after operation appears to have received little attention from English writers. By recurrence was meant the formation of an entirely new stone. The general proportion of recurrence was said to be one in every six cases. It might take place after lithotomy as well as after lithotomy. It was more frequent after the latter operation. The rapidity with which stone was reformed after lithotomy was something remarkable. The surgeon should pay great attention to the state of the bladder after lithotomy whenever symptoms of vesical disease persisted or supervened. The symptoms usually observed were those of chronic or subacute cystitis. The mechanical removal of the stone generally mitigated the condition of the bladder, but did not cure it altogether. The urine was viscid with ropy mucus, and sometimes contained pus or blood. The chief points to be attended to were, first, to take care to empty the bladder daily; and, secondly, to modify the disordered condition of the vesical mucous membrane. To attain this latter object, Mr. Coulson had found nothing better than washing out the bladder daily with lukewarm water. The following case illustrated the persistence of calculous symptoms after the complete removal of the stone. A gentleman, aged 40, consulted Mr. Coulson in November 1863. For eighteen months he had suffered severely from vesical irritation. A small phosphatic calculus was found, and was removed in two sittings without any difficulty. The symptoms of vesical irritation soon returned, and continued with their former intensity. They were but slightly modified by treatment, but great relief was obtained by washing out the bladder with lukewarm water. Sir Henry Thompson carefully examined the bladder four different times, without detecting any fragment. The patient was also subsequently examined by Mr. Syme with a like result. In 1865 no improvement had been made; yet the washing out of the bladder still continued to give great temporary relief. The urine contained mucus, pus, and blood, with innumerable crystals of the triple phosphates. Three years afterwards, the patient had gradually and completely recovered, without undergoing any operation.—A discussion followed, in which Messrs. Weeden Cooke, Henry Smith, the President, Dr. Broadbent, and others, took part.

DR. LEARED read a paper on the presence of Sulphocyanides in the Blood and in the Urine. He defended the term sulphocyanide in preference to sulphocyanate, on the ground of usage, and as being better understood. The red colour struck by a solution of perchloride of iron in saliva could not depend on any such causes as decayed teeth or tobacco-smoking, as alleged by some authors. The author had examined the saliva in a great number of cases, both in health and in disease, and had arrived at the conclusion that, when the health was impaired, the reaction was imperfect. In fevers, the reaction was usually absent. A colour-scale for estimating the amount of sulphocyanide present in saliva, was exhibited. The author had searched for sulphocyanic acid in the urine and in the blood. The steps by which the characteristic reaction of the acid with iron was proved to exist in the case of these fluids, were detailed. Dr. Leared mentioned that, in the present state of chemistry, the colour could not be held to have been caused by other substances. A suggestion was thrown out that the red colour of the blood might be due to the combination of iron in the globules with sulphocyanic acid. The colour of a solution of sulphocyanide of iron was exactly that of blood. The author concluded that,

since sulphocyanides were found in the blood, they ought to be found also in the embryo. The white of an egg was therefore examined, with the same results as those yielded by the serum of blood. As to the uses of the sulphocyanide of potassium in saliva, the author had been unable to decide; but he pointed to the antiseptic properties of the salt, which he had experimentally proved.

## MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.—Friday, March 18th.

THE MEDICAL SCHOOL AT NETLEY.—In reply to questions from Mr. Grove, Mr. Cardwell said that, as he stated last year, advantage was taken of there being no new pupils to bring down a number of older medical officers opportunity of being trained; and very great advantage had been derived from this arrangement. Instead of increasing the number of assistant-professors, it had been thought expedient to increase the number of assistant-surgeons, as the duties would be performed by these assistant-surgeons. In answer to the next question, the officers employed at the Board were not appointed under five years' rule. The Director-General was appointed for seven years, and the other officers not for any specified period of time. Staff-Surgeon Fitzgerald was employed in the control of the medical discipline and examinations. It was not considered expedient that officers so employed should be appointed for a short period only.

## OBITUARY.

ARNOLD ROGERS, F.R.C.S.

MR. ARNOLD ROGERS, late Dental Surgeon to St. Bartholomew's Hospital, died, at the age of 72, in Hanover Square, on Saturday last. For many years, he enjoyed a very extensive practice in London. It is stated that his receipts have been as much £10,000 a year. He was a member of the Board of Examiners in Dental Surgery at the Royal College of Surgeons, and member and late President of the Odontological Society.

## MEDICAL NEWS.

HOSPITAL RELIEF.

AN important and largely attended meeting was held in the Royal Medical and Chirurgical Society's rooms on Thursday evening, to consider what steps should be taken to limit the abuse of hospital and dispensary relief. Sir W. Fergusson, Bart., occupied the Chair. After a protracted discussion, in which Mr. Holmes Coote, Mr. Holmes, Dr. A. P. Stewart, Dr. Fuller, Dr. Pollock, Mr. Erasmus Wilson, and others, took part, resolutions were passed in favour of a full investigation of the question, and especially of the provident system, which was advocated in an able and eloquent speech by Dr. Stewart. A large committee was appointed to carry out and report fully on the subject. The meeting did not break up until a late hour. We are compelled to defer a full report until next week.

ROYAL COLLEGE OF SURGEONS.

AT the extraordinary meeting of the Council held on Tuesday, the 22nd instant, it was determined that Mr. Simon's motion should first be considered; for, if carried, it would dispose of the others. It was accordingly moved by Mr. Simon, and seconded by Mr. Erichsen, "That, for the future, in the opinion of the Council, the two offices of Examiner and Councillor of the College ought, as far as practicable, to be made disqualifications each for the other; and that a Committee, with power to take legal advice, be appointed to consider and report to the Council as to the steps by which effect may be given to this principle, prospectively, as vacancies occur." After an animated debate, which lasted nearly two hours, the motion was put, when only three members of the Council, viz., Messrs. Simon, Erichsen, and Hewett, voted for it; and seventeen against it.

Dr. Humphry's motion was then withdrawn; and Mr. Quain's, having been seconded by Sir W. Fergusson, and having the words "one-half" substituted for "four," was carried. It is as follows: "It is desirable that not less than four members of the Council of Examiners shall be Fellows who are not and have not been members of the Council; and that this resolution shall be carried out as soon as practicable."

Mr. Curling's motion, seconded by Mr. Hancock, was then put, and

unanimously agreed to, the first part having been omitted. It now stands thus: "That, for the future, the elections of examiners on Anatomy and Physiology shall be distinct from those of examiners on Surgery, for the Fellowship as well as for the Membership of the College."

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, March 17th, 1870.

Bailey, Henry Bennett, Falmouth Road, Borough  
Hind, Henry, Stockton-on-Tees  
Holman, Robert Colgate, East Hoathly, Sussex  
Sutcliffe, John, Ashton-under-Lyne  
Treize, William Richards, St. Just, Cornwall

The following gentlemen also on the same day passed their first professional examination.

Cable, George Hughes, Guy's Hospital  
Favell, Richard, St. Bartholomew's Hospital  
Head, William Cave, St. Bartholomew's Hospital  
Roper, William Robert, St. Mary's Hospital

## MEDICAL VACANCIES.

THE following vacancies are declared:—

BALLINASLOE UNION, co. Galway—Medical Officer for the Killan Dispensary District: 28th.

BIRMINGHAM GENERAL DISPENSARY—Resident Surgeon: applications, April 16th.

BRIGHTON AND HOVE DISPENSARY—Resident House-Surgeon: applications, April 4th; election, May 3rd; duties, June 7th.

BUCHAN COMBINATION POOR HOUSE—Surgeon.

CARMICHAEL SCHOOL OF MEDICINE, Dublin—Lecturer on Botany.

CARRICKMACROSS UNION, co. Monaghan—Medical Officer for the Raferagh Dispensary District.

CHARD UNION, Somersetshire—Medical Officer and Public Vaccinator for the No. 1 Ilminster District: applications, 27th; election, 28th.

CRAIGNISH, Argyleshire—Parochial Medical Officer.

GAIRLOCH, Ross—Medical Officer and Public Vaccinator: applications, 31st.

GARGRAVE, Yorkshire—Certifying Factory Surgeon.

GLASGOW OPHTHALMIC INSTITUTION—Assistant-Surgeon.

GREAT NORTHERN HOSPITAL, Caledonian Road—Junior Surgeon: applications, April 6th.

HALIFAX UNION—Medical Officer for the Halifax District.

JENNY LIND INFIRMARY FOR SICK CHILDREN, Norwich—Assistant-Surgeon: applications, April 1st; election, 8th.

KIDDERMINSTER UNION—Medical Officer for the Wolverley District: applications, 28th; election, 29th.

LIVERPOOL DISPENSARIES—Assistant Resident House-Surgeon: applications, 30th; Medical Board, 31st.

LOCHBROOM, ROSS, and CROMARTY—Medical Officer and Public Vaccinator: applications, April 15th.

LOCHCARRON and DISTRICT OF KISHORN, Ross—Medical Officer: applications, April 15th.

LOUTH, Ayrshire—Medical Officer for the District of Darvel: applications, April 1st.

METHLIC, Aberdeenshire—Parochial Medical Officer and Public Vaccinator for Northern Division.

MIDDLESEX HOSPITAL MEDICAL COLLEGE—Lecturer on Physiology: applications, 31st.

NEATH UNION, Glamorganshire—Medical Officer and Public Vaccinator for the Central No. 2 District: applications, April 4th; election, April 5th.

NEWCASTLE-UPON-TYNE INFIRMARY—Senior House-Surgeon: applications, April 6th; election, 14th.

NEW DEER, Aberdeenshire—Parochial Medical Officer and Public Vaccinator for Southern Division.

NEWPORT (Monmouthshire) INFIRMARY and DISPENSARY—Resident Medical Officer: applications, April 4th; duties, May 1st.

ROYAL ISLE OF WIGHT INFIRMARY, Ryde, applications, 29th.

ROYAL SOUTHAMPTONSHIRE INFIRMARY, Southampton—House-Surgeon: applications, April 2nd; appointment, 17th.

ST. MARY'S HOSPITAL, Manchester—Two Medical Officers for Out-patients: applications, April 2nd.

ST. PETER'S HOSPITAL, for STONE and URINARY DISEASES—House-Surgeon: applications, 26th.

SKIPTON UNION, Yorkshire—Medical Officer for the Gargrave District.

STAMFORD, RUTLAND, and GENERAL INFIRMARY—House-Surgeon, Apothecary, and Dispensary: applications, April 12th; appointment, 19th.

THOUGHTLEY UNION, Gloucestershire—Medical Officer for the Almondsbury District: applications, April 7th; election, April 8th.

TAIVISTOCK UNION, Devon—Medical Officer for the Whitechurch and South Devon District: April 2nd.

WALLS and SANDSITTING, Shetland—Medical Officer.

WESTLIMMER HOSPITAL—Resident House-Physician: applications, 26th; election, April 5th.

## BIRTHS.

BUTLER.—On March 21st, at Guildford, the wife of \*T. M. Butler, Esq., Surgeon, of a daughter.

HANWORTH.—On March 21st, at Kirkby Overblow, Wetherby, the wife of \*Walter Hanworth, Esq., Surgeon, of a son.

MCBEAN.—On February 19th, at Newcastle, the wife of Samuel McBean, Esq., Surgeon, of a son.

MURRAY.—On March 11th, at Newcastle, the wife of \*John C. Murray, M.D., of a daughter.



## OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.  
 TUESDAY.....Guy's, 1.30 P.M.—Westminster, 2 P.M.—National Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.  
 WEDNESDAY...St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.15 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—St. Thomas's, 1.30 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Cancer Hospital, Brompton, 3 P.M.  
 THURSDAY....St. George's, 2 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.  
 FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.  
 SATURDAY....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock Clinical Demonstrations and Operations, 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.—East London Hospital for Children, 2 P.M.—Hospital for Women, 9.30 A.M.

## EXPECTED OPERATIONS AT THE HOSPITALS.

GREAT NORTHERN HOSPITAL, Wednesday, March 30th, 2 P.M., Excision of the Knee-joint, by Mr. Guy; Partial Removal of Upper Jaw, by Mr. T. Carr Jackson.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8 P.M. Mr. Jabez Hogg will read a paper "On the Organic Germ-theory of Disease"; Dr. John Cockle will also make a Communication at the Society.  
 WEDNESDAY.—Chemical Society (Anniversary).  
 THURSDAY.—Royal Society.  
 FRIDAY.—Western Medical and Surgical Society of London, 8 P.M. Dr. Martyn, "On the Management of Early Infancy."

## NOTICES TO CORRESPONDENTS.

*All Letters and Communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen Street, Lincoln's Inn Fields, W.C.*

CORRESPONDENTS not answered, are requested to look to the Notices to Correspondents of the following week.

TO PURCHASERS.—To insure attention, it is requested that all orders sent to the Office for extra copies of the JOURNAL, be accompanied with stamps for the amount.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily by publication.

OUR report of the meeting at the Royal College of Surgeons compels us to leave over until next week a quantity of important matter already in type.

MR. TAYLOR (Cricklade).—Mr. Lewis, of Gower Street, is the agent of the New Sydenham Society; and to him all subscriptions should be paid.

A FELLOW (Sheffield).—1. There is a vacancy in the Council, caused by the resignation of Mr. Swan. 2. The official position of the gentleman named, saves him from a contest this year. 3. Mr. Thomas Paget of Leicester. 4. Mr. Turner of Manchester is a member of the Council.

A PRÉVOST. STUDENT will find the desired information in our advertising columns. Write to the Secretary.

SIR.—In confirmation of your remembrance of "Hallucination or Crime," I send the following case, which would certainly have ended in very serious results if it had occurred in the dead of the night instead of the evening of the day, when plenty of help was at hand. You may publish it or not, just as you like.  
 I am, etc.  
 LIVERPOOL, March 18th, 1870. BENJAMIN BLOWER.

On Thursday, I was called to George—, aged 34. He was frantic, and was restrained by five men. For years he has been epileptic, and had had a fit on the previous Sunday, from which he had quite recovered. On Thursday evening, he was missing, and was found wandering in a state of stark madness. He was now became fuddled and stupid (with his walking-stick) at his mother and brother, and bit his brother-in-law's thumb. He did not appear to have taken drink; and certainly was not irritated by revenge, for he was always treated kindly and even tenderly. He knew me, and begged to be released. He said: "Here are five men holding a little fellow like me. I have given you some trouble, but you haven't done with me yet." He was quite conscious. A stream of water cooled his head, but he was no better. I then got him under chloroform; but, when its influence was gone, he was as bad as before. At about six hours, Mr. McCheane came, and we decided to let blood, which I did to the extent of 16 ozs.; and this, with a full dose of laudanum, subdued him so that we could leave. But he was not until the next evening that the frenzy left him; and this was as sudden as its accession. It was present at the time, and released him from duress. He is now convalescent, with no head symptoms. I may add that he had never anything of the kind before.

MR. LUKE BARTHOLOMEW PEACAN, of "the Croydon Dispensary," has inserted an advertisement in one of the Croydon papers, in which he asserts, amongst other things, that he was formerly "connected with the Moorfields Ophthalmic Hospital." We should be glad to know in what capacity.

NOTICES of Births, Marriages, Deaths, and Appointments, intended for insertion in the JOURNAL, should arrive at the Office not later than to A.M. on Thursday.

OVER-POPULATION and ITS REMEDIES.—We much regret that the demands upon our space by medical topics, will prevent our publishing either of the able letters on the above subject which we have received from Dr. F. P. Atkinson and the Rev. Douglas P. Timms. It would have afforded us real pleasure under other circumstances to give Dr. Atkinson's excellent refutation of fashionable heresies on the subject.

## EAT-AND-REFLEX ACTION.

SIR.—I would not trespass on your space and patience, had not Dr. Cornelius Fox rather brusquely denied my simple assertion of an anatomical fact, and my deduction of a physiological theory. With reference to the former, it is now twelve years since I have made a dissection of the external auditory meatus of medical men; I have had scant time or opportunity for practical anatomy. I do not doubt, though I do not know, what may be the anatomical eminence of Dr. Fox; but I presume he will admit that Mr. John Wood, the Examiner in Anatomy of the University of London, is an authority superior to either of us.

I inferred that a branch of the vagus nerve was given off to the external auditory meatus. Dr. Fox says that, from special dissections he has made, it does not. He also appears doubtful about the nasal twig to the conjunctiva.

Mr. John Wood will then reply to my query, saying—

"68, Wimpole Street, Cavendish Square, W., March 2nd, 1870.  
 "My dear Fleischmann,—I am very happy to answer your question as an old pupil. 1. I have several times traced a branch of the vagus into the external auditory meatus, passing through a meatus foramen between the jugular fossa and the glenoid. 2. The nasal nerve does undoubtedly frequently, if not usually, send a branch or branches to the conjunctiva. This I have seen almost as often as I have looked for it. . . . I remain, dear Fleischmann, JOHN WOOD."

I trust I have answered Dr. Fox. I am, etc., A. FLEISCHMANN, Cheltenham, March 4th, 1870.

THIS half-year's report of the Newick Cottage Hospital is really too brief to afford subject for comment. We shall be glad, however, to receive further reports from this and from kindred institutions.

WE are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest.—The Indian Medical Gazette, Feb. and 2. The New York Medical Gazette, March 3rd; The Parochial Critic, March 23rd; The New York Medical Record, March 8th; The Boston Medical and Surgical Journal, March 5th; The Madras Mail, Jan. 11th; The Gardeners' Chronicle, March 19th; The Bradford Daily Telegraph, March 16th; etc.

COMMUNICATIONS, LETTERS, ETC., have been received from:—Dr. Percy Boulton, London; Mr. T. Watkins Williams, Birmingham; Mr. Thomas Laffan, Dublin; Dr. G. Buchanan, Glasgow; Dr. W. Armistead, Harpurhey; Dr. Greene, London; Dr. Wilson, Morpeth; Mr. Edwin Sercombe, London; Dr. A. P. Stewart, London; etc.

LETTERS, etc. (with enclosures) from:—Dr. Robert Barnes, London; Dr. James Russell, Birmingham; Dr. W. Roberts, Manchester; Dr. George Johnson, London; The Editor of the "Veterinarian"; Mr. L. Lodge, St. Asaph; Dr. T. W. Evans, Paris; Dr. T. B. Bott, Bryn; Dr. T. Clifford Albutt, Leeds; The Secretary of the Western Medical and Surgical Society; The Secretary of the Harveian Society; Mr. T. D. Sullivan, London; The Registrar-General of England; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; Mr. T. M. Stone, London; The Registrar of the Medical Society of London; A Junior Member of the Association; Dr. J. W. Moore, Dublin; Dr. J. Rogers, London; Mr. A. Fleischmann, Cheltenham; Dr. M. D. Read, London; Dr. J. C. Murray, Newcastle-on-Tyne; Mr. A. Oakes, Birmingham; Dr. Kelly, London; Mr. W. Haworth, Kirkby Overblow; Dr. H. F. B. Roulston, London; Dr. W. Kelly, Taunton; Dr. C. C. Hayman, Eastbourne; Mr. C. Holmes, Slough; Mr. J. A. McBride, Greenestreet; The Secretary of the Great Northern Hospital; Dr. MacLeod, Glasgow; Mr. R. R. Lloyd, St. Albans; Dr. H. Barnes, Carlisle; Dr. Mapother, Dublin; Mr. G. G. Gascoven, London; Mr. Taylor, Carlisle; etc.

## BOOKS, ETC., RECEIVED.

Registration of Correspondence: a New System. By R. W. Lapper. London: 1870.  
 Report of the Malvern Rural Hospital for the Year ending December 31st, 1869. The Nature of Man identical with that of other Animals. By Julian. Lewes: 1870.  
 The Thirty-Third Annual Report of the Brighton and Hove Dispensary.  
 A Pharmaceutical Guide to the First and Second Examinations. By J. Barker Smith. London: 1870.  
 On Spasmodic Coma. By Alexander Ogston, M.D. Aberdeen: 1870.  
 The Report of the Resident Medical Superintendent of the Richmond District Lunatic Asylum for the year 1869. Dublin: 1870.  
 Observations, by the Senatus Academicus of the University of Aberdeen.  
 Ethical and Legal Aspects of the Theory and Practice of a Medico-Ethical Society. Shrewsbury: 1870.  
 Truth: a Libel by Law. The Evidence of Sir James Y. Simpson, Bart., M.D., and others, in the Case of Sharp v. Wilson. By J. Wilson, L.F.S. Glasgow, and Edinburgh: 1870.  
 Bishops or Overseers. London and Dublin: 1870.  
 The Health and Meteorology of Newcastle and Gateshead, 1870.  
 Hysteria: Six Lectures delivered to the Students of St. Bartholomew's Hospital, 1869. By F. C. Skew, C.B., F.R.S. Third Edition. London: 1870.  
 The Administration of Medical Relief to the Outpatients at Hospitals.  
 The Policy of the Contagious Diseases Act, 1869 and 1870. By Sheldon Amos, M.A. London: 1870.  
 Authentic Narrative of the Case of the late Earl St. Maur. By Charles J. B. Williams, M.D., F.R.S. London: 1870.

## REMARKS

ON A

CASE OF TETANUS TREATED BY THE ADMINISTRATION OF THE HYDRATE OF CHLORAL:  
DEATH TEN DAYS AFTER ADMINISTRATION.

By WAREN TAY, F.R.C.S.,

Assistant-Surgeon to the London Hospital.

I AM greatly indebted to Mr. Oswald Baker, Mr. Hutchinson's House-Surgeon, for the interest he took in this case and the care with which he noted the temperatures. They were all taken either by him or myself, and sometimes by both of us. The changes were only within certain limits, but they were so generally consistent that I cannot but accept them as trustworthy. The fall, as soon as the patient slept, was slight, but remained constant as long as she was not roused up. On the other hand, the rise of temperature when the severe tetanic spasms occurred is equally definite. The effect on the pulse was not definite. It would seem that in chloral we have an agent which will place a patient suffering from the agonies of impending suffocation owing to tetanic spasm in a position of calm sleep and muscular relaxation. That it will consequently tend to prolong life is highly probable, as I think it did in this case. The woman certainly appeared to me very near death's door when she was admitted, and I scarcely expected her to live through the night. That she lived for ten days must, I think, be attributed to the calming influence of the enforced sleep. As to whether she would have lingered on longer, or even have recovered, if the chloral had been pushed more at the last, it is impossible to say. She had taken a large quantity of beef-tea and milk, and did not die of want of nourishment, as far as one can judge. I regret that she was not seen, and her temperature noted, just before death. The nurse reported that no further spasms occurred after the last dose of the chloral.

Notes were taken on many other occasions than those specified here, but I have selected only the more important. Small doses also of chloral, for the sake of experiment, were tried; but, as they produced no appreciable effect, they are omitted.

A woman, forty years of age, was admitted into Mr. Hutchinson's ward, London Hospital, February 5th, 1870. She had well-marked trismus, and spasms of the muscles of the throat, so much so that she was dusky in the face and seemed in imminent danger of suffocation. She could give no history of any accident, nor could her friends. The lock-jaw set in eight days before, and for three days she had only swallowed liquids, and had not slept. Her pulse was very feeble and unequal. The jaws were quite shut; but she opened them a little, to enable her to breathe better, by inserting the handle of a spoon between the teeth and forcing them apart. She had done this for two days before admission, and she brought the spoon in with her. At 3.30 P.M., a dose of a drachm of chloral, in solution, with sugar, was given by teaspoonfuls by the mouth. In half an hour the dose was repeated. A good deal was lost, and at 4.15 half a drachm was given. Probably she had a full dose in all of two drachms of chloral. After the last dose, she became a little excited in her manner; she put the spoon on one side, as she could breathe without it; the aspect of her face became quiet; she lost the risus sardonicus; she remarked to a friend, "I am so tipsy"; and, in a quarter of an hour, was fast asleep. The muscles were fully relaxed; her mouth was open, and she was snoring loudly; the pulse became full and bounding. The temperature, before any chloral was given, was 99.6 deg; her pulse, 104, very weak and irregular; her respirations, from 30 to 40 per minute. They were chiefly abdominal, her chest seeming rigid. When asleep, after the chloral, the temperature had fallen to normal, 98.4; her pulse was full and steady, but not altered in number of beats; her respirations were exactly those of a person during sleep, quite easy and regular. For fourteen hours she remained either asleep and snoring, or in a very drowsy condition. She would rouse up, if spoken to, or when the thermometer was put in the axilla.

At 6.30 A.M., Feb. 6, a decided spasm occurred. A drachm of chloral was given by the mouth. The temperature when she was fast asleep was normal; during the night, on three different occasions, it was noted as 97.2, 97.4, and 97.8. The pulse fell to 88 and 90, and the

respirations to about 20. In the morning the temperature was 98, the pulse 100, and the respirations had quickened to 38. The pulse varied a good deal. At 6.45 A.M. (in 15 minutes) the temperature was 97.5. She was fast asleep.

For the next twenty-six hours she remained either asleep, or in a drowsy condition for the most part. She would wake up now and then and ask for milk or beef-tea, and drink it when given for her. Once or twice she had slight spasmodic movements, but none of any degree of severity. The temperature several times was normal, but at the end of the time (7.30 A.M., Feb. 7) was 98.9. A second full dose of a drachm and a-half was given by the mouth, and in a quarter of an hour she was fast asleep, and the temperature had again fallen.

Feb. 8, 10 A.M. For twenty-six hours she had remained in a comfortable condition, taking liquids freely, free from all but slight spasm when disturbed, and no chloral was given. At this time the temperature had gradually risen to 99.0, and the pulse to 115. Half a drachm of chloral was given by the mouth. She would not take more, and it was not insisted on. In another five hours the temperature had risen to 99.7. Half a drachm was given by the mouth, and then (as she refused the rest) half a drachm with an enema. She was then left for seventeen hours, till

Feb. 9, 5 A.M., when half a drachm was given by the mouth (she refused more). She was then left for four hours. At twelve noon (fifty-two hours after the last effective dose), she had a very severe spasm. She could not put out her tongue. The temperature was higher than it had been since she was first admitted. It was 100.4. One drachm of chloral was given by the mouth, and, in a quarter of an hour, she was fast asleep, snoring, the muscles relaxed, and the temperature was normal, 98.4. At two o'clock half a drachm was given, and at 3.30 another half drachm; at five o'clock she was fast asleep and snoring. The temperature, when she was fully under the influence of the chloral, was on three occasions below normal. At 10 P.M. one drachm was given by the mouth. From 12 noon, Feb. 9, to 5 P.M., Feb. 10, twenty-nine hours, she remained fairly under the influence of the chloral, and the temperature, tested a number of times, remained below normal (97 and 6, 7, or 8 tenths). She now had spasmodic movements, and she refused to take any more chloral by the mouth. The temperature had risen to 99.6. Injection beneath the skin of the arm was tried to the extent of twenty grains. Only slight effect followed. The temperature sank for a time to 98.6, and she became quiet. In three hours forty grains were injected, but in another two hours she had a severe attack of tetanic spasm, and the temperature was again 99.6.

Feb. 10, 11 P.M. Two drachms were now given by the rectum; and in fifteen minutes she began to be a little excited, the muscles relaxed, and she was soon asleep. The temperature then registered 98.0. She then slept almost continuously for twelve hours. At the end of that time (12 noon) two drachms were given by the rectum.

After this no more was given by the mouth, as she obstinately refused to take it. Doses of a drachm and a half and two drachms were given in nine and twelve hours till 10 A.M. Feb. 12, when she appeared better than she had done at any time since her admission. She had had no further spasm; she drank fluids, seemed sensible when awake, but appeared weaker than before, and the temperature was 99.4. Two drachms in an enema were given. In twenty-one hours there was a rather severe attack of spasm; more chloral was given, and repeated about every nine hours till Feb. 14, 1 P.M., when the temperature was 99.6, but, though she had not had a large enough dose to send her to sleep, she had had enough to keep her quiet. In five hours (6 P.M.) she had a considerable spasm. She seemed much exhausted, and three ounces of brandy were given in an injection. An hour later, she was noticed to be very restless and uncomfortable, but the muscles did not seem rigid, the skin was hot, the temperature 100.0, the pulse 150, and the respiration 45 (as a consequence of the brandy enema?). Three drachms were given by the rectum; she soon became quiet and the muscles relaxed. In four hours she was much the same, apparently asleep, not really sound and snoring, temperature 99.5.

At 8.30 A.M. Feb. 15 (eight hours later), she died.

At the *post mortem* examination no important changes were detected. REMARKS.—It will be seen that in this particular case a dose of a drachm by the mouth, or two drachms by the rectum, produced certain definite effects; first of all a feeling of excitement, as if she were intoxicated, gradually passing on into muscular relaxation, and deep sleep with contracted pupils and stertor. In this condition the patient was as easily roused as if she had been asleep in a perfectly natural manner. When roused, she would take milk and beef-tea very freely and easily, even asking for it when she awoke naturally. In this respect there was a marked contrast to her condition when no chloral had been given for some time. It seemed to me that when a stimulant (wine) was injected

at the same time as the chloral, the effect of the latter was less marked. On several occasions when I tried to give her a dose in milk, it seemed to disagree, and on one occasion she vomited it up again; the only time she was sick. The subcutaneous injection did not answer, the quantity being small and being too large.

On another occasion I should begin with a drachm dose in sugar and water every half-hour till sleep ensued, and then continue drachm doses by the mouth every twelve hours (or half a drachm every six hours) regularly. If it be administered by the rectum double the above dose, at least, must be given. A note of ten other patients on whom the influence of chloral was tried will be found at p. 437 of this JOURNAL, Oct. 23, 1869.

## THE THERAPEUTIC USES OF CHLORAL.

By STEPHEN MONCKTON, M.D.,

Physician to the West Kent Hospital, Maidstone.

SEVERAL short papers on the subject of chloral have appeared in the different journals. I would here give an account of my little experience.

I have given perhaps fifty doses, among ten different patients, in the last three months—often with remarkable success; sometimes with partial effect, never with mischievous results, beyond a little delirium lasting an hour or two, resembling that of the second stage of chloroform, and proving (though not pleasant for the time to those around the patient) very transient and innocuous.

The drug, being pungent and unpleasant to take, should be freely diluted. Not less than an ounce and a half of water should be the vehicle for every dose of twenty grains or upwards. A little sugar or syrup is also desirable. Though disagreeable, the draught has never caused vomiting, over which, if already existing, it seems to exercise a remarkable control. When it is swallowed, the effect is generally speedy. It is well, therefore, that the patient should not take it till actually in bed. Less than ten minutes will sometimes suffice to send him fast asleep. One man (in the hospital with subacute rheumatism) became delirious—i. e., noisy, irrational, and rather cheerfully excited—after a twenty-five-grain dose; and twice in the female wards the good effect surrounding the patient through the night. This suggested to me the practice of bespeaking darkness and quiet for every patient for whom a night-dose is ordered.

The soporific effect is sufficiently prolonged; five, eight, and ten hours' sleep, with generally a short break and semi-consciousness in the middle, being common enough; while a decided but not unpleasant sleepiness sometimes pervades the following day.

In the short series of cases on which alone I profess to base this paper, it has not once happened that headache, vomiting, or fever, harassed the patient on waking up. On the contrary, it has seemed to me clear that chloral, in doses of from twenty-five to fifty grains, is a very effective anodyne, antispasmodic, and hypnotic; that it possesses many recommendatory qualities and few drawbacks; while some of its partial failures are doubtless due to surrounding interferences and insufficiency of dose. It is very certain that twenty or twenty-five grains will sometimes give a strong man a wakeful and excited night, when forty or fifty grains would have secured sound sleep.

The following three cases, of different types, seem worth giving very shortly in detail.

CASE I.—Mr. C., a grocer, aged 76, came in October last with symptoms which led me to seek and find a recent left inguinal rupture, of only a few days' standing. He was recommended to procure a truss, and returned no more. Three months afterwards, his daughter sent an urgent summons at 7 A.M.; and I found him in the agonies of intestinal obstruction, symptoms having existed about twelve hours. No external hernia could be discovered; in fact, it had never come down since the first application of the truss. But there was a hard, globular, painful tumour, between the internal abdominal ring and the umbilicus on the left side. His pain was great, vomiting incessant, and belly rather distended. I ordered half a drachm of chlorodyne immediately, half as much to be repeated every two hours; and fomentations without measure. Twelve hours afterwards (7 P.M.), he was worse; the pain, sickness, and restlessness were most distressing. By care, he sipped down and retained forty-five grains of hydrate of chloral in an ounce and a half of water, with a few grains of sugar. At 10 to the next morning, he had had a quiet night, with several hours' sleep; and had only retched once. The abdominal condition was unchanged. His countenance was good; his tongue moist; his head comfortable. Hesitating to credit the chloral with such power for good, I assumed that a quiet resolution of the intestinal difficulty had

occurred. But, in a few hours, pain and vomiting returned; the abdomen was more swollen; and the ejecta became distinctly stercoraceous. So it was proved that, in spite of unrelieved obstruction, the chloral had commanded quietude when strong opiates failed, without inducing that parched, stupefied, and miserable state which opium brings about, and never more surely than in the case of old people unaccustomed to its influence. On each of the next three nights, a fifty-grain dose of chloral was given, with satisfactory effect. Soon a liquid trickling *per anum* set in, passing gradually into natural defecation. Within a fortnight, the old man had fairly recovered.

CASE II.—Mr. D., an acute and sprightly old gentleman of 72, had been going wrong for some weeks with heart-symptoms, probably dilatation of the right cavities. There were dyspnoea, tumultuous action, no *bruit*, feeble and very irregular pulse, with some cough and expectoration. By February 1 his countenance had become rather livid, his dyspnoea urgent, and his legs swollen to the knees. After several nights of short and broken sleeps, from which he awoke in distress, his daughter begged permission to give him some opiate pills then in the house. Instead of them, he took thirty grains of chloral at 10 P.M. He was asleep in five minutes, roused and spoke to his daughter at 3 A.M., then slept again till 10 A.M. without disturbance, stupor, or dyspnoea. I found him comfortable, but sleepy, at 10.30; unwilling to remain in bed because of a mutton-chop that was waiting on the breakfast-table. He has taken a few more doses, and is in greatly better condition. Although the slumber was long and sound, he quite recollected waking and talking at 3 A.M. The sleep was therefore non-comatose in character.

CASE III.—Miss H., a tall slender girl, aged 20, with a large cavity at the right apex, in fact dying consumptive, was much worn with night-cough and nervous insomnia, expectoration not very profuse. She took thirty grains of chloral a month ago at bedtime, and slept more than eight hours, without being at all overwhelmed. She then rose to breakfast, and slept afterwards for the greater part of the day on a sofa. Since then she has taken eagerly the same dose four or five times a week with the happiest effect; and no constipation, headache, or impeded expectoration has ever appeared to follow.

Possibly, this homely record of my little experience may induce others in hard practice to lay aside natural and honourable misgivings and try this medicine for themselves. I shall watch for opportunities of giving it in acute rheumatism, chorea, neuralgia, spasmodic asthma, anæmic insomnia, and even inflammation.

## CASE OF TRAUMATIC TETANUS SUCCESSFULLY TREATED BY BROMIDE OF POTASSIUM AND HYDRATE OF CHLORAL, ETC.

By EDWARD R. DENTON, M.R.C.S. Eng., L.S.A., Leicester.

GEORGE B., aged 18, fell from a cart January 31st, 1870. I was called in on the 16th February, six days after the first appearance of the tetanic symptoms. The patient was of the sanguine temperament, rather spare, short in stature, and of temperate habit. On examination, I found that he was unable to open his mouth or protrude his tongue; the lips were elevated from the teeth and gums, causing the characteristic "tetanic grin." The head was thrown back, and opisthotonos was well marked; the abdominal muscles being excessively tense, and the back arched and raised from the level of the bed. He was able to swallow only in very small quantity, even then appearing to suffer much from the spasm of the muscles of deglutition. The face was flushed and the skin hot; pupils dilated. The pulse was 120, small, hard, and wiry. Respiration 35. The bowels had been constipated for two or three days, and he had not slept for five or six nights.

The patient seemed to be aware of his precarious condition, but, as well as he could, expressed his readiness to die if nothing could be done for his relief. The wound presented a dry and unhealthy appearance, but was limited to the dorsal surface of the first phalanx of the second finger of the right hand. The nail had been removed three days previously, the back of the hand was swollen and inflamed, and an occasional shooting pain was felt extending along the posterior surface of the fore-arm and the anterior surface of the arm into the axilla.

The bowels were first relieved by a calomel and jalapine purge followed by a stimulant enema. Morphia, nepochine, and chlorodyne, were administered every night from February 16th to 21st, with little or no effect in procuring sleep or relief from pain. Then two drachms of the syrup of hydrate of chloral, of which small (three) drops more but repeated doses were given till sleep was procured, which at first lasted only a few hours. For the first three days ice-bags were placed in con-



tact with the spine, but their application caused so much uneasiness that the patient declined to persevere with them, and in their place I ordered the frequent use of the belladonna liniment and compound chloroform liniment, which seemed to afford much relief and relaxation. A large bread-poultice was first applied to the hand and arm, and subsequently a lotion containing extract of belladonna was substituted, under which the wound cicatrised and healed favourably in a few days.

On February 18th, scruple doses of the bromide of potassium, with twenty minims of tincture of belladonna, were given and repeated every four hours, up to February 27th, at which time he was convalescent but very weak. Bromide of iron in eight-grain doses, with five-grain doses of hydrate of chloral, were then substituted for the bromide of potassium and tincture of belladonna, to be taken three times a day. On the 14th of March he was able to return to his ordinary avocations.

REMARKS.—The severity of the symptoms during the first week led me to form a very unfavourable prognosis, but the steady improvement after the administration of the hydrate of chloral, assisted by the bromide of potassium and that of belladonna, leads me to hope that in them we have agents which, in some instances at least, may be found efficacious in combating so frightful a disease. The self-possession and calmness displayed by the patient, as well as his partial ability to take and retain his food, no doubt contributed to the successful issue of the case.

## NOTES ON THE USE OF HYDRATE OF CHLORAL.

By GEORGE STEWARDSON BRADY, M.R.C.S.

THE action and capabilities of this valuable remedy being still *sub judice*, it may perhaps be serviceable to place on record brief notes of some cases illustrating its use, which have come under my own observation.

CASE I.—The first case is that of a lady who has suffered for several years from irritable bladder and urethra, complicated, as is frequently the case, with retroverted uterus. This lady, now about twenty-five years of age, says she does not remember the time when she was able to retain her urine normally. Even when she was at school, the bladder was irritable and required frequent relief. Of late years, almost every recognised means of cure has been tried, including medicated injections into the bladder, anodynes and tonics in all forms, but with little or no success. Opium was to a certain extent serviceable, but produced unpleasant after-effects. In fact, until the introduction of chloral, no medicine gave relief sufficient to render its frequent use desirable. For the last six months, however, the hydrate of chloral has been taken almost nightly, in doses of thirty grains, with the effect of lulling, to a very large degree, the almost constant vesical irritation. It has not cured the disease, nor can it be expected to do so. Moreover, the original dose is now scarcely sufficient, and has been recently increased to forty grains. Except for a short period after its administration, it does not afford that complete insensibility to pain which opium effects; but its absolute certainty of action, the short period required for the induction of sleep, and the entire absence of unpleasant after-symptoms, render the chloral infinitely preferable. In this case, its use has had to be occasionally suspended, owing to subacute sclerotic inflammation, apparently induced by the drug, the tendency to which seems, however, to be subsiding. This patient has suffered much at the menstrual periods from pain and profuse discharge. It became an object to relieve this pain without the use of opium, which, though usually effectual when given in full doses, produced the greatest depression and misery afterwards, and seemed likewise to increase the menstrual flow. To meet this want, I gave hydrate of chloral in doses of ten grains every three hours, combined with a little sulphur ether. This immediately relieved the pain, and, after the second dose, entirely suspended the menstrual discharge—a result not anticipated, and which I had been previously unable to effect by the use of ordinary astringents. Whether chloral may prove generally useful in checking menorrhagia, remains to be seen; but since reading Dr. Reynolds's note in the last number of the *Practitioner*, it seems not unreasonable to hope that its supposed astringent action on the arterial capillaries may make it useful in this way.

CASE II.—A gentleman, aged about 70, was awakened during the night with severe pain which much interfered with respiration, and threatened almost to stop it. A dose of spirit and hot water in the course of a short time relieved this, but he was unable again to lie down, any attempt to do so being followed by a recurrence of the pain and dyspnoea. When sent for in the morning, I found the patient tolerably well, but anxious to guard against a repetition of the preceding night's sufferings. There was little or no pain on pressure of the ab-

dominal and intercostal muscles, and no symptoms of asthma or heart-disease; the cause of the dyspnoea was not plainly discernible. The spirit, however, having given a certain amount of relief previously, I prescribed a mixture containing sulphuric and chloric ether, to be taken next night if the spasm returned. This remedy did no good, the difficulty of breathing returning and continuing as before. Hydrate of chloral in a dose of twenty grains was then ordered to be taken if needful. As soon as the old symptoms began to show themselves, the patient took one-half only of this draught, with the effect, however, of completely removing the distress and enabling him to pass a comfortable night. The same course was pursued on the succeeding night, and no further measures have been required. The affection was probably neuralgia of the diaphragm and other respiratory muscles.

CASE III.—This patient has suffered for years from chronic ovarian disease, characterised by recurrent attacks of inflammation, with formation of abscesses. The more acute symptoms are sometimes absent for months together. These intervals are, however, becoming shorter, and the pain and constitutional disturbance greater during the accessions of inflammation. In addition to the local pain, the most distressing symptoms are frequent and long-continued vomiting, anorexia, and restlessness; sometimes, also, hysterical aphonia and retention of urine. The nausea has often been especially distressing, and resisted every remedy that could be thought of, including some not in common use, such as nuxem, which seemed to offer a prospect of relief. The hypodermic injection of morphia, but more especially of atropia, at one time did good in producing sleep, and seemed also to exert some little sedative power over the sickness; but the morphia had to be abandoned on account of the excitement caused by it, and the atropine to some extent lost its power by constant use. The hydrate of chloral, then just coming into general use, was given with the happiest effect. A dose of thirty grains sufficed to produce a quiet sleep of five or six hours' duration; when the symptoms were unusually severe, a larger quantity, amounting sometimes to fifty or sixty grains, has been given, and no unpleasant effects have at any time been observed. The effect, indeed, in producing quiet and refreshing sleep, has been perfect; and this result had been unattainable previously by any means known to me. The influence of chloral on the sickness has been scarcely less marked and beneficial, any threatening symptoms of that kind being usually removed by ten-grain doses, given at intervals of three hours.

In conclusion, I would say that my experience of chloral leads me to think it unrivalled in its power of allaying nervous excitement, and the painful and sleepless states arising from that cause. With the sleep, its effects on the system vanish; and in this peculiarity reside, probably, both its strength and its weakness as a curative agent. There are many cases in which it can never supersede opium, and many others in which opium would be more useful but for its prejudicial after-effects.

## POISONING BY LOCAL APPLICATION OF CARBOLIC ACID.

By ROBERT LIGHTFOOT, M.D., M.C., Wincanton.

THUS as I would venture to call one of "carbolic idiosyncrasy" in, as much as, from the peculiar train of symptoms excited by the use of a very weak solution of the acid, coming on when it was employed and ceasing when left off, its special features seem only explainable by supposing some peculiarity to exist in the patient's constitution—a peculiarity violently opposed to this agent.

Miss J., aged 51, had her elbow-joint excised on December 2nd, 1868, on account of disease of the cartilages. The operation was performed by my senior, Dr. J. Surridge of Wincanton, by the single posterior longitudinal incision. The wound was dressed with a weak carbolic acid and water lotion (one to fifty), applied on a many-tailed lint-bandage covered with oiled silk, the limb being supported by a leather splint. She rallied well after the operation, and progressed favourably for the first seventy-two hours, when a shivering fit occurred; the tongue rapidly fouled, the pulse rising from 100 to 120, with a weak and fluttering beat, the skin becoming very cold and clammy; at the same time vomiting of a very uncontrollable nature began. The bowels had not acted since the operation. Her face became much pinched and anxious, her spirits being greatly depressed. Nothing came from the wound save a drop or two of sanious non-purulent discharge, its edges being very dry and glassy. So suspicious were the local and general symptoms, that we were led to suspect pyæmia; still there was no tendency to wandering, jaundice, or sweet breath, either now or at any other time. On the fifth day after the operation, Miss J. seemed to be rapidly sinking from the exhaustion caused by the violent and

ceaseless urging. Her pulse this day was 130 to 140 per minute, and very thready; the tongue was covered with a thick brown coat; the mental faculties perfectly clear. The bowels acted after an enema; urine scanty, loaded with lithates, but not dark or carbonaceous looking. This same day (December 7th) the carbolic dressings were changed for linseed-meal poultices, and this had not been done many hours before a change for the better showed itself. In the course of forty hours actual pus was present in the poultices, and the constitutional irritation was entirely removed, the sickness being the last to leave.

Our patient continued to do well for a week, gradually improving up to December 15th, when the carbolic lotion (same strength) was re-employed. Within thirty-six hours vomiting began again, accompanied by the same train of symptoms as on the previous occasion. The discharge, which was abundant and purulent on the evening of the 15th, became scanty and rusty by the morning of the 17th; the urging, if possible, was worse than before.

Poultices were again substituted on the 18th, when we almost had given up hoping to save the patient's life. She was entirely supported at this time by enemata, her stomach not being able to retain even a little beef-tea or brandy and soda. Two or three days after the change in the application, healthy pus in fair quantity was coming from the elbow; and, with the exception of great prostration, the evil symptoms had all abated. Our suspicions were now awakened as to the existence of some undoubted relation between the above symptoms and the nature of the dressing; yet our faith in carbolic acid was so strong, that we hardly dared suspect it as the cause.

The patient went on very well with the use of poultices up to December 27th, when, for the last time, and with a similar result, the carbolic lotion was resumed. The wound was now nearly healed; two sinuses which had formed we thought to benefit by a bi-daily injection of the foregoing lotion. Fortunately, the first appearance of suspicious signs (*i.e.*, slight sickness after food) found us on the alert, and the injections were at once discontinued, the mischief being thereby nipped in the bud. For the next three weeks warm-water dressing constituted the sole treatment, and the patient left for her home on January 22nd, 1869, quite cured; with an arm which has since become fairly useful.

REMARKS.—Several instances of carbolic poisoning are on record, two if not three having had a fatal result. One appeared in the general and medical papers about two years ago. A man suffering from tooth-ache sought to relieve it by inhaling the acid, and died from the effects. Then there is the more recent case at the Worcester Infirmary—this, too, proving rapidly fatal—the cause being a carbolic enema. Even during the administration a fit occurred, accompanied by stertorous breathing, death resulting in twenty minutes. About the same time an account appeared of three unfortunate itch-patients who were admitted into a workhouse near Birmingham, and, through the mistake of a nurse, were treated with a strong solution of impure phenic acid applied freely to the surface of the body. One of the three, I believe, died from its effects, the other two suffering severely. Another case of partial poisoning was alluded to in a Guy's Hospital report as having occurred to Dr. Wilks, who saw the patient in consultation with Mr. Hill of Camberwell. Through the kindness of the latter gentleman, I have been favoured with the following brief history. "The case to which you refer was one of typhoid fever, in which extensive bed-sores existed. For two days I dressed them with lint soaked in carbolic acid (one part to five of linseed-oil). After the second dressing, severe and continuous vomiting occurred, and the urine became very dark (as with anasarca after scarlatina), leading me at first to think that there was hæmorrhage from the kidney. On discontinuing the carbolic dressing, the vomiting ceased and the urine became natural. Under the microscope there were no signs of blood-corpuscles, only dark amorphous particles, as of carbon. The sores were afterwards dressed with Condy's fluid (one to sixteen water), which removed the odour. They ultimately healed, though the worst that I have seen." In the University College Hospital Report, by Mr. Cluff, it is stated "that more cases of persistent vomiting of an uncontrollable nature occur after operations, which vomiting may or may not be aided by chloroform, and the only cure for which is the leaving off of the carbolic applications." In the three fatal instances, the acid seems to have acted as a narcotico-irritant, this action being probably due either to the strength or the manner in which it was given; but in Mr. Hill's case, as in my own, an irritant effect only was noticed. The same appears to hold good in Mr. Cluff's experience. The terrible vomiting is deserving of special notice. In Miss J.'s case every thing was tried to check it, save ice, which we could not procure at the time when most wanted. Creasote was given in pill before we suspected the real cause of the emesis; and it is a noteworthy fact, that, notwithstanding the close relation between this drug and carbolic acid, it did not aggravate the urging tendency in the least, though quite ineffectual as regards stop-

ping it. The only means of relief we found—and, fortunately, a sure one—was that advised by Mr. Cluff; viz., at once to leave off all carbolic applications.

In conclusion, I would briefly allude to the following points in connection with our patient. 1. The very small quantity of acid which was used (to this, perhaps, the absence of carbon in the urine may have been due); 2. The close resemblance between the bad effects of the acid and the symptoms of pyæmic poisoning, the distinctive marks being the absence of wandering, icteric tint, and sweet breath; lastly, and what is most conclusive, the intermittent character of the illness, so closely corresponding with the alternating use and disuse of carbolic acid; 3. Chloroform can hardly be blamed for aiding in the dangerous turn which our case took, seeing that our patient went on most satisfactorily for the first three days after the operation.

## CLINICAL LECTURE ON THE TREATMENT OF STRICTURE.

BY MR. PAGET, F.R.S.

MR. PAGET lectured on two cases of retention of urine with slight stricture, in which the patients had been treated in the first instance by warm bath, laudanum, and rest, without catheterism, the last measure having been reserved until many days after the retention was relieved, and employed for the treatment of the purely organic stricture only. In one of the cases (to which Mr. Paget referred in a former clinical lecture, see p. 208), catheterism was attempted on admission, for a short time only, but unsuccessfully; this man had had incontinence of urine for six weeks before he got retention, and yet, after three weeks' treatment, by rest, alkalies, and plain diet, Mr. Paget was able to pass No. 9 without any difficulty into his bladder.

In the other case, retention was complicated by a perineal abscess, which was opened. The man was treated without any attempt at catheterism until the third week, when a single unsuccessful attempt was made; but a few days later Mr. Paget was able to pass No. 6 at once into the bladder. Mr. Paget dilated on the advantages of rest, the warm bath, and opium, in relieving retention, and on the continuance of rest with alkaline medicines and unstimulating diet for the subsequent complete removal of spasm, and of that swelling of the urethral mucous membrane which may not only produce retention, but, as in the first patient mentioned, may cause symptoms closely simulating those of the worst forms of organic stricture. The chronic congestion of the urethral mucous membrane, which probably existed in that patient and caused incontinence, was compared by the lecturer with chronic conjunctivitis and chronic swelling of the nasal mucous membrane.

Mr. Paget considered that the perineal abscess, which formed in the second patient, was probably the result of inflammation in strictures contiguous to the urethra, but without any extravasation of urine. Many of the perineal abscesses formed in connection with retention were produced in this way, and not, as is commonly taught, by ulceration of the urethra and localised extravasation.

Mr. Paget went on to remark on the morbid sympathies of the urethra, sympathies which were found in no other mucous track, and were quite peculiar to that over which the urine passed from the bladder. The first of these peculiar manifestations of sympathy with distant parts was the *syncope* which occasionally follows the passage of a catheter, the next was *epileptiform convulsion* from the same cause. Mr. Paget remarked that these two results never happened unless the patient were standing up, just as the same phenomena after excessive blood-letting were noticed only when the patient was in the erect position. Thirdly, *rigor* following the passage of instruments into the bladder was mentioned; this result was commonest in patients who had never been catheterised before, and unlike the two other phenomena, did not come on until water was passed for the first time after the use of the catheter. Rigor after catheterism was said to be commonest in persons who had ague, or who had lived in tropical countries, and the phenomena of the shivering fit were described as corresponding exactly with the course of an attack of ague. The rigor might often be prevented by the administration of brandy and water or other alcoholic stimulant immediately after the operation; and Mr. Paget spoke in high terms of Sir B. Brodie's practice in this respect.

In referring to the occasionally very dangerous character of these shivering fits, Mr. Paget mentioned that he had known death to follow simply rigor, for some in no less than six cases. As a rule, however, rigor occurring soon after lithotomy, lithotomy, or the passage of a catheter, was not a dangerous sign. This brought the lecturer to



his fourth peculiar sequence of catheterism and lithotripsy; viz., the occasional occurrence of pyæmia, after a rigor, apparently from simple inflammation of the urethra, and without any injury to its structure or effusion of urine. Mr. Paget then referred to another of these curious relations between the urethra and distant parts, *urethral rheumatism* (including the so-called gonorrhœal rheumatism), an affection which, if it could not be described as pyæmic, yet certainly presented many points of close resemblance to pyæmia.

Mr. Paget was of opinion that any inflammation of the urethra, whether contagious or not, might be followed by the swelling and effusion into the joints which characterises urethral rheumatism. Lastly, Mr. Paget mentioned the connection which he believed to exist between certain cases of *scleritis* inflammation of the urethra and effusion into joints, inclining to the belief that patients in whom these conditions coexisted were often to be described as *gouty* rather than rheumatic.

## ABSTRACT OF A CLINICAL LECTURE.

BY MR. ERICHSEN.

THE following is an abstract of Mr. Erichsen's lecture delivered at University College Hospital on March 21st.

*Case of aneurism of the Profunda Femoris, cured by Compression in twenty-four hours.*—There is a case of considerable interest now in the Hospital, of which I shall say more on a future occasion, but wish now to draw your attention to some of its more characteristic features. It is that of a large aneurismal tumour at the upper part of the right thigh. The history is obscure. Last Christmas the patient had an attack of pneumonia, on which a period of bad health supervened, and soon this swelling in the thigh made its appearance. On admission, we found a large tumour in the abovementioned situation; there was no thrill, no pulsation, in it. The superficial femoral artery crossed it on its inner aspect, and the pulsation in this, and in its branches below the tumour, viz., popliteal and tibial, was quite normal. In consequence of the stretching and compression of the femoral vein, there was some œdema of the lower part of the leg. I had then some doubts as to its nature. It might have been, first, an aneurism undergoing consolidation; secondly, a deep abscess beneath the periosteum; thirdly, a tumour springing from bone. At the next visit I found the tumour increased in size considerably; it was pulsating strongly, the pulsation being heaving rather than expansile. There were a distinct thrill at the inner part and a *bruit*, both synchronous with the entrance of blood into the common femoral, and arrested by compression of the same. The muscles of the anterior part of the thigh were stretched and separated. As to its nature, the first idea was that the tumour was an aneurism, but scarcely of the superficial femoral artery, for this was pulsating over the tumour for its whole length, and even below it, and the pulsation in the popliteal artery was quite free. Now, aneurism of the superficial femoral springs from the fore part of the artery. In my experience I never knew a case where it sprang from behind. This idea was therefore set aside. Secondly, the idea that it was a pulsating tumour of bone springing from the anterior and inner aspect of the femur, was favoured by (a) the strong pulsation without great expansion; (b) the distinct thrill; (c) the harsh *bruit*, so commonly heard in aneurism by anastomosis consisting in a congeries of smaller vessels. Thirdly, aneurism of the profunda femoris is probably the correct solution of the case. This is a very rare disease, there being few cases recorded. In my own experience I have met with but one instance. A man was

my own experience I have met with but one instance. A man was under the care of one of the physicians in this Hospital for pneumonia: he complained of some swelling and uneasiness in the thigh, but such was the gravity of his internal complaint that no heed was paid to this. He died. At the *post mortem* examination, a large circumscribed false aneurism of the profunda artery of the thigh (of the size of a cocoa-nut) was discovered. I was disposed, then, to consider this an aneurism of the profunda artery, because the aneurism was unquestionably in the situation of this artery, being between the superficial femoral artery and the bone. That the latter vessel was quite free, is proved by the fact that the pulsation of the profunda and its terminal branches, was quite normal in character. Again, pressure on the common femoral arrested the pulsation, the *bruit*, the thrill, and even the size of the tumour, so there could only be one other vessel than the superficial femoral to supply it; viz., the profunda.

*The Influence of Treatment.*—Pressure on the common femoral artery arresting the signs, Carte's compressor was applied. The patient bore this badly; he was irritable, and writhed from under the compressor. In the evening, forty grains of hydrate of chloral were given. With this he slept heavily and deeply for twelve hours, during which time the compressor was kept in firm application. In the morning,

the pulsation and thrill were found much diminished, the *bruit* less marked, and there was decided consolidation in the tumour. He could no longer hear this instrument; but, for the next twelve hours, digital compression was used and arrested all the signs. For safety, pressure on the artery was maintained for some hours afterwards; but the twenty-four hours' compression did the work entirely. This would lead us to infer that the tumour was a real aneurism not connected with bone. The thigh has decreased in circumference an inch and a half. All the aneurismal signs are removed, which, according to my opinion, in the case of a true aneurism, would be followed by the absorption of the tumour. I am, therefore, on admission, but that the manipulation used in the examination and diagnosing of it set the aneurism going again—and that then compression succeeded in curing it.

Reference to the anatomy of the profunda makes it easy to see that compression should cure aneurismal disease of it. Being destined chiefly for the nutrition of the thigh, it has a short trunk, and speedily breaks up into minor branches: hence there is not a long trunk going through the aneurism, and the blood has not to traverse the sac from the vessel by which it enters to one large vessel of exit, but to filter through a number of smaller vessels; consequently the coagulation of the blood is very much favoured. We cannot prophesy as to the future and the complications of the case: the tumour may undergo disorganisation and suppuration; if not, it will probably advance by steady progress to recovery.

Mr. Erichsen then proceeded to consider a case of *Perforating Ulcer of the Foot*.—These cases are unusual, and of great practical interest. In this we observe the remains of a hard corn on the sole of the foot, while on the corresponding part of the dorsum is a small ulcerated aperture, from which pus is discharged. This ulcer is situate between the third and fourth metatarsal bones, very far back. On introducing a probe into the dorsal wound, it makes its exit in the sole through an aperture in the centre of the corn, there being a sinus which perforates the foot. The probe passes close to the bone (the neck of the third metatarsal), but no necrosis nor caries is felt. Here, then, we have a sinus perforating the foot in a man otherwise healthy, there being no signs of struma or any constitutional disease. How is it to be explained? It appears that he first noticed the corn about eighteen months ago. It is situate between the third and fourth metatarsal bones. Suppuration took place in the subcutaneous cellulæo-adipose tissue here, and the pus escaped through an aperture in the centre of the corn. This aperture subsequently closed, and the pus, travelling upwards, finally made its exit through the integumental structures of the dorsum of the foot.

*Treatment.*—If there be diseased bone, remove it. In this case there is none, so we adopt the same line of practice as in any sinus, viz., stimulation. A seton of two silk threads is introduced, which keeps up a free opening in the sole, and at the same time stimulates the sinus by the irritation set up by its presence.

## THERAPEUTICAL MEMORANDA.

## THE TREATMENT OF DIPHTHERIA.

By GEORGE HILL, M.D. Edin., Hooton, Chester.

AN epidemic of diphtheria having prevailed in this neighbourhood recently, I have had an opportunity of testing the therapeutic value of various topical remedies. I will not occupy space with the details of illustrative cases, but will state my conclusions briefly.

illustrative cases, at w<sup>h</sup>ich state my conclusions.

Lactic acid, as recommended by MM. Bricheteau and Adrian, is an invaluable application, dissolving the diphtheritic membrane in a wonderful manner. It must be freely and repeatedly applied, and, being a harmless agent, it may be used with safety by those in charge, in the absence of the physician. But it must not be solely depended on, as it seems to possess no power of preventing the re-formation of the membrane. One of the other topical remedies, I found none so efficacious as the liquor ferri perchloridi fortior of the *Pharmacopoeia*. A gargle of diluted hydrochloric acid, two or three drachms to eight ounces, is of great service in clearing the mouth and throat of the viscid mucus which accumulates with such rapidity. I also found an occasional gargle of carbolic acid, two or three grains to the ounce, of use in destroying fœtor and cleansing the mouth. Carbolic acid inhalations seem good in theory, and it is possible that they may be of service in freeing the system from the diphtheritic poison. But the local symptoms were not improved by their use, and if, continued long, they seemed to aggravate the œdema, which adds so much to the distress of the patient. Of internal remedies I have not much to say. I prescribe a drachm of chlorate of potash, in a pint of water, with lemon-juice, to be used as a common drink daily.



## REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN  
THE HOSPITALS OF GREAT BRITAIN.

## ST. BARTHOLOMEW'S HOSPITAL.

CASE UNDER THE CARE OF MR. HOLDEN.

*Separation of the Osseous Nucleus of the Epiphysis of the Head of the Femur: Abscess of Thigh: Peritonitis: Death.*—Mr. Bloxam, the Surgical Registrar, has kindly sent us the following notes of an interesting case of destruction of the hip-joint following on an accident, probably separation of the upper epiphysis of the femur. Destructive inflammation of the hip-joint in so young a child is very unusual. The cause of death by extension of the inflammation to the peritoneum is another unusual feature in the case.

A female child, aged 10 months, was admitted February 18th. The mother stated that the infant had fallen out of bed six weeks before, and appeared fretful and ill for many days afterwards; but only for three weeks had she noticed a swelling of the thigh, which had gradually increased.

Feb. 18th. The infant appeared much emaciated. Situated over the whole of the right thigh, groin, and buttock, was a large fluctuating swelling, forming one enormous abscess. Mr. Holden punctured the swelling, evacuating nearly two pints of pus.

For several days the infant appeared doing well; but on March 1st she became feverish and fretful. The abdomen also became distended; and she died, apparently of exhaustion, on March 5th. At the *post mortem* examination, an abscess was found to extend under the muscles of one thigh, groin, and buttock, into the hip-joint. Close to the incision made by Mr. Holden was a portion of bone, of about the size of a pea; and this was all that remained of the epiphysis of the head of the femur. The cartilage of the hip-joint was totally destroyed; and the abscess had extended along the psoas and iliacus muscles into the pelvis, causing fatal peritonitis.

*Bullet-wound of the Head: almost immediate Death.*—We are also indebted to Mr. Bloxam for the following. A boy, aged 6 years, was admitted dead on March 6th. He had been shot in the head while he was holding a revolver in his hand. On examination, the bullet was found to have caused a small lacerated wound of the lower eyelid on the left side, close to the inner canthus; then to have passed through the eyeball, causing a small lacerated wound of the sclerotic and collapse of the globe. Beyond this, there was a large comminuted fracture of the orbital plate of the frontal bone and the lesser wing of the sphenoid bone. The bullet had then passed through the cerebral lobes, carrying along small portions of fractured bone; and, lastly, had struck the inferior posterior angle of the left parietal bone, and caused a small linear fracture of the inner table, and a stellate fracture of the external one. It had then fallen back, and was found lying above and to the left of the trigular Herophili in the dura mater. The bullet was flattened in shape; it was of the size of a small bean, and was marked with grooves. A considerable amount of blood had been extravasated over the convolutions of the brain on the left side, and also into the substance of the cerebrum, but not into the ventricles. There was no blackening over the left side of the face, but simply a number of red specks. The revolver was rifled, and the bullet conical; and the explosive material was gun-cotton.

## LONDON HOSPITAL.

LITHIUM TREMENS: INFLUENCE OF HYDRATE OF CHLORAL.

(Case under the care of Mr. MAUNDER.)

As the employment of the hydrate of chloral in various states of muscular and mental excitement is attracting some attention just now, it may be interesting to note that it is under trial in a case of delirium, under the care of Mr. Maunder, at this Hospital. A woman, who was admitted with compound fracture of the leg, became so furiously delirious as to require the united strength of five or six people to control her, till a strait-jacket could be applied. Mr. Barrett, the House-Surgeon, first gave her large doses of morphia, but without effect. He then gave her a drachm of chloral by the mouth, and within half-an-hour she was fast asleep, all maniacal symptoms being abolished for the time. The doses have been repeated, with the effect of keeping her perfectly quiet. She now seems quite rational.

## ROYAL INFIRMARY, EDINBURGH.

CONTINUOUS EXTENSION BY A WEIGHT AND PULLEY.

This method of treatment has lately been receiving pretty extensive trial by some of the surgeons of this Infirmary. It has been chiefly employed in children, for fracture of the thigh-bone and disease of the hip-joint.

The principle of the apparatus is the same as that claimed for the long splint—viz., to obtain perfect rest to the affected part, as well as a gentle continuous extension. In order that satisfactory results may be obtained, the *modus applicandi* must be familiar to the practitioner; and its minutiae, although simple and uncomplicated, must be strictly followed out. In this Infirmary, the mechanical part of the treatment is briefly as follows. A foot-piece is made of wood, cut the shape of, but a little larger than, the patient's foot; in short, somewhat like the sole of his own shoe. In the place corresponding to the centre of the heel a round hole is made for the purpose of attaching a cord, the length of which varies with the comparative size of the patient and of the bed. At the extremity of this cord is attached a weight, also varying with the age of the patient and the nature of the disease. The foot-piece, with the attached cord and weight, has to be firmly fixed to the sole of the patient's foot. For this purpose, two strips of strong adhesive plaster are employed, broad enough, when applied, almost entirely to envelope the whole limb, and thus secure a firm grasp of it; and long enough to reach from the middle of the thigh to about six inches below the heel. These are heated and applied to the limb. By crossing the superabundant portions, the lower ends are made to overlap the wooden foot-piece (taking care to keep the foot at right angles to the leg), and thus maintain it firmly in position. To render the whole more secure, a starch-bandage is applied over the plaster, so as to envelope the limb and foot. The foot-piece being thus firmly attached to the leg, the string, with the weight appended, is passed over a pulley at the foot of the bed, which pulley is raised from six to twelve inches above the level of the patient. When the end of the bed is tilted up six or eight inches, to assist in counterextending, and to prevent the weight pulling the patient downwards, the whole apparatus is complete.

In fracture of the femur, in addition, Gooch's leather or pasteboard splints are applied to the thigh, to keep the broken ends of the bone steady and in accurate contact. At the present moment, in Dr. Gillespie's wards alone, we observe four cases (all children) upon whom this method of treatment is being carried out: in two of them, for hip-joint disease; in the others, for fractures of the thigh-bone. By the kind permission of that gentleman, we are enabled to illustrate by these four cases the advantages of extension by the weight and pulley.

CASE I. *Fracture of Femur.*—A. M., aged 8, was admitted on February 9th, with a transverse fracture of the bone about its middle, from a fall. Continuous extension was applied to the limb (weight, four pounds), and three small Gooch splints to the thigh. On March 5th, the bone was completely united; it was firm, and in perfect position. Both limbs were of equal length. After the first two days, the patient suffered no pain or uneasiness. He will shortly be discharged.

CASE II. *Fracture of Femur.*—J. S., aged 5, was admitted March 3rd. The bone was broken in two places, at the epiphyses of the condyles, in about its middle, in consequence of a fall. There were considerable bruising and great pain. Extension and splints were applied. On March 5th, the patient experienced no pain or uneasiness whatever. The portions of bone were in excellent position. The affected limb was apparently longer than the sound one.

CASE III. *Morbis Coxarius.*—K. D., aged 4, a scrofulous-looking child, was admitted on February 17th. The right hip-joint was greatly swollen, painful, and fluctuated over the articulation. The affected limb was greatly adducted, the knee resting across the middle of the opposite thigh. The pelvis was greatly distorted. A small incision was made, and an ounce of pus evacuated. Extension was applied. On February 19th, the patient was quite free from pain. The discharge was slight. A sinus was found to communicate with the hip-joint. On March 5th, the patient was improved in general health, under the influence of good diet and cod-liver oil. There was no pain; the discharge was trifling. He sat up all day in bed, and even moved about without discomfort. The joint was not painful, even when manipulated.

CASE IV. *Morbis Coxarius.*—J. T., aged 6, a scrofulous-looking child, was admitted on January 17th. The right thigh was enormously swollen, especially over the hip-joint. The affected limb was about three times the size of the sound one. The swelling was intensely painful, and fluctuated. The limb was crossed over the opposite one, and flexed so that the knee almost touched the abdomen. On manipu-

lation, the patient screamed with agony. On January 20th, an incision was made, and six ounces of pus evacuated. Continuous extension was applied. On January 23rd, the patient was feverish; the discharge was copious; but there was no pain in the joint. On February 16th, the discharge was diminishing. The general health was greatly improved by constitutional treatment. There was no pain whatever. On March 5th, the discharge was comparatively slight; the swelling was much diminished. There was no pain in the joint, except when manipulated, or when the weight was slackened. The patient could even move about a little in bed without discomfort.

The chief alleged advantages in favour of this mode of treating fracture of the femur and disease of the hip-joint, as compared with the use of the long splint, especially in children, are shortly as follows. 1. The weight and pulley fulfils all the requirements of the long splint; and its use is followed by as good, if not better, results. 2. It is more easy of application, less likely to become deranged, and is not likely to cause excoriation and ulceration of the skin. 3. It allows the patient to be readily moved about, for the purpose of changing the bedclothes, dressing the wounds, etc., without causing pain, or interfering with the progress of the disease or injury. 4. It is much more comfortable to the patient, especially in morbus coxarius. In this disease, constitutional and hygienic treatment are mainly relied upon as curative agents, combined with perfect rest to the part and separation of the articular surfaces. For a complete recovery, many months may be required. The weight and pulley admirably fulfils all these requirements, and, during the sometimes very long period of illness and confinement, is much less irksome and tedious than the long splint. Very soon the little sufferer learns to sit up, and even move about in bed, without discomfort to himself or danger to the successful progress of the disease.

#### POPLAR HOSPITAL.

CASE OF POPLITEAL ANEURISM.

(Under the care of Mr. M. BROWNFIELD.)

GEORGE FRIDMORSE, aged 31, was admitted into the Poplar Hospital on September 24th, 1869, suffering from an aneurism in the popliteal space. His health had previously been good. He stated that, while carrying a sack of coals up a ladder, sudden pain came in the left ham, about three weeks before admission. Soon afterwards, the part began to swell, the swelling increased and pulsated; and the pain was at last so great that he was compelled to seek advice, being completely confined to his room the last two or three days. There was a constant gnawing pain in the knee-joint, and throughout the whole limb. The tumour itself was of the size of an orange, and not well defined while the limb was straight; but, when flexed, its outline was very evident. The stethoscope detected a loud *bruit* synchronous with the radial pulse, and accompanied with marked dilatation of the tumour in all directions. It could be emptied by pressure; pressure on the femoral artery stopped pulsation in it, and it became smaller and softer. He was ordered full diet, with milk in lieu of beer; and ten minims of tincture of perchloride of iron in an ounce of water three times a day.

Sept. 29th. The tumour had increased slightly; the pain continued; and the other symptoms were much the same. The limb was now forcibly bent on the thigh as far as possible, and secured. This gave rise to much pain. Pulsation was not arrested. An opiate was ordered to be taken, and frequently repeated. Ice, in a bag, was applied over the tumour.

Oct. 1st. The flexion produced so much pain, that opiates only partially relieved it. There was no diminution of pulsation or of the size of the tumour. The leg was therefore unbent. He was laid on his back, with a large cradle over him; and a window-sash line bolter, weighing twelve pounds, was allowed to stand upright over the femoral artery immediately below Poupart's ligament, and resting laterally against the cradle, the skin being previously well dusted with powdered French chalk, and a pad placed on the end of the bolt. This gave much less pain; all pulsation was arrested; and the tumour diminished. The use of this apparatus, in alternation with Signoroni's horse-shoe tourniquet placed lower down the thigh, was continued, keeping the tumour free from pulsation.

Oct. 3rd. One-sixteenth of a grain of tartarised antimony was given, to reduce the force of the heart's action.

Oct. 4th. Finding that the femoral artery had not been completely pressed during the day; that the tumour was pulsating each time I saw him; that the force necessary to completely control the pulsation was still twelve pounds, which I thought very great,—he was bled to twelve ounces in the left arm, and digital compression was kept up by three gentlemen continuously for two hours. At the end of this time, eleven pounds controlled the artery. The pulse became softer, and not

so strong. Acetate of lead, in five-grain doses, was ordered every third hour, with the antimony as before.

Oct. 5th. The tumour was firmer; the pulsation was diminished; and there was apparently some clotting in the sac.

Oct. 7th. In the evening, on removing the bolt, no pulsation could be detected. The tumour was quite hard, and apparently cured. No pulsation could be felt in the leg. The medicines were discontinued, and pressure was removed.

Oct. 9th. The oedema of the limb was subsiding. There was no other change.

Oct. 10th. Pulsation was evident in the tumour, and it was also softer. The pressure was ordered to be again applied, and the medicines to be resumed.

Oct. 12th. The tumour was much the same. He had a strongly marked lead-line on the gums. The pills were discontinued.

Oct. 15th. The pulsation had again ceased, and the tumour was quite firm. The medicine was discontinued.

Oct. 16th. Pressure was again left off.

Nov. 1st. No change having taken place in the tumour, and the patient being anxious to get up, he was allowed to do so.

Dec. 3rd. While walking, he could bring the heel quite down. The tumour was hard and smaller, free from pain. He was discharged, after having been in the hospital nine weeks and two days. For two days, flexion was used, giving great pain, and doing, as far as could be seen, no good. For five days, pressure was employed by bolt and tourniquet, until the first cessation of pulsation. For three days, the tumour was apparently cured. For six days, pressure was again employed, making eleven days in all for the complete cure. The pressure by the bolt was always borne for longer periods; it was not so painful, and did not allow the artery to slip from under it so much as the horse-shoe tourniquet. He could always apply the bolt himself; and knew, by looking at it, whether he had controlled the artery; for the bolt moved up and down sufficiently for him to detect it. He could not always apply the horse-shoe tourniquet over the artery. I found pulsation frequently myself at my visits during the period when he was under treatment. I have no doubt this retarded his complete cure at an earlier period.

#### BIRMINGHAM GENERAL HOSPITAL.

RIGHT HEMIPLEGIA AFTER LABOUR, WITH LOSS OF THE FACULTY OF LANGUAGE: ATAXY OF ARTICULATION IN A SYPHILITIC SUBJECT.

(Under the care of Dr. RUSSELL.)

THE former of the two following cases is added as a supplement to the case of obstruction of the middle cerebral artery reported in the JOURNAL of February 12th. That case exemplified one cause—probably an important one—of arterial obstruction, viz., syphilis; in the present instance another condition, viz., pregnancy, was present, also without doubt influential in producing the same effect. In both cases, the impairment of the faculty of language was a prominent symptom; and the character of the particular cause which was in operation in each instance has an important bearing upon the precise nature of the defect itself.

It will be observed that in both cases language was extensively interfered with; the impairment was not confined to simple imperfection in articulation. In the case formerly reported, the patient could not write; in the present case, I had no means of obtaining information upon this subject. Now supposing that in this case, as is very probable, an analogous condition with that in the former one was present, we have in each instance a state of things calculated to interfere with the circulation through a considerable range of the nutrient vessels of the hemisphere, and thus to produce a result which would be quite in accordance with a suggestion thrown out by Dr. Hughlings Jackson.

"I think it will be found that the nearer the disease is to the corpus striatum, the more likely is the defect of articulation to be the striking thing, and the further off the more likely is it to be one of mistake in words. I think, too, that in cases of embolism of the branches of the middle cerebral artery, we shall find the difficulty to be in finding the right word (*i.e.*, in making the right signs) rather than in a process of manufacturing the signs; because convulsions at a distance are more likely to be damaged, and again because the damage is widespread and often slighter in degree."

M. T., aged 48, has had eight children. Eight years ago, three weeks after the birth of the seventh child, she was suddenly taken with vertigo and dimness of vision; at the same time the right arm became weak, and the right leg dragged. She tried three times during the following three hours to wash the baby, but dropped him each time. Speedily after the seizure she found herself unable to talk. She kept her bed for a week. At first she could not do anything with her arm,

and was unable to stand without help. She described her condition as regards the power of talking, during the first fortnight, thus: "It was as if I could not speak. I could not think of the right word. I often said wrong words; I used to consider them over again, and repeat them as well as I could." Her articulation also was thick, and she did not pronounce fully.

It was three months before she fully recovered, but she could sew in six weeks, though not easily. Her eyesight has been bad by candle-light ever since, though her limbs and speech have recovered perfectly. Her heart is healthy at the present time; her urine is free from albumen. She is free from any suspicion of syphilis. She had no accidents with her previous labours, nor had anything special occurred before the attack just narrated.

I add the following case by way of contrast, as it exhibits a well-marked instance of defect of speech confined to articulation alone, the defect being the more striking from the perfect integrity of the mental element in language.

J. G., aged 35, had syphilis eight years ago. Three days before his admission he suddenly became unable to speak, and at the same time found the muscular power of his right arm enfeebled. On the following morning, articulation was reduced to the condition which it exhibited on his admission, but his arm had recovered considerably. He had much pain in the right side of the forehead and in the occiput.

On admission, he exhibited some feebleness of the right cheek, but the tongue was protruded in a straight line. The movements of the eyeball were perfect. The grasp of the right hand was not equal in power to that of the left; but the most obvious disturbance of nervous power was manifested in his speech. Articulation was so imperfect that I had to exercise the greatest patience in obtaining a short history of his case. He had to repeat his sentences several times before they could be understood; yet language was perfect; he never misplaced nor miscalled a word, nor was he for a moment at a loss in selecting the right expression.

He speedily regained the use of his hand (his leg was never affected), and in the course of three weeks articulation was recovered; but on leaving the Hospital, he manifested a tendency to find difficulty in recollecting.

In this case the exact nature of the disease was of course uncertain; but, from the slight amount of paralysis, it is not improbable that it was of limited extent. I regret that no examination of his eyes was made by the ophthalmoscope.

#### ABERDEEN ROYAL INFIRMARY.

CASE OF INTERNAL ANEURISM TREATED BY PRESSURE.

(Under the care of Dr. KEITH, Senior Surgeon to the Infirmary.)

MR. P. A. CHIAPPINI, Dresser to Dr. Keith, has forwarded the following interesting case.

A cabinet-maker, aged 39, was admitted on March 3rd, suffering from popliteal aneurism. Some four months previously to admission, the patient complained of swelling and great weakness of his left leg. There was no pain. He was confined to his bed, and applied cold lotions to the part for a period of ten days, when the swelling subsided, and he was able to attend to his business. This he did for a week, when the swelling again appeared; and he then, for the first time, noticed a small pulsating tumour in the popliteal space. The tumour was of about the size of a pigeon's egg. He allowed two months to elapse before he sought advice; and by that time the swelling had become very considerable, and the limb so weak that he could not walk fifty yards without stopping to rest. The leg was then bandaged, and continual flexion maintained for four weeks. As this treatment effected no visible improvement, he was sent to hospital, and admitted on Thursday, March 3rd. The aneurism was then of about the size of a hen's egg.

At 1 P.M. on Friday, March 4th, Dr. Keith applied a Cartes's tourniquet over the femoral artery in Scarpa's triangle, the compression being shifted up and down the thigh when the pressure became painful. After this treatment had been continued for twenty-one hours, the tract of the vessel became exceedingly tender; and digital pressure, conducted by relays of students, was substituted for the tourniquet.

At 2 A.M. on Sunday, all pulsation in the aneurism was completely stopped (thirty-seven hours' compression). Slight pressure was, however, maintained till 6 P.M. on Monday. By this time, the internal articular branches of the popliteal artery had increased to the size of the radial. No change of temperature at any time occurred in the affected limb.

March 10th. The tumour is now perfectly solid, and the patient is doing well in every way.

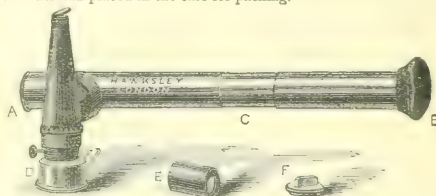
## INVENTIONS, &c.,

IN

## MEDICINE, SURGERY, DIETETICS, AND THE ALLIED SCIENCES.

### SELF-ILLUMINATING OPHTHALMOSCOPE.

THE structure of this instrument, which has been devised by Dr. Lionel Beale, F.R.S., Physician to King's College Hospital, can be explained in few words by aid of the accompanying figure. A is a simple brass telescope tube, about an inch in diameter, to the side of which the little lamp D is fixed; C is another tube upon which slides the first tube A, and which also carries a tube with a piece of wood fitted to the end, which is shaped to the margin of the orbit B; the inner tube C contains the reflector and the ophthalmoscope lens; D is the paraffin lamp, and is similar to the lamp used in Dr. Beale's demonstrating microscopes; E is a second ophthalmoscope lens of higher magnifying power; F is the plug which is screwed into the lamp, D, when it is removed from the instrument and placed in the case for packing.



The ophthalmoscope can be held in the hand, or it may be mounted upon a stem or tripod stand. It can be used in any room in full daylight or in a dark lamp, as is desired. This arrangement entirely obviates the necessity of the dark room for ophthalmoscopic observations. The eyes may be examined when the patient is in the recumbent posture as well as when sitting or standing, and in many cases without using atropine. When an observation is to be made, the observer should request the patient to direct the other eye so that he may see distinctly some object on a wall from eight to ten feet distant, as a spot in the pattern of the paper, or a red wafer or piece of sealing-wax placed there for the purpose, about one foot higher than the level of the eye of the patient. The patient should be told to look, now a little above or below, to the right or to the left of this mark, until the optic disc, with the vessels, comes well into view; in many instances this will be immediately. The reason for preferring a distant object to a near one (as a ball attached to the end of a bar connected with the ophthalmoscope itself) is, that the pupil dilates, while it will contract if a near object be selected; and, by the reason of its smallness, a good view of the disc cannot be obtained without the previous use of atropine.

**Focusing.** The end tube (which carries the wooden shield B to be applied to the orbit of the patient) may be moved backwards and forwards until the right focus for the retina has been found. If a mark be made on the tube, the rough focus can be quickly obtained on all subsequent occasions, and the exact adjustment then made for the individual eye under examination, by screwing the tube about the eighth or the quarter of an inch from, or towards, the observer. In order that the distance between the magnifying lens and the reflector may be altered, a considerable length of inner tube, C, has been provided, and the image formed may be increased or diminished at pleasure.

**Ophthalmoscope lenses.** E, of different magnifying powers, can be supplied; each being fixed in a tube, which slides readily into the place made for its reception. Each lens is so mounted that it may be turned upon an axis, in order that the reflexions of the reflector upon its anterior and posterior surfaces, which would much interfere with the distinctness of the image of the retina, may be readily thrown out of the field of vision. This object is effected if the lens be thrown less than a quarter of an inch out of the plane.

**Spectacle lenses** can be fitted to the eye-piece if required.

**Of the lamp.**—In order to light the lamp, it has but to be removed from the axis on which it revolves. The wick is then turned up a little, lighted, and immediately lowered, when the lamp is returned to its place, and the wick adjusted so as to give the brightest light possible without smoke. Only the best paraffin should be used for these lamps, and if





## NOTICE.

THE ANNUAL SUBSCRIPTIONS TO THE BRITISH MEDICAL ASSOCIATION FOR THE YEAR 1870 ARE NOW DUE; and it is a matter of great convenience to the Association, and conduces to the efficiency of its working, that they should be paid promptly.—Members of Branches, and all others who usually receive circulars at the beginning of the year from the local Secretaries, will greatly oblige, and will prevent trouble, by PAYING THEIR SUBSCRIPTIONS TO THE LOCAL SECRETARIES, AND NOT TO THE GENERAL SECRETARY.—All other members should pay their Subscriptions without delay to the General Secretary, T. WATKIN WILLIAMS, Esq., 13, Newhall Street, Birmingham.

Members of the Association residing in the counties of Middlesex, Essex, and Hertfordshire (except those belonging to country Branches), should pay their Subscriptions to Dr. A. P. STEWART, 75, Grosvenor Street, W.; or Dr. ALEXANDER HENRY, 16, Great Coram Street, W.C.

## BRITISH MEDICAL JOURNAL.

SATURDAY, APRIL 2ND, 1870.

## LADY SURGEONS.

WE observe that not a few of the writers of the day are beginning to assume that it is proved that women may suitably pursue the medical profession. The facts that a few ladies have obtained diplomas and are now engaged in practice, and that a somewhat larger number are at present occupied in medical studies, seem to be considered conclusive. For our part we cannot think so. Surely a much longer experiment and one too on a far larger scale, is desirable before we admit that such an important social innovation is a success. The subject has, however, certainly assumed proportions which render it worthy of careful investigation. It is most desirable, in approaching it, to avoid if possible the prejudices which custom has reared, and to think, if we can, as our descendants may not improbably think when they have had fifty years' additional experience. It may be that in half a century a fair proportion of the medical profession will be of the female sex, and that the more advanced opinions of the community will smile at the bygone scruples which held it an indelicate thing for young ladies to mix with other students in the dissecting-room and lecture-theatre. Whatever the verdict of the future may be, however, whether it may confirm or reverse the opinions of the past, we by no means admit that it will be conclusive as to the right or wrong, the wisdom or unwisdom, of the change. In this respect it will be but little less open to risks of error than are the opinions of the present; and it is quite possible that, should the change which we have suggested come about, it may prove a matter of sincere regret to all capable of really appreciating its results.

To arrive at correct opinions on the subject, it is needful to look at it from several different points of view. First, we have to ask whether the effect of medical studies and of professional practice are likely to be beneficial or otherwise to the feminine character. Secondly, we have the very important doubt to solve as to whether the average feminine mind is equal, or nearly so, to that of men in its aptitude for medical pursuits; and upon our answer to this will depend our belief as to whether medical science and the public would be likely to profit or otherwise by the substitution of a certain number of female practitioners for a like number of male ones. In reference to this matter, we must insist that it will really be substitution and not addition, and that it is thus a consequence absolutely inevitable, that, if the female devotees of physic prove just a little less efficient than those of the other sex, humanity and science will be the losers to the like extent. In suggesting this we by no means wish to prejudice the question; and it is of

course equally clear that all would gain should they—our fair rivals—prove more than our equals. Lastly, there is the very important question whether, granting the propriety of the pursuit, and the aptitude for it of the pursuers, society—and especially the female half of it—will gain anything by handing over the means of acquiring social independence in a remunerative employment from one sex to the other. This last question has been so much taken for granted, and so little debated, that we shall prefer to discuss it before the others. If it can be shown that women, in the long run, would gain nothing whatever by the change; that the outcry for independence, at present so fashionable, is to a large extent based upon a mistake, we shall then find our reasonings on the other two points much more easy of acceptance.

We cannot better explain our topic than by citing the following illustrations.

The town of Braywood in Barsetshire has a population of about 3000, and a good country district around. In one way or other it pays yearly for medical advice near upon two thousand pounds, and it could not well afford more. At any rate, in the present state of medical science a larger sum could not be obtained; for, although most of its poorer classes are still firm believers in the value of drugs, there is a widespread feeling of scepticism amongst those well able to pay for advice, and they seek it only when under real alarm, whilst for all minor matters they are content with home-treatment. If the Braywood surgeons could use their drugs with more certainty of effect; if they could give more trustworthy opinions, then they would be oftener consulted and better paid; but, as it is, any attempt to increase charges would certainly lead to loss of practice. Now, until within the last six years and a half, three surgeons—all of the male sex and all married, and with families—divided the two thousand pounds amongst them and were fairly content. At the date mentioned one of the three died, and his representatives sold the good-will and the house-lease to Miss B., who, armed with a diploma from the Apothecaries' Company, commenced practice. She did not obtain by any means the whole of that connection she had purchased; but, being of agreeable manners and possessed of much intelligence, she has succeeded in making some inroads upon her two competitors, and thus makes up, or nearly so, for the part of her bargain which she failed to secure. She enjoys, in fact, a fair amount of confidence amongst a certain well-to-do and rather crotchety class, whilst she has escaped and avoided the more laborious and less lucrative departments of general practice. Her rivals not unnaturally feel a little sore at the fact that she gets an unfair share of the cream; but they are consoled to some extent by finding that, after all, the public seems to give them its real confidence, and to prefer their advice when urgent danger occurs. Miss B. keeps a comfortable establishment and drives her brougham; and she may be congratulated in having, on the whole, attained a success. If, however, we ask what Miss B. has effected for the good of her sex, we are forced to reply that she has simply forestalled the wife of the surgeon who would, had she not intruded, have taken the vacancy. A celibate lady has secured to herself the competence which would otherwise have fallen to the lot of a married one; and to the sex, as a whole, there is no profit at all. It is true she has obtained "independence", whatever that may be worth when it is secured at the cost of daily toil in a laborious pursuit. It is true, also, that she may eventually be able to afford to support a husband; but, as it will be difficult to assign to him any appropriate domestic avocations, it is manifest that the arrangement will be attended by economic disadvantages.

It is rumoured that at a town in Minconsin (U.S.), the experiment of female independence has been tried more fully than at Braywood, and that there are a female clergyman, a female solicitor, and a whole host of single women engaged on their own account as bakers, butchers, grocers, gardeners, and the like. Nearly all the men are unmarried, since they cannot afford wives, and the most vigorous commercial rivalry between the sexes is carried on. Some observers on the spot declare that the system is absurd; and urge that it is self-evident that so many separate establishments cost more than half the number of partnerships would,

whilst they are productive of ill-feeling, and involve a great waste of labour.

To us, looking on from a distance on such social experiments as those to which we have referred, it appears very clear that, excepting on the theory that celibacy is either desirable, or at any rate unavoidable, it is impossible to believe that any benefit can accrue to the female sex as a whole by opening to it the means of livelihood which men have hitherto exclusively enjoyed. If society has really come to such a pass that the pursuits which have hitherto enabled men to gain a living for themselves, their wives and families, no longer do so, and that our young men are obliged to remain single and appropriate to themselves all they can earn, let us by all means fully acknowledge the fact and its consequences. If it has really come to a game of *sauve qui peut*, then let every one have a fair chance in the scramble. Under such circumstances it would be unfair to impose social disabilities on either sex. Rather, in the name of justice, let both fight together on equal terms for such fragments of happiness as may be yet secured. There are some, we believe, who, having looked carefully into our social tendencies, honestly believe that increasing celibacy is inevitable, and who are, therefore, according to our argument, fairly entitled to urge the right of the female sex to independent employments. To those who have not yet adopted this very serious creed, we would address an earnest request that they will take the trouble to estimate the kind of effect in that direction which the introduction of female workers into male vocations must inevitably have. That effect will, in the long run, be to increase celibacy by reducing the emoluments of the male sex, and will most certainly give us year by year a greater and greater number of ladies who will need independent means of support. The lady-doctor is, therefore, as we take it, unless she be conscientiously an advocate of celibacy, a traitress to her sex. She betrays their real interests to her own eccentric longing for the will-o'-the-wisp pleasures of independence. In the olden time, it was thought most fitting that boys should climb the apple-trees and share the proceeds with the girls. Now that apples are becoming scarce, there seems to be a growing impression that the boys keep the best for themselves. Without giving any opinion as to whether or not this complaint is well grounded, we may be permitted to urge that there are two ways out of the difficulty. It is not even yet absolutely necessary that the girls should climb themselves; they might possibly attain quite as much by seeking to develop in their brothers and cousins a more energetic spirit of daring, and a better notion of chivalry and honour. It will be a bitter lesson to most of us if ever we are forced to learn it, that the interests of the sexes are not absolutely identical—that they may, indeed, be competitive or antagonistic. The judicious division of labour is among the chief gains of civilisation and means of advance, and first under that head we have hitherto ranked the appropriation of suitable tasks in life to the two sexes. The exemption of the female sex from all pursuits involving hard labour, is a feature which characterises all communities which make any pretence to social development. Our object for the present is not so much to show that the pursuit of medicine is intrinsically inappropriate to women, as to prove that there could be no real advantage to the sex in allowing them to pursue it, and that, on the contrary, such permission would tend to increase the very evils under which society now suffers. Our assertion is, that society is at present much in the position of the host who had thirteen guests and only twelve chairs for them. It must be evident that such a difficulty could not be solved by any system of exchange of places, and most will admit that to let the guests fight it out, and leave the defeated one to stand, would be a very rude expedient. The only reasonable solution of such a difficulty is to procure another chair; and, with precisely like confidence, it may be asserted that the only true solution of the present defective supply of the means of human happiness is to take measures to augment it. Mere readjustment will do nothing. That there is an inexhaustible supply at hand, if only we could develop the energy necessary to secure it, we firmly believe.

## THE GOVERNMENT INQUIRY AT BRIDPORT.

WE have before us Dr. Buchanan's Report on the non-execution of sanitary works at Bridport. Dr. Buchanan was sent down to Bridport in consequence of a memorial addressed to the Privy Council by one of the members of the Board. This memorial stated that there had been fatal typhoid fever cases—which, by the way, appears to be anything but an uncommon occurrence; that the water was polluted; and that, though a pure supply could be procured at a moderate cost, the Local Board had determined to postpone the discussion of the matter for six months.

We need not go fully into the particulars of the shortcomings of this Board. Suffice it to say that, on the occasion of the preceding inquiry in 1864, the place was found in about as bad a state as it well could be: bad sewers, bad drains, bad water, bad paving, masses of putrid matter lying in privy-vaults and poisoning the air by filthy exhalations—these were, in short, the more flagrant nuisances found to exist in 1864; and what is the report in 1870? Of the sewers, Dr. Buchanan reports that his statements of 1864 must be the statements of 1870; of the water, that his former statements are still good, he having found, at his recent visit, in many instances water offensive to one or more senses; and, as to the storing of excrementitious matter and decaying filth, all that was written in 1864, unhappily, remains exactly applicable to Bridport in 1870.

In Bridport there appear to be two parties—the one desirous of having copious pure water and the systematic removal of excrement; while the other, though admitting the impurity of the water-supply, does not think that it is very harmful, and suggests that, if the drainage be improved, the water-supply, which is from wells, will right itself, and that the establishment of waterworks should be undertaken by a private company. Well may Dr. Buchanan say that the second is the party of inaction (for that is really the proper word to describe it); for, on this party becoming a small majority, instead of remaining as it had been, in a large minority, it celebrated its increase of numbers by passing a resolution to defer for six months the further consideration of its Committee's Report on water-supply. It seems to us that a more perverse or obstructive Local Board could scarcely be met with; and we sincerely hope that the expression of opinion made by the Privy Council to the Home Office "that the default of the local authority is such as to call for the exercise of the power vested in the Secretary of State by the forty-ninth section of the Sanitary Act, 1866", will call forth prompt and effective action by the Secretary of State.

Mr. G. F. MUNTZ has given the sum of £200 to the Birmingham Training Institution for Nurses.

OUR readers will be glad to hear that Mr. Vanderbyl has been acquitted of bribery at Bridgwater.

It is proposed to erect a new Dispensary, with Hospital attached, at Berwick.

DR. McNAB has been appointed to the Chair of Botany at the Cirencester Royal Agricultural College.

THE mail-steamer *Medway*, from the Brazils, was ordered, on Thursday week, to go into quarantine at Falmouth, as three deaths from yellow fever had occurred on board.

PROFESSOR NATHAN SMITH has resigned the Chair of Surgery in the University of Maryland, after having filled it with great ability for forty years.

MR. ARTHUR KEMPE of Exeter, who recently erected a chapel for the use of the inmates of the Devon and Exeter Hospital, has now offered to erect a Convalescent Hospital at his sole expense.

THE Ministry of Instruction in Austria has asked the opinion of the University Professors and of the teaching bodies in general on the question, whether the academical year should not begin with the summer rather than with the winter semester.



THE centenary dinner of the Royal General Dispensary took place in the Albion Tavern, Aldersgate Street, on Wednesday evening; the Lord Mayor in the Chair. Subscriptions amounting to £650 were announced during the evening.

A PROPOSITION was recently made to convert the Reading Dispensary from a charitable to a provident one; and a Committee was appointed to take the matter into consideration. They report in favour of the proposal; and at a special meeting of the Governors it was, after some debate and opposition, affirmed.

#### JUTE.

A NEW and rather singular feature in the sales of last week at Liverpool was the purchase of a hundred bales of jute for shipment to America, for the purpose of being dyed and sold as "ladies' back hair". There were other orders for the same purpose.

#### THE LONDON FEVER HOSPITAL.

WE have before us Dr. Murchison's Annual Report for the year 1869, and it is, we need hardly say, of great interest and value. During the past year, relapsing fever has been raging in the metropolis; and the publication of a report containing the results of 769 cases treated in the Hospital and accurately recorded, are at this time very valuable. The year 1869 was more than usually interesting in the history of the London Fever Hospital—not on this account only, but because it closed a long term of years in which its statistics furnished the only reliable test of the prevalence in the metropolis both of contagious fever and also of its individual forms. We are prevented this week from affording the space which the Report deserves; we shall, therefore, delay until next week an abstract of its contents. During the year, Dr. Buchanan and Dr. Murchison resigned their appointments as Physicians, and were elected Vice-Presidents of the Hospital; Dr. Murchison was also elected Consulting-Physician. Dr. Broadbent succeeded to the post of full Physician, and Dr. R. Thorne Thorne was elected an Assistant-Physician.

#### DEATH THROUGH CHLOROFORM.

AT Accrington, on Saturday week, a young woman aged 30, named Susannah Horsfall, went to Dr. Millar's surgery to have some teeth extracted. The teeth were difficult to extract, and chloroform was administered. After having pulled out the third tooth, Dr. Millar observed that the patient was dying; and life was soon extinct. She had had chloroform a week before, but it did not take effect.

#### THE ST. PANCRAS INFIRMARY.

THE proceedings in connection with the St. Pancras Guardians and their medical officers have entered on a new stage. The Poor-law Board having acquitted Dr. Ellis of the charges brought against him, this gentleman and Mr. Hill have commenced legal proceedings against Dr. Edmunds for having charged them, in a letter to Mr. Corbett, with conspiring to overcrowd the Infirmary so as to produce an epidemic. Dr. Ellis has also been advised that he can recover from the Guardians the costs of his defence in the recent inquiry—amounting to £288 16; and he has accordingly made application to the Guardians for payment of that sum.

#### DUST AND GERMS.

DR. TYNDALL communicates to *Nature* (March 17th) the results of some further researches on the organic particles suspended in the atmosphere. He shows that, although the particles are distributed by contact of air with a body at a comparatively low temperature, they are not burnt up, unless subjected to contact with a body at a bright red heat, or to a flame. The dark currents produced in the air by a slightly heated body (e.g., boiling water) are referred by Professor Tyndall to distribution of the particles, without their destruction. The air is rarefied more than the organic particles; so that the lighter currents of air ascend, leaving the heavy organic motes behind. Professor Tyndall has further proved

the important fact that the motes will subside if the air be kept at rest; so that a bottle which has lain still for a couple of days is "optically empty", and the particles may be seen in the form of fine dust adhering to the sides of the vessel. The air of cellars is equally free from particles, if the air be not disturbed—a fact which Dr. Tyndall brings forward in explanation of the different results which were obtained in one experiment by M. Pasteur, according as he exposed his organic solutions to air above ground or in a cellar. In the former case, all his solutions fermented; in the latter, only one out of ten.

#### THE MIDDLESEX HOSPITAL CLUB.

THE annual meeting of this Club took place in Willis's Rooms on Wednesday evening; Oscar Clayton, Esq., in the Chair. There was a large attendance of old students of the Medical College and of the staff. After the usual loyal toasts, that of "The Middlesex Hospital Club" was proposed from the Chair, and warmly received. It was stated that the Club possessed a handsome surplus, which promised well for its future. In proposing the toast of "The Army, Navy, and Volunteers", the Chairman stated as a remarkable fact that the Victoria Cross had been bestowed in greater proportion on medical officers than on combatants. The resignation of the Secretaryship by Mr. De Morgan was received with expressions of great regret. Mr. De Morgan, Mr. Taylor, Dr. Murchison, and Dr. Greenhow, were appointed the Committee for the ensuing year, and Mr. Nunn Secretary.

#### PHTHISIS IN MELBOURNE.

THE Melbourne *Age* for January 29th complains of the practice in vogue in Great Britain of sending consumptive patients to die in Victoria in the vain hope that the warm dry climate will restore health. The *Age* gives some ugly facts as to the prevalence of phthisis in the colony.

#### THE WARNEFORD HOSPITAL, LEAMINGTON.

THE Managing Committee of the Warneford Hospital has acted wisely in altering the term of office of the members of the medical staff from "life" to fourteen years, the last half of the time being dependent on re-election at the end of the first seven years. We are glad to hear also that a public operation-day is about to be instituted at this excellent Hospital; and it is hoped that many members of the profession in the neighbourhood will avail themselves of the advantages offered by it.

#### INFANT MORTALITY IN FRANCE.

THE conclusions arrived at by the Commission of the Academy of Medicine, which we gave at p. 319 of last week's JOURNAL, were put to the vote at the meeting of the Academy on March 22nd, and were adopted with some slight modifications.

#### AN "OCULIST" IN TROUBLE.

A PERSON named Glaser, describing himself as an oculist, but by occupation a tanner, has for some years been well known in Vienna. He has been repeatedly prosecuted for having destroyed many an eye with his "universal ointment", but has always hitherto escaped punishment. Recently, however, he has been charged with causing total blindness, through destruction of the cornea, in one eye of a child a fortnight old, whom he treated for gonorrhoeal ophthalmia. He was found guilty on the 6th February; but the conviction was quashed by the superior court, on the ground that one of the experts examined (Dr. Wiltacil) did not speak positively as to the effect of Glaser's treatment, while the other (Dr. Haschek) distinctly ascribed the loss of sight to it. Drs. Haschek and Wiltacil were appointed to make a further investigation, in conjunction with Dr. Gulz, and with Dr. Schnabel, who had had the child under the treatment in Professor Jäger's clinic. The investigation proved not only Glaser's total ignorance of the diseases of the eye and of their treatment, but also the fact that the child had been rendered blind by the means which he used. Glaser has been condemned to imprisonment for two months; but he has given notice of appeal.

## SIR JOHN GRAY'S MEDICAL BILL.

THE debate on this Bill, the second reading of which was proposed on Wednesday by Sir John Gray and seconded by Mr. Graves, has been adjourned, on the representation of Mr. Forster that Lord De Grey and Ripon intended to take an early opportunity of introducing a Bill having the same general objects as that of Sir John Gray. Sir John, in readily assenting to the adjournment, repeated what he said in the recent deputation to the Home Secretary—that, if the Government brought in a Bill in the spirit of the communication of the Lord President, he would support it, and withdraw his own measure. In doing this, he has acted judiciously; because there is a greater probability of a satisfactory Bill being brought forward after due consideration by the Government than by a private member of the House. Sir John Gray himself, while shewing a great deal of ability in dealing with the subject, and an energy and earnestness for which the profession must be grateful to him, nevertheless has been misled on some points. When, for instance, he says that "five pounds was sufficient to enable a man to be accepted by those colleges, and, when he went to the Medical Council with the bit of parchment which he had procured for his £5, he was at once put upon the Register," one cannot but feel that Sir John Gray must be speaking from incorrect information. However much our medical organisation requires amendment, it is not judicious to put exaggerated statements before the public.

## AMENDMENT OF THE MEDICAL ACTS.

A GENERAL meeting of the profession in Manchester and the neighbourhood will be held in the Town Hall of that city on Thursday, April 7th, to consider the question of the amendment of the Medical Acts, with the view to memorialising the Government for a comprehensive measure of reform.

## PARISH DISPENSARIES IN BETHNAL GREEN.

THE *Poor-law Chronicle* congratulates the Guardians of Bethnal Green on having taken the course, with reference to the Dispensary question, which was recommended by the Dispensary Committee. There are to be six medical districts and three relief districts; the six medical officers will receive £120 each, and a married dispenser will be appointed at a salary of £80, with rooms, etc., for each of the three Dispensaries which it is proposed to establish.

## AMERICAN PSEUDO-DIPLOMAS.

THE *Californian Medical Gazette* of March publishes and comments on the following letter, addressed to Mr. Seaby, a respectable druggist in San Francisco, who has not accepted the proposal made to him.

Medical Agency, Broadway, New York.

Dear Sir,—Herewith I beg to enclose a copy of an advertisement which may prove of interest to you. It frequently happens that meritorious medical men are engaged in practice who, for something or other in early life, have been prevented from obtaining the usual collegiate authority; to such, the advantages offered in the present communication specially commend themselves. The diploma offered is a *bond fide* original one, issued from a medical college holding a State charter, whose graduates rank with the highest. The possession of such a document entitles its holder to wield and exercise, both in practice and before the law, every privilege of a physician and surgeon in any community. My confidential relations with the Faculty of the Institution empowers me to obtain from time to time diplomas for a limited number of applicants, provided they furnish such evidences of qualifications as to give assurance that no dereliction of theirs in practice will ever bring discredit on the standing of the College. Should you need my services, send a statement, signed by yourself, embodying the following items; viz., 1. Age; 2. Name in full; 3. Place of birth; 4. How long have you been in practice; 5. At what place or places; 6. Where now located, together with \$125.00 U. S. currency, to cover expenses, viz., college matriculation, lecture and graduation fees and personal commission for myself (enclose the whole in a registered letter to secure safety in transmission). Upon receipt of statement, etc., your name will be entered on the roll of graduates and a diploma forwarded. By writing at once you can secure immediate action on commencement of incoming term.—Respectfully, L. TREVELAND, M.D.

The *Gazette* says that the public need some higher evidence of the qualification of medical men than the possession of a diploma; and suggests that the American Medical Association should meet the want by conferring, on all who deserve it, a higher degree. It appears that public agencies for the sale of diplomas exist not only in New York, but in Philadelphia, Chicago, and Milwaukee.

## APPOINTMENT OF POOR-LAW INSPECTOR.

DR. JOHN H. BRIDGES, who has been acting as temporary inspector during the absence from ill-health of Dr. Markham, has been appointed a poor-law inspector in the room of Mr. Graves.

## AN EXPERIMENT IN CLUB-ATTENDANCE.

AT Newport, Monmouthshire, an experiment in the way of medical relief is being made. A number of lodges of Odd Fellows have combined to employ a surgeon, whom they require to devote to them his exclusive attention. At the end of a year, they report that the plan has worked well. The surgeon, Mr. Wasdale Watson, has received a salary of £160, in addition to the payment of rent, rates, and cab-hire. All drugs are supplied by the association. The number of visits paid during the year has averaged about ten a day, and the total mortality of the year has been forty-nine. Mr. Watson appears to be well satisfied with his engagement. The income of the association is £330, which is obtained by the subscription of three shillings per member, and seven shillings per family (without regard to numbers). The report does not give us any information as to the means which are taken to prevent those who could well afford more from availing themselves of these exceedingly low rates.

## MEDICAL REFORM AND HOSPITAL REFORM.

AT a meeting of the Metropolitan Counties Branch on Monday evening, Dr. George Johnson, the President, read a very interesting paper on Hypertrophy of Arteries in connexion with Chronic Bright's Disease, illustrating his remarks by drawings and microscopic specimens. Mr. Hutchinson afterwards suggested that it was important for the Association to take part in the consideration of the Medical Reform question; and a resolution was passed, desiring the Branch Council to summon a meeting for the purpose of considering the question of the amendment of the Medical Acts. It was also determined to reappoint the Committee on Hospitals which was formed last year.

## MEDICAL POLITICS.

AS exhibiting the great interest taken in the affairs of the Royal College of Surgeons by its Fellows and Members, it may be mentioned that, at the meeting which took place in the theatre of that institution on the 24th ult., some of the gentlemen attended from distant provincial towns, at great inconvenience and expense. The following analysis of the papers signed by every visitor on that occasion before entering the theatre will, no doubt, be read with interest. The total number amounted to 223; viz., 93 Fellows, and 130 Members. Of the Fellows present, 83 resided in, or within six miles of, London; 2 within sixty miles of London; while the remainder came from distances varying from seventy to two hundred miles. Of the 130 Members who attended, 115 resided in, or within six miles of, London; while the others came from distances reaching a hundred and eighty miles.

## THE GERMAN HOSPITAL.

THE twenty-fifth anniversary festival of this charity took place on Wednesday, at the Cannon Street Terminus Hotel. His Royal Highness the Duke of Cambridge presided. There was a large attendance, about two hundred and fifty sitting down to dinner. During the past year, 1,111 in-patients had been admitted, and over 14,000 out-patients had received relief, about one-third of the total number being English. Baron Friedrich von Diergart had during the past year presented £10,000 to the hospital, which, in addition to the sum of £5,100, the proceeds of the bazaar last spring, and the other ordinary subscriptions, raised the total income to £22,088. The total expenditure

amounted to £5,050. The debt on the hospital had been cleared off; and a new ward had been opened, making the total number of beds 103. During the evening, subscriptions to the amount of £5,600 were announced.

#### THE ROYAL SOCIETY.

THERE are sixty-three candidates for election into the Society, and only fifteen vacancies. Amongst the candidates are the following members of our profession; viz.: B. E. Brodhurst, F.R.C.S.; F. Buckland, M.R.C.S.; G. W. Callender, F.R.C.S.; F. Le Gros Clark, F.R.C.S.; Alexander Fleming, M.D.; E. H. Greenhow, M.D.; E. T. Higgins, M.R.C.S.; James Jago, M.D.; George Johnson, M.D.; M. K. King, M.D.; M. T. Masters, M.D.; Thomas Nunneley, F.R.C.S.; E. L. Ormerod, M.D.; W. O. Priestley, M.D.; C. B. Radcliffe, M.D.; W. H. Ransom, M.D.; John Shortt, M.D.; G. C. Wallich, M.D.; A. T. H. Waters, M.D.; Samuel Wilks, M.D.; and John Wood, F.R.C.S.

#### ST. BARTHOLOMEW'S HOSPITAL.

THE following appointments have been made at St. Bartholomew's Hospital: Dr. Gee, as Demonstrator of Morbid Anatomy; Dr. Thorne Thorne, Dr. Hollis, and Dr. J. Wickham Legg, as Casualty Physicians; and Mr. Morrant Baker, as Casualty Surgeon.

#### DEATH FROM LEAD-POISONED BEER.

A LABOURER having died with symptoms of lead-poisoning after drinking beer at the Ship Inn, Ripley, an inquest has been held to inquire into the circumstances. The beer was supplied by Messrs. Crooke of Guildford; and, as soon as they were informed of the suspicion of lead-poisoning, they stopped their works for examination. It was found by analysis that their beer contained lead; and, on examination, it was found that a quantity of red lead had been deposited in a condensing tank and become soluble. In making the tank air-tight, the red lead had probably been dropped through the man-hole. The tank has been disused, and all the beer supplied by the firm has been recalled. Mr. Eager, surgeon, of Ripley, procured the specimen of beer analysed by Mr. Hooper of London. We believe that for some little time there has been a suspicion in Guildford that beer containing lead was by some accident being drunk, several slight cases of poisoning having occurred.

### SCOTLAND.

#### UNIVERSITY OF EDINBURGH.

THE winter session closed on Thursday, and the summer classes will be opened on May 2nd. As many as 214 students have entered for the preliminary medical examinations, among whom are two ladies.

#### ANDERSONIAN UNIVERSITY, GLASGOW.

IT has been arranged that Dr. Clark, assistant to the late Dr. Penny, who continued the winter course of lectures on Chemistry after that gentleman's death, shall deliver the summer course; also, pending permanent arrangements consequent upon the proposal of Mr. Young, the President, to endow a chair of technical chemistry.

#### DINNER TO DR. DUNCAN OF DUNDEE.

DR. ALEXANDER DUNCAN, of Dundee, was entertained to dinner on the 18th of March, by the medical profession of the town, on the occasion of his retiring from practice. In replying to the toast of his health, he stated that during his long practice of more than thirty years, in undee, he could recall with pleasure that never had a difference of any moment arisen between him and any of his professional brethren.

#### UNIVERSITY OF EDINBURGH: "LADY DOCTORS."

MISS PECHEY, one of the "lady doctors", stands third in the class-examinations in Chemistry. If she had been a member of the regular class, she would undoubtedly have been entitled, by the position which

she has taken, to a Hope Scholarship. It has been decided, we presume, with the sanction of the Senate, and on the grounds that she is not a member of the regular class of Chemistry, although she is to receive one of the medals awarded to the five highest students of the session, that she is to be passed over. This decision is likely to be challenged. Miss Pechey's friends are indignant at the treatment which she has received, in being excluded from the Hope Scholarship while her right to compete, as a student, for one of the class-medals, has been admitted. The matter will, no doubt, be fully explained by Professor Crum Brown. We regret that the subject should have been brought forward publicly by Miss Pechey's supporters. The proper course would have been to bring the matter before the Senatus, and then to take further steps if the decision were not satisfactory.

### IRELAND.

#### QUEEN'S COLLEGE, GALWAY.

A MEETING of the visitors—a body including the Vice-Chancellor of the Queen's University, several legal functionaries, and the Presidents of the Colleges of Physicians and Surgeons—held a meeting at Dublin Castle on Wednesday. Mr. Melville appealed against the decision of the Council, which deprived him of his scholarship and rusticated him for three years for having, in letters to the *Lancet*, violated all discipline, impugned the honour of the authorities, and depreciated the attainments of the professors of his College. The hearing of the appeal was adjourned at half-past five o'clock to eleven o'clock on Thursday morning.

#### A CASE FOR THE MEDICAL COUNCIL.

A PERSON signing himself M.D., although not described as the same address on the *Register*, fills our newspapers with advertisements of "baby-farming", and of a certain useful chemical which, in conjunction with the name of a late eminent physiologist, he puffs as a cure for all ailments. The cunning alterations in the names of several great physicians, who are made to appear as supporting his nostrum, and the quotation of a notice from a medical journal, which has been repudiated by its editor, are acts which should receive attention from the Medical Council.

#### SUPERANNUATION OF POOR-LAW MEDICAL OFFICERS.

THE following petition from the Council of the Royal College of Surgeons of England has been forwarded to Dr. Brady for presentation to the House of Commons.

*To the Honourable the Commons of the United Kingdom in Parliament assembled.*

The humble petition of the undersigned Members of the Council of the Royal College of Surgeons of England, SHEWETH—

That, in discharge of the duty of maintaining the best interests of the medical profession and promoting the welfare of the members of this College, we cordially support the petition in favour of the Bill for providing for the Poor-law Medical Officers of England and Wales a superannuation allowance.

That, in our opinion, the reasons set forth in that petition give the Poor-law medical officers the strongest possible claim to the grant of their request.

Your petitioners, therefore, pray your honourable House to take into favourable consideration the petition of the Poor-law medical officers now before your honourable House, and to afford them the relief they ask.

And your petitioners, as in duty bound, will ever pray.

EDWARD COCK, *President*.

SAMUEL SOLLY,

WM. FERGUSON, *Vice-Presidents*.

John F. South; John Hilton; Richard Quain; Thomas Paget; Samuel A. Lane; George Busk; Henry Hancock; T. B. Curling; F. Le Gros Clark; James Paget; Chas. Hawkins; Prescott Hewett; H. Spencer Smith; John Birkett; John Simon; G. M. Humphry; Luther Holden; John Gay; John Eric Erichsen.



## THE COLD-WATER TREATMENT OF FEVER.

[BY A CORRESPONDENT.]

SINCE increase of the heat of the body has been reinstated in its proper position as the most important symptom of pyrexia, a change has also taken place in the treatment of fever. Bleeding, which, at a time when vascular excitement was considered the *primum movens* of pyrexia, may have appeared rational enough, had to be given up when the old doctrine was revived, and when the better understanding of the chemical process involved showed that the very substance of the body was burning away in the fever-heat.

The attempts which supplanted the former method of treatment moved principally in two directions. They endeavoured to combat the debility which was not only the evident result but, in the opinion of many, even the cause of the febrile action, by liberal support and stimulants; or they had even the more ambitious aim of neutralising the unknown poisonous substance which was supposed to be the cause of fever. These attempts were a great advance on the former method; but neither by stimulation nor by the use of chlorine, of the hypophosphites, of iodine, or of other antiseptic substances, have any decisive results been obtained. It has become more and more evident that the specific fevers follow a distinct course which, upon the whole, cannot be essentially modified by medicinal interference.

But the more carefully pyrexia has been studied in the specific fevers and in other diseases, the more has it also become clear that the increase of body-heat, as such, constitutes a serious danger. James Currie, who was one of the first to lay great weight on the accurate observation of the fever-heat by means of the thermometer, had already come to that conclusion. In his *Medical Reports*, Ed. II., 1798, vol. i, p. 167, he says: "But can we suppose that a heat six or seven degrees greater than that of the blood in health, however generated, will not have the most important effects on the system, and if it stands in the relation of effect to the preceding symptoms, that it will not operate as a cause on those which succeed?" If the attempts to attack this danger at its root have hitherto failed, an endeavour must be made, at all events, to allay the symptom and to diminish its secondary effects. Currie may also be considered the first who, in a truly scientific manner, practised the cooling treatment of fever by the external application of cold water.

In modern times, Liebermeister has raised the question of pyrexia as a cause of symptoms and of anatomical alterations observed in the course, and after the fatal termination, of fevers and other diseases accompanied by high pyrexia; and his deductions as well as his experimental researches may be considered the scientific groundwork on which the modern cold-water treatment of fever has been raised.

The impulse to the revival of this method of treatment, which in Currie's time appears to have been in great repute but which had again been almost entirely neglected, if not quite forgotten, is, however, due to Dr. E. Brand of Stettin, who, in 1801, published an account of his method and results. The great success which this treatment had in the hands of Dr. Brand, and the scientific manner in which his observations had been made and reported, induced several physicians in different parts of Germany to try this method; and the zeal with which the question has since then been studied in all the clinical, and in many of the more important general, hospitals in Germany, shows that the principle of which Currie had already been a solitary exponent had now, at last, through the extensive studies on pyrexia which had been going on since the thermometer was reinstated as a clinical instrument, become more diffused among the profession. Bartels and Jürgensen, who were the first to make a trial on a large scale of the cold-water treatment of typhoid fever, disregarded the complicated method of Brand, and simply used cold shower and full baths. The result which they obtained was most striking, the mortality of 160 cases thus treated being 3.1 per cent., whilst of 330 cases treated in former years in the same hospital with the usual methods, the mortality had been 15.4 per cent. Liebermeister and Hagenbach have, since September 1866, treated no fewer than 478 cases, and have had a mortality of only 8.8 per cent., whilst, in the previous year, the mortality of typhoid fever in the hospital at Bâle had been 16.1 per cent, and in some of the years before as high as 30 per cent. At Munich, where the type of the fever has at times been very severe, the results of the cold-water treatment, according to a recent report by Dr. Stieler, have been no less encouraging: from October 1st, 1868, to June 1st, 1869, only ten died out of 126 cases so treated, and out of more than a hundred cases since the 1st of June 1869, only two have died, the mortality previously having amounted

to 12.15 per cent. These statistics might be multiplied from different other hospitals; but suffice it here to say that, wherever the treatment was fully adopted, the mortality has generally been reduced by more than half.

Currie was of opinion that by an early commencement of the treatment the fever (typhus) might be cut short or altogether stopped; but modern experience, with even more energetic cooling methods, does not confirm this statement with regard to typhoid fever at least; on typhus it has not recently been tried on a sufficiently large scale quite to settle the point. But it is the unanimous opinion of all modern observers that, although typhoid fever runs its course, it is generally rendered milder, that complications occur more rarely, and that convalescence is shorter than under the ordinary treatment.

Among the symptoms of fever prominently influenced by this treatment must be mentioned first of all those of the nervous system. When the treatment is commenced at an early stage, serious brain-symptoms may altogether remain absent during the whole course of the disease; if severe nervous symptoms have already appeared before the patient came under treatment, they sometimes disappear again or become milder under the use of the baths, and only in those most severe cases, in which the morning remissions are very slight, a symptom of the grave importance of which has lately been again pointed out by Ziemssen, even the most energetic cooling treatment remains frequently without effect. The experience of a great number of observers on the favourable influence of the baths on the nervous symptoms goes far to support the view advocated by Liebermeister, that the cerebral symptoms in fever are not the effect of some supposed poisonous substance, but of the high temperature of the blood on the brain. This dependence of the brain-symptoms on the blood-heat is strikingly seen when, in a case in which the cerebral symptoms have already abated during the treatment, the baths are, for some reason or other, discontinued; as soon as the temperature again attains a higher degree, and remains at it, the nervous symptoms reappear in their former severity. As a constant effect of the baths, a lowering of the frequency of the heart's action has been observed.

Affections of the respiratory organs have been more rare and of less severity under this treatment. Although bronchial catarrh has but rarely been absent, yet it has much less frequently led to catarrhal pneumonia, to partial collapse of the lungs, or to lobar pneumonia; the power of the heart being more preserved, and deeper inspirations being induced by the baths, whilst, the patient not losing his sensibility, bronchial mucus is more readily expectorated. The tongue but seldom assumed the dry brown aspect so common in catarrhal fever, but remained, sometimes even in severe cases, moist throughout. Diarrhoea was found by most observers to become less frequent. Intestinal hæmorrhage was less frequent in the cases under hydrotherapeutic than in those under ordinary treatment, but here a difference was observed whether the treatment had been commenced at an early or at a late stage of the disease. In the latter cases, hæmorrhage from the bowels occurred with greater frequency, which cannot be astonishing when we consider that in such cases deep ulcerations probably exist, and that cold externally applied must, by increasing the flow of blood to the internal parts, put a dangerous strain on exposed blood-vessels.

The management of fever patients has, under the cooling treatment, been much less troublesome in some other respects. Involuntary evacuations of the bowels or bladder were but very rarely observed, and as a more or less direct consequence thereof, bedsores have also been but of very rare occurrence. Relapses of typhoid fever have occurred with the same frequency as under any other treatment.

The circumstances which prohibit the use of the cold-water treatment are, first of all, hæmorrhage from the bowels, even if there be only a very slight indication of it. Perforation of the intestine, of course, also forbids the continuation of baths, as also do very severe and uncommon nervous symptoms, such as convulsions, hemiplegia, epileptic fits, especially if they follow or be increased by the baths. Menstruation, according to the unanimous opinion of all observers, need not prevent the continuation of the baths, nor does bronchitis, or even pneumonia. Great care and discrimination are necessary in the use of cooling methods in cases which have come under treatment at a late period, and in which great prostration of the heart's power and of the nervous system already exist; in such cases, the presence of the physician during the procedures is necessary.

The object of this method of treatment is to combat the chief symptom of pyrexia, viz., to keep the increased bloodheat permanently down, and this end can be attained by different proceedings. Currie used effusions of cold or tepid seawater; Niemeyer recommended formerly the use of cold wet packing, according to Priessnitz's method: two mattresses on which the wet sheets are spread out over a blanket are required for this proceeding, so that the patient when getting warm

in one packing may be immediately placed on the other sheet, and this changing is to be repeated four or five times, until he begins to shiver. Brand originally used rather complicated procedures, consisting in cold effusions, or in rubbing with cold water in the empty bath, or the cold wet sheet, or a warm bath with cold affusion, a cold wet compress being constantly kept and frequently changed on the chest and abdomen in the interval. This latter application has been given up by most observers, but its use has quite recently been warmly defended by Stöhr, who describes the result of 120 cases treated in the hospital at Würzburg, strictly according to Brand's precepts; the mortality was only 6.6 per cent., having in previous years, on an average, amounted to over 20 per cent. But almost everywhere else the proceeding has been much simplified, and in most hospitals they now simply use cold full baths of 68 deg., Fahr., and lower, or a modification introduced by Ziemssen, namely, a lukewarm bath of a temperature 10—12 degs. Fahr. below that of the patient, which, by adding cold water, is gradually lowered to about 68 degs. Fahr. This last method is much more agreeable to the patient than any other, and will aid greatly in introducing the cooling treatment into private practice. The important question as to the cooling effect of these various proceedings has been experimentally studied by Liebenow and also by Ziemssen. The greatest effect is obtained with the simple cold bath, next comes Ziemssen's bath, less effectual is the cold wet packing, and, least of all, the simple cold affusion which, however, although of but very transitory cooling power, is a very useful proceeding in rousing a comatose patient, and in energetically inducing deep inspirations. With these various methods, ample facility is given to modify the treatment according to the requirements of a given case.

From the principle of this method of treatment it is quite evident that the accurate observation of the temperature of the body by means of the thermometer is imperative. The readings of the thermometer must chiefly guide the treatment, and, as Jürgensen says, the thermometer must be to the physician what the magnetic needle is to the sailor. A bath is generally given whenever the mercury in the axilla rises to 103 degs. Fahr., and later on, during the decline of the disease, when it reaches 102 deg. Fahr.; if the rectum be chosen for the thermometrical observations, which is preferable on account of the much shorter time required for the measurement, then 104 degs. and 103 degs. Fahr. may be adopted as the corresponding temperatures. A bath is to be given, no matter whether it be night or day, whenever the thermometer demands it. In cases of ordinary severity, they must be repeated, on an average, about four to six times in the twenty-four hours during the first three weeks of the fever, as the disease declines, the intervals, until the former degree of heat is reached again after a bath, become greater, and gradually, also, the temperature becomes lower, so that the daily number of baths can be reduced.

Ziemssen strongly recommends not to give the bath at the bedside of the patient, in order to disturb him as little as possible by the necessary preparations, and to ensure perfect quietness after the bath. It is also advisable to give the patient a little wine both before and after each bath, and to have his skin rubbed by an attendant during the bath. He ought to remain in it until he begins violently to shiver, when he is taken out, placed in his bed, which in the meantime has been warmed, and well covered up, a hot bottle wrapped up in a blanket being put against his feet. A sound sleep generally follows the bath.

The effect of a bath on the febrile heat of the patient depends on the temperature and duration of the bath, the size of the patient, the severity of the case, viz., the height and persistence of the temperature of the body, the stage of the disease, and in a slight degree, also, on the time of the day when the bath is given. The reduction of the temperature of the patient, the lowest point of which is only reached some time after the bath, may amount from 2 to 8 degs. Fahr. The duration of this cooling effect, viz., the time which elapses before the former height of temperature is again reached, depends principally on the stage of the disease, and on its severity; its observation is of great importance for the prognosis, an inconsiderable reduction of temperature after an energetic cooling procedure, and lasting only a short time, being indicative of great severity of the case.

The experience gained during the last few years, of which the above is a comprehensive report, refers almost exclusively to typhoid fever, typhus being of rarer occurrence in Germany. Still the method has also been used in a number of cases of typhus in various hospitals on the Continent, and the results have been no less satisfactory. But it will be this country from which a trial on a large scale in typhus must be looked for. Opportunities for such an inquiry are certainly not wanting, nor is the mortality from typhus so small as not to make one anxious to adopt a remedy which promises good results in more than one respect, not the least of which will be the diminution of the infective power of a patient on others, which the frequent use of baths may

be expected to produce. Nor need the use of this method be confined to those two diseases; relapsing fever, with its high temperatures, smallpox, and scarlatina, offer a wide field for its application, not to speak of symptomatic fever of a high degree in various diseases. Scarlatina is, we believe, the only fever in which the water-treatment has not quite died out in this country; but still it is very far from being extensively used, and at a time when it is raging so furiously, as it has done during the last months in the metropolis, it may be well earnestly to recommend Currie's remarks on this subject, in the second chapter of the second volume of his *Medical Reports*, to the careful attention of all those who are called upon to contend with this disease.

## HOSPITAL RELIEF.

A LARGE Meeting was held at the Royal Medical and Chirurgical Society's Rooms on Thursday evening, March 24th, for the purpose of considering the present system of medical relief at our hospitals and dispensaries. Sir W. Fergusson occupied the Chair, and Drs. Stallard and Heywood Smith acted as Secretaries. There was a large attendance. Amongst those present were—Mr. Holmes Coote, Mr. T. Holmes, Dr. A. P. Stewart, Mr. H. Lee, Mr. Critchett, Dr. Fuller, Dr. Burdon Sanderson, Mr. Erasmus Wilson, Mr. Partridge, Mr. Hancock, Dr. Clapton, Dr. Cayley, Dr. Yeo, Mr. Birkett, Dr. Silver, Dr. Pollock, Mr. Jonathan Hutchinson, Dr. Buzzard, Dr. Edis, Mr. Henry Smith, Dr. Meadows, Dr. Liddle, Mr. Curgenvin, Dr. Anstie, Dr. John Murray, Mr. T. Smith, Dr. Walker, Dr. Glover, etc.

Sir WILLIAM FERGUSSON said that he had been requested to take the Chair on this occasion, and that he had accepted the honour in order to do all in his power to assist medical men attached to hospitals. In such a meeting there must be a great amount of good. He knew that the arrangements of dispensaries had been repeatedly taken into consideration, but some hitch had always taken place, and everything had fallen to the ground. There was now the opportunity of making notes with each other. He doubted the correctness of the taste of fighting for the profession alone, but he thought all present had their profession at heart, and considered that medical men ought to see the kind intentions of the charitable public put in the proper direction. Sir William concluded by referring to the large amount of time, the great skill, and often the money which many medical men gave to the objects of relief.

Mr. HOLMES COOTE alluded to the enormous proportion of the people of the metropolis who received gratuitous relief. The abuse had spread to our large towns, and was now reaching even the villages. He considered that medical men were to blame themselves for not having taken up the matter. Practitioners in the neighbourhood of his own hospital were being swept away. Yet he thought the general hospitals ought to be free, and considered the old system of governors' letters a good one. He moved the first resolution—"That this meeting is of opinion that there exists a great and increasing abuse of out-door relief at the various hospitals and dispensaries of the metropolis, which urgently requires a remedy."

Mr. HOLMES seconded the resolution. He considered that Mr. Hardy's Poor-law Dispensaries would do away largely with the abuse, and the best thing would be to get them put immediately in force. He did not think that the total number of persons who obtained sick advice in the metropolis was anything like a million, as had been stated. (Mr. Holmes Coote: More.) The assistance which he had given to his own out-patients was merely nominal; he had been ashamed of his out-patient practice. Was it not notorious that in the out-patient departments in our hospitals the cases were seen at the rate of one minute and a half each, or by a pupil ignorant of medicine? He thought every man should see his own patients and none other, and that by proper supervision the cases should be limited. It might also be right to discontinue dispensing medicine, as in Paris.

Mr. H. LEE said that charitable people themselves increased the number of patients; and medical men also, by interfering with their professional brethren. There was also, he considered, much indiscretion in private relief, in support of which he related an amusing example.

Dr. LIDDLE was of opinion that the system of out-patient practice should be removed, except for special cases or accidents. An out-patient at the London Hospital used to send her servant to keep a place for her. The hospitals encourage the abuse by wishing to show large numbers in their reports. Out of 76,000 persons in his district, there were 50,000 paupers. He thought medical officers should often refuse medicines.

Dr. FULLER referred to a practice adopted at the Children's Hos-



pital, which had worked well (see the JOURNAL of Jan. 8, p. 38). What was required was to regulate the admission of patients. We were demoralising the community and lowering ourselves, but the doing away of out-patient practice was not to be thought of.

Mr. CURGENVEN said there should be a registrar attached to each hospital to take down the addresses of the patients who presented themselves, and that he should call at the houses of a certain number to ascertain if they were proper objects of relief.

Mr. GANT had brought before the committee of his hospital the status of certain of his patients. His report had impressed the committee, who had since taken the matter up. The number of out-patients had now decreased.

Dr. ROUTH said that, if all the out-patient hospital practice were stopped, dispensaries would crop up in all directions, and other medical men would continue the abuse. At the Samaritan Hospital the committee had adopted the following plan, with the view of preventing abuse as much as possible. Each patient was asked whether she kept a servant, and what house-rent she paid. If above £30 a year, she was not admitted until her case had been considered by the committee. The result very frequently was, either that the patients became governors and then attended the hospital, or they came as private patients to the houses of the medical men, and paid, perhaps, altogether £20 or £30 for advice. Many patients, again, came to special hospitals, not for advice, but to obtain the address of a good man.

Dr. GLOVER did not think that the meeting admitted the poverty of those who applied. Many families at present were supported by the wife, the husband being out of work. He thought the provident system ought to be considered, but he did not desire too radical reforms.

Mr. YOUNG thought that the provident system should be adopted. His experience was very favourable to this. They should assist those who assisted themselves. He subscribed to a general hospital to be a governor in order to see that they did not admit improper cases.

Mr. T. SMITH said, with reference to Dr. Fuller's remarks, that the ladies now became governors at the Children's Hospital and did not require to have their letters signed. He protested against Mr. Holmes' statement, that one minute and a half was not long enough to see each surgical patient.

Dr. O'CONNOR agreed in what was stated by Mr. Smith as to the time necessary for seeing out-patients. As regards the class of patients going to the out-patient departments of hospitals, when he first became attached to the Royal Free Hospital, a fashionably dressed person had come to him with her three children, describing herself as the wife of a cashier at a railway station; he refused relief to her. He could safely aver that few, if any, of the patients were able to pay for medical advice or medicine, although, perhaps, they could afford to belong to a provident society. The great evil which he observed in the out-patient department was the granting of certificates gratis at hospitals to those who wished to get on trade benefit societies.

Mr. WATT thought it no part of the duty of medical officers to investigate the social position of the patients. It was the duty of the governors and committee to give their time to this.

Dr. A. P. STEWART said that a long discussion on hospital relief had taken place last year in the Medical Society's rooms, and a large committee had been formed to consider and report on the subject, but, owing to circumstances which every one present regretted, the committee had not been able to carry out their investigation. It would be well if a remedy were pointed out for the abuse of hospital relief, and he thought we were now ready for some change. We owed this to the benevolence of the people who set up institutions, but who, as soon as they were established, set about concocting elaborate means of checking the abuses which they themselves had brought about. There was only one outlet, that of setting up a new system—the provident system—to which the same objections to gratuitous relief did not apply. All checks on the old system will be found inefficient. He then went on to remark on the manner, often of shame, which a patient first wore when coming as an out-patient, but, soon losing self-respect, becoming at length defiant, and exhibiting what Lord Brougham had described as "the sturdy air of a masterful beggar." The system was raising the number of paupers. The free dispensary was the first step down the inclined plane to the parish, while the Provident Dispensary was the first step up the inclined plane to the savings' bank. He moved the following amendment:—"That in the opinion of this meeting the evils inseparable from the system of gratuitous medical relief administered at the out-door department of hospitals and in free dispensaries can be only met by the establishment on a large scale of Provident Dispensaries, not only in this metropolis, but throughout the kingdom, and by improved administration of Poor-law medical relief."

Dr. STALLARD thought it would be a pity to commit the meeting to any particular line, as it was wished to refer the matter practically to a committee. He wished at the same time to state that he did not think the short time given for seeing out-patients should be encouraged. Surgical cases could not be seen in shorter time than medical.

Dr. CHARLES DRYSDALE seconded the amendment. He agreed with what Dr. Stewart had said. He thought a Royal Commission should be demanded to inquire into the administration of the large endowed hospitals and the system of open competition as carried out in Paris.

Dr. YEO referred to the system in force at Guy's Hospital for the selection of out-patients. The more serious or difficult cases are sent to the medical officers, while the others are retained and seen by assistants.

Mr. ERASMUS WILSON thought the original motion and amendment should be put together. He approved of the provident system, and referred to the success of the institutions at Northampton and at Rugeley in Staffordshire.

Dr. HEYWOOD SMITH and Dr. ANSTIE thought the means of carrying out reform should be left for the consideration of the Committee.

Dr. Stewart was then requested by Mr. Partridge to withdraw his amendment; but this Dr. Stewart declined to do.—After some further discussion, in which Dr. Fitzpatrick suggested that the Committee should take evidence on the principle of a Parliamentary Committee, and Dr. Cleveland remarked that the provident system did not relieve the really indigent,

Mr. HOLMES said that he would not object to Dr. Stewart's amendment if it were understood that it would be considered by the Committee as other suggestions. To this Dr. Stewart still objected. He wished an expression of opinion from the meeting.

Dr. FULLER moved that the word "only" be left out.—This was seconded by Dr. J. E. POLLOCK, who considered that many medical men would decline to give services for such paltry sums as £60 and £90, which had been mentioned. He thought that the provident system would not meet the case of decayed governesses, servants, and a class of such people.

Dr. DUDFIELD then proposed that the words "in great measure" be inserted in Dr. Stewart's amendment.

The amendment was then put in this form, but was lost by a majority.

The following resolution was then proposed by Mr. RIVINGTON, seconded by Dr. O'CONNOR, and carried—"That this resolution be referred to a committee."

Mr. HANCOCK proposed and Dr. FITZPATRICK seconded the next resolution—"That a Committee be appointed to investigate the working of out-patient departments as at present constituted, and to draw up suggestions for reform to be submitted to a future meeting."

The following names were placed on the Committee: Dr. Burrows, Mr. Bowman, Dr. Stewart, Mr. Spencer Wells, Mr. Critchett, Dr. Stallard, Mr. Holmes Coote, Mr. T. Holmes, Dr. Burdon Sanderson, Mr. J. Hutchinson, Dr. H. Power, Dr. G. F. Murray, Dr. Anstie, Dr. Dickinson, Mr. G. Lawson, Mr. W. Adams, Mr. Christopher Heath, Dr. Protheroe Smith, Dr. A. Meadows, Dr. Morell Mackenzie, Mr. Walter Coulson, Dr. Buzzard, Dr. Dudfield, Mr. Gant, Dr. Heywood F. Teevan, Dr. Silver, Mr. Curgenven, Mr. J. Gant, Dr. Heywood Smith, Dr. J. E. Pollock, Dr. John Murray, Dr. Glover, Mr. R. G. Whitfield, Dr. Clapton, Mr. R. B. Carter, Mr. Wilkinson, Mr. Cooper Forster, Mr. A. E. Durham, Mr. A. Ebsworth.

After a vote of thanks had been accorded to the Chairman, the meeting separated.

## ROYAL COLLEGE OF SURGEONS.

THE minutes of the last meeting of the Council have been as usual suspended in the Hall of the College, and convey but little more information than what has already appeared in our JOURNAL.

Mr. Simon's motion, which we have already published, was seconded by Mr. Erichsen, and on a division only Mr. Hewett voted for it, in addition to the mover and seconder; against it were 17, viz., Messrs. South, Hilton, Quain, Solly, Sir Wm. Fergusson, Thomas Paget, Lane, Busk, Hancock, Curling, Clark, Jas. Paget, Smith, Birkett, Humphry, Holden, and Gay.

Mr. Quain's motion (already published by us) was seconded by Sir William Fergusson, and carried *nem. con.*

Mr. Humphry withdrew his motion.

Mr. Curling's motion, seconded by Mr. Hancock, was also carried *nem. con.*

The President reported that the period of five years for which Messrs. Skeay, Tomes, and Cartwright were elected members of the



Board of Examiners in Dental Surgery had expired, and said that he had received letters from Messrs. Skey and Tomes stating that it was not their desire to be again put in nomination for the office of Examiner. The President added that the election would take place at the next meeting of the Council.

## SPECIAL CORRESPONDENCE.

### PARIS.

[FROM OUR OWN CORRESPONDENT.]

Paris, Monday, March 28th, 1870.

1. Vaccination contre l'Hygiène des Hommes Subject.—2. Recent Mortuary Statistics of Paris.—3. Carbolic Acid in Confluent Small-Pox.—4. The French Medical Press and the Academy of Medicine.

VACCINATION FROM THE HEIFER OR THE HUMAN SUBJECT?—THIS question is being discussed very keenly, not only in the Academy of Medicine, the medical societies, and the medical journals, but also in the general newspapers, in the caricature-sheets, and by everybody of every class. In the cafés, salons, boudoirs, and on the boulevards, we hear as much, perhaps more, of the *pros* and *cons* of the *généisse*, as we hear in justification or condemnation of Pierre Bonaparte. It is the topic of the day. Among the general public, those who advocate taking the lymph direct from the heifer are probably twenty times as numerous as those who are in favour of the *vaccine jennérienne*, or the lymph which is transmitted from arm to arm. That these heiferian views should be enormously in the ascendant, is not remarkable. They are the views of the Academy of Medicine; they are the basis of the present system of gratuitous vaccination, to which I adverted in my last letter (*JOURNAL*, March 26th, 1870, p. 325); and they are pressed upon the public by circulars and newspaper advertisements, as well as, in a few instances, by placards on the walls, the productions of some *confères* who combine with their scientific impulses that which is called in colloquial English "an eye to the main chance." The present rage, however, for heiferian vaccination, is unquestionably of professional origin, and goes back to the famous discussions which took place in 1864 and 1865 in the Academy of Medicine, in relation to the transmission of syphilis by vaccination. In the course of these debates, facts were adduced by Drs. Depaul and Bouvier, and also by others, which were to establish this transmission as an exceedingly rare occurrence. A profound impression was made on the public and professional mind by the discussions of 1864 and 1865, and it still remains; nay, as regards the public, it seems even to have become intensified. Properly guided, the effect on public opinion might have been salutary; it might have led to the adoption of greater care in vaccinating—to the adoption of precautions against the use of lymph taken from subjects having, or supposed to have, venereal contamination. Unfortunately, however, the result has not been precaution, but panic of a stupid inveterate character. Public confidence has been shaken in the "Jennierian" or arm-to-arm system of vaccination. This is a lamentable issue, for it places enormous practical difficulties in the way of organising an efficient system of national vaccination in France. So far as I can ascertain, the heiferian vaccination now proceeding on a vast scale in Paris is far from being a success, except peculiarly to a few. The system has been put on its trial; and I venture to predict that, at the close of the inquiry, by a large majority an adverse verdict will be brought in.

Leaving the great question at the base of professional opinion, let me say a word or two about the money value of heiferianism. It is the fee-producing element of the prevailing *vaccinomanie*; and Dr. Lanoix, its founder and chief apostle, has turned it to a good pecuniary account. I have seen this morning a professional friend who told me that Dr. Lanoix must, to his own certain knowledge, have vaccinated, during the morning and forenoon of one day last week, no fewer than eighteen hundred persons, aided only by one assistant. He supposed the majority of these cases were public cases, for which only a small remuneration was received; but a large number, he said, were paid at the rate of 20 francs each. He said, in reply to my inquiry, "How many at 20 francs?"—*Environ*—he said—*de 500 à 2000 dans son cabinet*. "What," said I, "10,000 francs (2,400 a day)?" My friend seemed to abate his estimate in deference to my incredulity. My incredulity remains; but still I think the statement is worth repeating, as it was believably made by a shrewd intelligent gentleman, and is at least a rough gauge of the notions afloat here as to the money value of the present heiferian trade. My friend thus continued: "On calcule que l'épidémie ne lui vaudra pas moins d'un million de francs: 500 cas par jour à 20 francs font 10,000 francs, c'est à dire 300,000 francs par mois, ou 1,200,000

pour quatre mois." More than a million francs, after paying all expenses, for four months' vaccinating! There are two defects, however, in the basis of the estimate. The duration of the epidemic for four months is a mere guess; and so is a continuance of the supply of vaccinomanics at the rate of 500 *per diem*, each able and willing to pay 20 francs.

The following is the advertisement of Dr. Lanoix, as it appeared on Saturday, March 26th, in *La France*, one of the leading new daily papers.

"VACCIN.—Le Dr. Lanoix, *vaccineur sur la génisse*, le dimanche, de 4 à 5 h., et les autres jours, de 10 à midi, au gymnase Paz, r. des Martyrs, 34."

A trade so auriferous naturally engenders competition. Dr. Lanoix, among other competitors, is likely to have a formidable rival in Dr. Bonnière, of 2, Boulevard Montmartre. The daily paper *Le Gaulois*, in its issue of Saturday, March 26th, has a facetious article, occupying a column and a half, the main object of which seems to be to proclaim that crowds of ladies and gentlemen are vaccinated with complete success every day from the heifer, at 10 francs each, by Dr. Bonnière. The writer—Gaston de Paissac—after relating his various abortive attempts to get vaccinated, tells us how he suddenly found himself in a crowd near the corner of the Boulevard Montmartre. At first, he thought it was "une nouvelle édition des troubles de juin"; but the crowd opened, and a drove of peaceful lowing heifers passed on to No. 2! "Les génisses moutaient toujours;" in fact, they were taken up stairs to the doctor's *salon d'attente*. The writer followed, and soon found himself among a host of candidates for vaccination at the hands of his old friend Dr. Bonnière. "Comment! C'est vous?—Moi-même!—Bonnière, le médecin des femmes, vous le délicat, vous voilà donc passé pasteur?" *Où sont vos pipeaux?* There were forty persons in turn before the writer; but that only involved ten minutes' waiting, as Dr. Bonnière thus explained and ordained: "Ladies (twenty) to the right; gentlemen (twenty) to the left. I vaccinate one group; my *confère* the other. Thirty seconds to each case. So, my friend, you won't have more than ten minutes to wait." The operation having been favourably performed and facetiously discussed, the question arose, What is the fee?—"Est-ce ruineux?—Pour vous, pris d'am, dix francs." This time the writer's vaccination proved successful. "Pour cette fois, je suis bien et dîment vacciné sur chaque bras. Trois amours de petits boutons rouges tranchant sur la blancheur de ma peau immaculée."

RECENT MORTUARY STATISTICS OF PARIS.—In the week from the 9th to the 15th of January, the deaths in Paris were 998, of which 27 were from small-pox. In week ending January 29th, the deaths from small-pox were 47, and the total mortality 1,044. In week ending February 5th, the deaths from small-pox were 42, and the total mortality 1,105. In week ending February 12th, the deaths from small-pox were 66, and the total mortality 1,139. In week ending February 19th, the deaths from small-pox were 83, and the total mortality 1,292. In week ending February 26th, the deaths from small-pox were 79, and the total mortality 1,362. In week ending March 5th, the deaths from small-pox were 97, and from all causes 1,337. In week ending March 12th, the deaths from small-pox were 90, and the total mortality 1,263. In week ending March 19th, 112 died from small-pox, the total mortality being 1,180. These figures fully explain and justify the present *vaccinomanie*. They also, I think, explain more satisfactorily than the political situation the unusually small number of English, American, and other foreigners, in the French capital. The keepers of hotels and shops, however, chiefly impute their want of trade to the erroneous impressions which the English newspapers (for sensational reasons) give of the political state of Paris.

CARBOLIC ACID IN CONFLUENT SMALL-POX.—Dr. Chauffard believes that he has saved from death several patients sinking under confluent small-pox, by giving them internally a solution of crystallised carbolic acid. He gave the medicine in doses of about one *gramme* (154 grains), in a draught of 150 *grammes* of some suitable vehicle. His cases are only five or six in number, and the details are scanty. The data are, therefore, too few to justify any positive conclusions. The proposed medication, however, is noteworthy. It is under trial at some of the hospitals. Dr. Chauffard's idea is, that this remedy carries the patients through the secondary fever—the period during which death in confluent small-pox generally occurs. But it must always be remembered that, by means of sustaining and tonic treatment—quinine, wine, and meat-broth—cases apparently hopeless are occasionally pulled through the perils of the secondary fever. Dr. Chauffard has not, I think, stated whether he has ever abandoned these ordinary measures to *test per se* the value of his supposed specific. Let us hope that no one will feel himself justified in making such an experiment.

THE FRENCH MEDICAL PRESS AND THE ACADEMY OF MEDICINE.  
 —The Medical press is naturally jubilant at the election of Amédée Latour as an *associé libre* of the Academy of Medicine. Several members of the Academy have obtained their chairs in that illustrious assembly through their connexion, more or less active, with medical journalism; but M. Latour is the first who has won his seat solely and avowedly from his zeal, honour, and talent as a journalist. The other candidates were M. J. Michon and M. Payen, a veteran in the ranks of medical science. M. Payen unquestionably did not owe his defeat to any want of appreciation of his claims, but only to a feeling that the time had come when high-toned honest journalism ought to be honoured in the person of its representative, M. Latour. At the first ballot, M. Latour had forty-seven votes, and M. Payen forty-one. As this result did not give M. Latour an absolute majority of the voters present, a second ballot was instituted, when M. Latour had forty-nine, and M. Payen forty votes. As this gave the former the necessary majority, he was declared to be elected. M. Latour first became known in the capacity of a journalist when on the staff of the *Gazette des Hôpitaux*. He afterwards became chief editor of the *Union Médicale*, of which he was one of the founders. The election of M. Latour has undoubtedly decided an important principle. The question was not one of greater or less individual merit; it was, Shall or shall not the Academy receive, as an *associé libre*, a gentleman whose services to medicine have been chiefly rendered as a medical journalist?

## ASSOCIATION INTELLIGENCE.

### SOUTH-EASTERN BRANCH: EAST SURREY DISTRICT MEETINGS.

THE next meeting of the above Branch will be held at the Crystal Palace Hotel, Norwood, on Thursday, April 14th. The Chair will be taken at 4 P.M., by Dr. HORACE JEFFRESON, of Wandsworth.

Papers, etc., are promised by Mr. Cooper Forster, Dr. Jeffereson, Dr. J. M. Bright, etc.

Dinner will be provided at 6 P.M.

HENRY T. LANCHESTER, M.D., *Hon. Secretary*.  
 Croydon, March 29th, 1870.

### BATH AND BRISTOL BRANCH.

THE next meeting of this Branch will be held at the York House, Bath, on Thursday evening, April 14th, at 7 P.M.; C. H. COLLINS, Esq., President, in the Chair.

R. S. FOWLER, } *Honorary Secretaries*.  
 CHARLES STEELE, }

### CUMBERLAND AND WESTMORLAND BRANCH.

THE spring meeting of the above Branch will be held at the County Hotel, Carlisle, on Wednesday, April 20th, at 12.30 P.M. President: M. W. TAYLOR, M.D.; President-elect: T. F. FANSON, M.D.

Gentlemen intending to read papers or cases, are requested to communicate with the Honorary Secretary.

The dinner will take place at 4 o'clock. Members can introduce friends.

HENRY BARNES, M.D., *Honorary Secretary*.  
 Carlisle, March 24th, 1870.

## REPORTS OF SOCIETIES.

### PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, FEBRUARY 15, 1870.

RICHARD QUAIN, M.D., President, in the Chair.

MR. NUNN exhibited a portion of obstructed intestine, with a model, removed from the body of a gentleman, aged 65, who had died of the obstruction. He had seen him with symptoms of strangulated hernia, and having a small tumour in his groin. Mr. Nunn had operated and relieved this hernia, but the symptoms remained. After death, adhesions of the ileum at various points, so as to form knuckles of intestine, were discovered; here, the intestine was doubled back, and had grown together to the abdominal wall.—Dr. MOXON had twice found near the ileum something similar, with the twisted convolutions cohering, but he had seen no adhesion to the wall.

DRS. GREENHOW AND CAYLEY reported on Dr. Moxon's specimen of Occluded Coronary Veins. They found them completely obstructed, but, on the other hand, the foramina Thebesii were very large.

Dr. MORELL MACKENZIE showed a specimen of Primary Necrosis of the Cricoid Cartilage with Secondary Abscess, occurring in a lady aged 65. It was one of those exceedingly rare cases in which the disease had commenced in the cartilage, and, secondarily, had affected the perichondrium and submucous tissue.

Dr. MACKENZIE also showed a specimen of Postoesophageal Abscess with Secondary Disease of the Cricoid Cartilage in a woman aged 38. In this case, fistulous communication took place between the trachea and pharynx, and the posterior surface of the lower third of the cricoid cartilage was, after death, found to be completely exposed, though not ossified.

Dr. MACKENZIE also exhibited a specimen illustrating that almost unique disease—Kuhle being the only author who had seen a case—Fibroid Degeneration of the Cartilages of the Larynx. The patient was a gentleman aged 60, in whom tracheotomy was performed a year previous to his death, on account of chronic disease of the larynx. About four months later, disease of the cartilages set in, and death took place from exhaustion consequent on inability to swallow. The patient was, for some days previous to death, fed by the oesophageal tube.—Mr. HULKE did not quite understand the condition of the cartilage—whether it was that of caries or of necrosis.—Dr. PYE-SMITH said the drawing seemed to show that the process began in ossified cartilage.—Dr. MACKENZIE said we should use the word caries when speaking of cartilage: he used the term necrosis merely because it was customary. The contents of the sac were pus and sarcomatous matter.

Mr. DE MORGAN exhibited some Secondary Deposits in the lung of a female who was supposed to have syphilitic tumours on her vulva. It was found, however, that they spread up the vagina to the bladder, and were taking on the form of cancer. After death, her brain was found perfectly healthy. The lungs were filled with tumours; so were the uterus and bladder, from which last the urine had been dribbling away. The secondary deposits were assumed to be cancerous, but on examination they proved to be fibro-plastic. There were some also in the liver and kidneys. The fact that the woman died of coma was unaccountable, except by the condition of the kidneys, one being wasted. All the tumours could be enucleated.—In reply to the PRESIDENT, Mr. De Morgan said she had been all along in a surgical ward.—Referred to Committee.

Dr. PAYNE brought forward a case of Coagulation in the Portal System of Veins. The specimen was taken from the body of a man, aged 38, who died in St. Mary's Hospital, under the care of Dr. Sieveking. The portal vein, at its entrance into the liver, was completely filled with a form of coagulum, part of which was adherent and decolourised, part softer, dark red, and apparently of later formation. The coagulum extended into the principal factors of the portal vein—more especially into the superior mesenteric, one of the intestinal branches of which was blocked up as far as its ultimate twigs. The portion of ileum from which this branch arose was of a dark chocolate colour; its walls were greatly thickened and rigid, and the whole infiltrated with extravasated blood, after the manner of what is called pulmonary apoplexy in the lung. There was a moderate quantity of fluid in the peritoneum, and the legs were oedematous. The intestines were natural, except at the part spoken of, and there the mucous surface was unaffected. During life the symptoms were somewhat ambiguous. When under treatment as an out-patient, there was remarkable acceleration of the pulse, which varied from 130 to 150, and afterwards rose to 180, without other signs of fever, and without any abnormal cardiac sounds.—Referred to Drs. Bristowe and Murchison.

Dr. PAYNE also brought forward a case of Coagulation in the Pulmonary Artery. The specimen was taken from a woman aged 45, a patient of Dr. Sieveking, in St. Mary's Hospital. Both branches of the pulmonary artery were occupied by firm clots, not continuous with those in the heart, and terminated in the central direction by abrupt blunt, rounded extremities. Beyond these masses some of the secondary branches were filled with branched thrombi, which occupied the calibre of the vessels, but did not reach their capillary terminations. The clots generally were white and granular on the outside, and black internally. The patient was admitted with symptoms of mitral disease and oedema of the legs, but did not appear dangerously ill till one day getting out of bed she fainted, and after rallying a little had another fainting fit, which proved fatal.—Referred to a committee.

Mr. HOLMES exhibited an Urethra in which Holt's operation for stricture had been performed. The patient, a man nearly 60, had long had stricture, and had been subjected to a great variety of treatment. He had been operated on by Holt's method in 1861. When seen, he had retention; and a catheter was passed, but it had to be removed, as it gave rise to intense irritation. The stricture was ruptured. He had rigors the same night. Gradually he became worse, vomiting supervened, and pyæmia ensued, with secondary deposits. After death it



was found that at both structures the mucous membrane was lacerated, most so at the posterior one. Such lacerations implied the risk of infiltration.—Mr. NUNN thought that Holt's operation was too much used; and that the effect of syphilis on stricture was too much overlooked. It tended to make them recalcitrant.—The PRESIDENT asked if the second operation afforded a fair test.—Mr. HOLMES said the former operation was so long antecedent that all its effects must have passed away. In one patient he had done the operation a second time.—Mr. SIDNEY JONES thought that the case hardly constituted a fair test.—Mr. HULKE said that the question whether the mucous membrane suffers or not depends on the closeness of its connexions with the subjacent tissue. That it was often ruptured, was proved by the bleeding.

Dr. BRISTOWE exhibited a specimen of Malignant Disease of the Ovary and Peritoneum. The woman was 25 years old, and in service. When the abdomen began to enlarge, pregnancy was suspected. She died three weeks after entering the Hospital. The abdomen contained a nodulated hard mass, which was painful, and gave rise to ascites. There were many cancerous nodules in the peritoneum, and the left ovary was affected.

Dr. BRISTOWE also exhibited a portion of the Duodenum, the subject of a malignant disease, removed from a man aged 63. There was malignant disease of both lungs. There was perforation of the duodenum extending from the neighbouring glands, which was the cause of death, as it gave rise to peritonitis.

Dr. BRISTOWE exhibited a specimen consisting of a portion of Strangulated Bowel removed from a drover, who died three or four hours after his attack. He had been well up to that time, and was seized while straining at the closet. The strangulation was internal at the lower portion of the ileum, and was produced by means of a band.

Dr. GREENHOW showed a specimen of Insufficient Tricuspid Valve from a woman about 40, who had suffered from bronchitis and emphysema. A loud murmur had been heard over both apices, but louder on the right side. The heart was large; the mitral orifice narrowed and roughened. The tricuspid valve consisted of four cusps. The posterior was normal; the left rather short; the anterior also small, but normal as to shape; between the small cusps was a fourth, which sent a band to the septum and the opposite wall. Chordæ tendinæ proceeded from the posterior segment. This band had caused the murmur. The right ventricle was of small size. There had been much dyspnoea.

Mr. LAWSON TAIT exhibited a fresh specimen of Medullary Growth of the Femur growing high up in the bone. Fracture had twice occurred during the disease. The patient was a female, and suffered great pain. In lifting her up, the limb was broken. Electrolysis had been tried without any apparent change. After the second application the pain ceased.

A photograph of a child with obstruction of the Common Iliac Vein from psoas abscess, and consequent hypertrophy of the limb, was also exhibited.

## MEDICAL SOCIETY OF LONDON.

MONDAY, MARCH 7TH, 1870.

PETER MARSHALL, Esq., President, in the Chair.

Mr. SPENCER WATSON read notes of a case of Resection of the Knee-joint, by Dr. J. S. Walker, of Hanley, Staffordshire. A married woman, aged 32, had two separate injuries to the knee in 1867 and 1868. In February 1869, the joint became so inflamed and painful that she was obliged to give up her domestic duties and take to her bed. Abscesses formed and discharged; and, on June 26th, the joint was opened, and being found to be extremely diseased, was resected. Though the patient at first improved, sloughing of the inside of the wound came on about the third week, and, on July 29th, death occurred from pyæmic pneumonia.

Mr. WATSON then detailed a case of Wound of the Ulnar Artery at the wrist. The artery was partially divided only, by a wound from a broken pane of glass. The hæmorrhage was arrested first by torsion; but there was secondary hæmorrhage on the tenth day, in the course of erysipelas, with sloughing of one of the tendons. This, and a third attack of bleeding, were controlled by pressure. At a fourth outburst of bleeding, acupressure was at first attempted, but ligature was ultimately performed in the wound. In this operation, the wounded orifice in the side of the artery being found, a director was passed into it, and the course of the vessel thus traced. The artery was divided and tied above and below the wound. A slow but perfect recovery ensued.

Mr. DE MÉRIC read a paper on Cancer and Syphilis. He thought that some practical advantage might be derived by placing these two diseases in juxtaposition. He began by a historical sketch of both complaints; in order to show that, by gradual steps, we had reached

Lebert's school as to cancer, and Ricord's as to syphilis. The theories of these eminent men had, however, undergone important modifications. Mr. de Méric said that the essence of the two diseases was unknown, and that we must depend on clinical observation. He pointed out analogies and contrasts between cancer and syphilis, these referring principally to lymphatic complications, visceral mischief, relapses, diathesis incubation, contagion, rise and development; and, incidentally, he alluded to hereditary transmission of both diseases, which transmission did not infallibly take place. He inquired whether there were cases of mild cancer as well as of mild syphilis. Syphilitic and cancerous symptoms reacted upon the organism and brought on cachexia. Was the syphilitic diathesis as incurable as the cancerous? The author considered that syphilis might eventually lose its power over the frame. The next question was whether syphilis might gradually glide into cancer; the answer being that such transformation was possible where the cancerous diathesis pre-existed. Cases were quoted in support of this opinion. Mr. de Méric then reviewed certain regions of the body which were sometimes the seat of cancerous, and at other times of syphilitic manifestations, such as the lip, tongue, cervix uteri, female breast, and penis; and quoted several cases showing that the greatest care was often necessary in order to form a proper diagnosis. The author postponed the consideration of phagedenic, syphilitic, and cancerous ulceration, and the manner in which cancer and syphilis attack internal organs, to a subsequent paper; and showed series of drawings illustrating several of the points upon which he had touched.—A discussion then took place, in which Messrs. Gant, Weedon Cooke, Hunt, Hogg, and Dr. Gibbon took part.

## SURGICAL SOCIETY OF IRELAND.

FRIDAY, MARCH 18TH.

Dr. McSWINEY showed the larynx, trachea, lungs, and heart of a child, aged 4 months, who had died of Croup.

Mr. CROLY exhibited the lower end of the Humerus, the sigmoid cavity of the Ulna, and the head of the Radius, which he had removed in consequence of disease depending on an injury. The soft parts in the neighbourhood of the elbow-joint were very extensively destroyed, as were also the cartilages, but the bony structures were healthy. The case did extremely well subsequently to operation.

Mr. TYRRELL presented two Loose Cartilages, which he had removed from the knee-joint of a girl aged 26. The patient had suffered from subacute synovitis of the joint in question; and, after some time, the existence of two cartilaginous growths was detected. No bad results followed the operation, during which, however, much difficulty was experienced in steadying the tumours while cutting down on them. Of the two bodies, one had a pedicle, the other was free. A microscopic section of the former afforded a beautiful specimen of ossifying cartilage.

Mr. CROLY communicated a remarkable case of Nævi occurring in a very young child. In connection with the face and head, there were four distinct vascular tumours. One was situated on the lower lip, a second in the right parotid region, a third on the back of the neck, and a fourth on the tongue. The first-mentioned was treated by plunging red-hot needles through its substance. This method of treatment answered admirably, and was followed, curiously enough, by the spontaneous cure of tumours two and three. Mr. Croly was inclined to attribute this happy and unlooked-for result to the influence of the operation on the sympathetic nerve-supply of the nœvi.

Dr. J. BARKER, for Mr. ZACHARIAH JOHNSON of Kilkenny, read the notes of a successful case of Excision of the Elbow-joint for strumous disease, which had occurred in the last-named gentleman's practice.

## MEDICAL SOCIETY OF THE COLLEGE OF PHYSICIANS OF IRELAND.

WEDNESDAY, MARCH 16TH.

J. T. BANKS, M.D., President, in the Chair.

Dr. GRIMSHAW reported a case of Malignant Disease of the Thorax and Stomach, in which much diversity of opinion existed during the patient's life as to the nature of the affection. The diagnosis of tubercle was made, principally from the presence of hectic symptoms. Cirrhosis was suspected from the absence of the physical signs of phthisis, and from the lessening of the respiratory murmur on the left side. By the method of exclusion, and from the intense and peculiar pain which was complained of, cancer was diagnosed. Again, the idea of aneurism of the thoracic aorta was entertained, from the existence of a secondary



centre of pulsation, distinct from that of the heart. An examination of the body after death showed extensive encephaloid disease of the root of the left lung, the œsophagus, and the superior and posterior walls of the stomach. The left lung was itself extremely small, being contracted to the size of a fist. It was generally carnified.

Dr. HAWTREY BENSON read a paper, prepared by himself and by Dr. Walter G. Smith, on an interesting case of General Dermatitis (pityriasis rubra). The subject of the affection, a man aged 40, a labourer in chemical works, was free from any syphilitic taint. The diagnosis was based chiefly on the following considerations. Slight constitutional disturbance only was present, the temperature ranged between 99.2 deg. and 99.6 deg. only; there was no trace of any moist exudation; pruritus was all but absent; the scales were easily detached, and single (not piled up in layers, as in psoriasis); and the affection was universal over the body. Various tonics were tried in vain, no remedy seeming to exercise any influence on the disease. As a *dernier resort*, arsenic was had recourse to; and, after a seven weeks' use of this therapeutic agent, the patient was fully restored to health.

Dr. MCWINEY read a communication on some Unusual Sequelæ of Scarlatina. In one case, jaundice occurred after the tenth day; in a second, of scarlatina maligna without eruption, phlegmasia dolens, affecting the left leg, and subsequently the right leg also, set in about the twelfth day; and, in a third instance, an undoubted attack of typhoid fever began on the eighth day of scarlatina. It is perhaps worthy of note that the two latter cases, in both of which such unusual complications occurred, were met with in sisters.

#### PATHOLOGICAL SOCIETY OF DUBLIN.

MARCH 14TH, 1870.

Dr. EDWARD HAMILTON presented a specimen of Malignant Disease confined to the Pancreas. The patient, a man aged 56, stated that his illness had commenced about five months previously, and he attributed it in part to extreme mental anxiety. Four months ago he became intensely and universally jaundiced, suffering meanwhile from distressing dyspeptic symptoms. The motions from the bowels presented the usual characteristic clay-colour, but no fatty matter was found in them. Some time afterwards, a tumour was detected in the right hypochondrium. From its shape and size, this was determined not to be the liver. The jaundice increased, profuse melena set in, and the disease shortly terminated fatally. On examination, the liver and stomach were found to be healthy; the head of the pancreas was one mass of scirrhus, while its duct was dilated and varicose. The tumour formed by the cancerous deposit pressed on this duct, on the ductus choledochus communis, and on the superior mesenteric vein. In this way the two most marked symptoms in the case—the jaundice and the melena—were satisfactorily accounted for.

Dr. GORDON exhibited two specimens: the first was one of Extensive Caries of the Vertebra, occurring in a middle-aged man, and running its course in four years. As usually happens in this disease, numerous fistulous openings existed in the neighbourhood of the spine. Of these, one had engaged the diaphragm, and had subsequently determined a purulent pleuritis. Towards the close of his life, the patient one day experienced a sensation of something giving way in his back. He immediately became completely paraplegic; hectic symptoms set in, and he sank rapidly. It was found, after death, that the spinal column had altogether separated in the lower dorsal region, and that the cord was, in this situation, compressed. The second case which Dr. Gordon brought forward was one of Malformation of the Kidney, evidently of a congenital nature. The subject was a boy, four or five years of age, who had been admitted to hospital in a state of general anasarca, dependent on scarlatina. He died from rapid and universal œdema of the lungs. The renal malformation consisted in the blending together of both kidneys, the right being displaced downwards and to the left, so as to overlie the abdominal aorta. The suprarenal capsules were perfect and in their normal positions.

THE CORNER-STONE of a Cottage Infirmary was laid at Stanley, near Wakefield, last week. The cost of the building has been subscribed by the coal-owners and gentry of the parish, and about £20 has been subscribed by the working-classes towards the expense of furnishing.

TESTIMONIAL.—Mr. Thomas Hickes, Surgeon, has been presented with a silver tea and coffee service and a silver salver, bearing the following inscription:—"Presented to Thomas Hickes, Esq., Surgeon, by the inhabitants of Gloucester, as a token of their appreciation of his benevolence to the poor during a long series of years. March 17th, 1870."

## CORRESPONDENCE.

### DR. WILLIAMS'S ACTION FOR LIBEL.

SIR,—I shall be greatly obliged if you will permit me, through your columns, to offer my sincere thanks to the very many members of the profession, in town and country, who have favoured me with letters on the subject of the late action for libel, which I deemed it my duty to bring against the Duke and Duchess of Somerset.

My kind correspondents, who are too numerous to be answered individually, have much gratified me by their unanimous expression of approbation of my conduct, and by their general agreement with my views in relation to the case of the late Earl St. Maur. A very large proportion also give me the credit not only of having vindicated my own character from the groundless and unjustifiable charges brought against me in the libel, but also of having upheld the character of our profession by bringing before a legal tribunal this grave outrage on its sacredness and honour.

And assuredly, although in the patient exercise of our humane calling we may be required to make due allowance for ignorance and for infirmities of temper during hours of grief and bewildering affliction, yet for a practitioner who has conscientiously done his duty in a very difficult and critical case, and has acted to the best of his abilities and judgment, to be made an object of ungrounded reproach and atrocious calumny, is a gross breach of justice and of good feeling, which, if allowed to pass unrebuked, would tend to sap all that confidence and those kindly relations which ought to subsist between a medical man and his patients and their friends.

Happily, such cases are very rare. None such has ever before occurred to me during the forty years of my active practice; and they will ever be rare if our profession remain true to itself; and if, rising far above that despicable servility that cringes and bows down before rank or riches, and submits to be insulted and trampled on by arrogance and caprice—rising, I say, far above such derogatory subserviency, it will take its proper stand on its own aristocracy of science and of Christian beneficence; true to the nobility of its nature and of its aims; true to the interests of its own fraternity, all the members supporting each other and uniting for their common good—so standing and self-supporting, our noble profession may well bid defiance to all unjust and unbecoming attacks, which will only recoil on their originators with the disgrace which they deserve.

Not a few of my correspondents express regret that the trial did not go through its whole course, even to the award of fitting damages by the verdict of the jury. The possibility of claiming damages was set aside by the acceptance of the full retraction and apology made in court: but I feel, in common with all my correspondents and other friends, that it would have been much better if the trial had not been stopped until the evidence of myself and other witnesses had been heard, so as to confute fully the charges in the libel, which was very insufficiently done by the opening speech of my leading counsel.

I have, consequently, been obliged to publish my narrative as a full contradiction to the libel—now widely disseminated through the Solicitor-General reading it in full in court. I have further to express my hope that the sincerity of the retraction will not be vitiated by any renewal of false charges,\* which might compel me, however unwilling, to again seek protection from the law.

With heartfelt thanks to all my professional friends, and to you, sir, for your able support, I am, etc.,

March 28, 1870.

C. J. B. WILLIAMS.

### MEDICAL REFORM.

SIR,—At this important crisis in the history of medical reform, every independent member of the profession who has given attention to the subject should cast his mite into the treasury of thought and discussion, out of which will be taken the materials for the settlement of the great questions at issue. To myself there appears no slight danger that, in

\* An attempt of this kind appeared in the *Press* of last Wednesday, in form of a letter, apparently from Messrs. Beauchcroft and Thompson, solicitors to the Duke of Somerset, impugning the authenticity of the Duke's statements of some of the facts in my narrative. This was readily confuted by a letter on the following day from myself, quoting the formal admission, by these same solicitors, that this same letter was in the handwriting of the Duchess. On Friday, appears a statement from Messrs. Beauchcroft and Thompson, altogether disowning the letter of Wednesday, which, although purporting to bear their signature, had not been either seen or approved by them. It is to be hoped that this episode may serve as a warning against any such attempt in future.

the conflict of opinion and in the struggle for vested interests, a settlement may be authoritatively made which would practically destroy the Corporations, deprive the profession of the control of its own affairs, and establish a state despotism. To prevent such an undesirable consummation, mutual concessions must be made by the democratic and the oligarchic sections of our community. The former must admit the rights of the latter to a share in the government of the profession, and the latter must support the cardinal demand of the former for representation in the Medical Council. Unfortunately, the Medical Council declined last year and the year before to act in accordance with the wishes of the profession and place itself at the head of the movement for making the Council a truly representative body; and, during the session just concluded, attention has been directed solely to the manufacture of combined examining boards out of existing materials, without reference to the subject of the constitution of the Council. Such lamentable indifference does not promote a reverend confidence in the Council, and might have been more injurious but for two fortunate occurrences. The first is the great and beneficial effort of the earnest reformers in Birmingham, and the second the introduction of Sir John Gray's Bill. This Bill appears to me to contain some excellent provisions, and to be capable of being moulded in committee into a satisfactory settlement. The addition which the Bill proposes to make to the Council, of twelve members chosen by the profession—a step advocated by myself in your columns in September 1868—would renovate and refresh the Council; and if it were accompanied, as I then suggested in modification of Dr. Prosser James's scheme, by the extension of the franchise in the Corporations to the Fellows of the Colleges of Surgeons, to the Members as well as to the Fellows of Colleges of Physicians, and to University graduates, the Council would become an assembly thoroughly representative of the various local and general interests of our body politic. Physicians, surgeons, general practitioners, University graduates, pharmacutists, the Crown, and the public, would all possess representatives.

The chief objection urged to my plan is, that the Council would be too large and more talkative than ever. If it were found so, and if any interest were over-represented, a method of reduction could easily be discovered in the combination of bodies of a similar kind. But I doubt very much whether the Council would be too large or too talkative. It must be remembered that this renovated Council would have the scope of its deliberations enlarged, and probably extended to all matters affecting the profession; that it would be endowed with absolute power over the Corporations in regard to medical education; that, however lengthy a debate might be—and debates on important topics will and ought to be lengthy if their subject is to be completely settled—a vote would be taken at the end of it, and the decision of the majority would be final. "Recommendations" thrown into waste-paper baskets would be at an end, for the decisions of the Council would have the force of law over the Corporations represented in it. Moreover, more committees would be required, and these could not be manned without a sufficient number of members of Council. Lastly, a small Council, if less talkative, would be liable to come to hasty conclusions, and to grow arbitrary and despotic. For these reasons I dismiss the numerical objection to the increase of the members of Council from twenty-four to thirty-six, especially if the provisions in Sir John Gray's Bill for the payment of representatives by their constituents be adopted.

A Council thus constituted, and possessed of adequate authority, might safely be left to deal with the formation of examining boards. In a very short space of time a single examining board would be established in each division of the kingdom, responsible to the Branch Council, which in its turn would be responsible to the General Council. Examinations would be made uniform and fees equal by the promulgation of a code for their regulation; and one qualification certifying competency in every branch of practice would be substituted for many of variable value. What that qualification should be called, in what manner examiners should be appointed, to whom the fees should be paid, and how the fees should be expended, are questions on which the length of this letter now forbids the record of my opinion. Let us succeed in gaining the one great fundamental privilege for which the British Medical Association and its JOURNAL have so long and perseveringly striven—the formation of a Council, representing not a few hundred members of the profession in high places, but every member of it throughout the kingdom; and let this Council be armed with plenary powers, and all other reforms will be secured without injury to vested interests, and with the advantage of obtaining for the medical community the regulation of their own affairs.

I am, etc.,

WALTER RIVINGTON.

London, March 1870.

## PROTRACTED GESTATION.

SIR,—In your notice of a recent case in which the question of protracted gestation arose, you state that "the alleged father had no access to the mother later than 301 days before its birth." The real dates, which were undisputed, were from April 14th to February 15th, making 307 days. To make out a probable case of protraction to this extraordinary excess, it was suggested that the plaintiff was taken in labour six days before she was actually delivered; and that these six days might be subtracted, leaving 301 days, still a rather severe trial of credulity. The plaintiff was attended in her labour by a midwife only. The waters, it is said, escaped on the Tuesday, the child being born on the following Saturday, alive; the perineum was torn. There was nothing very unusual in children. Does the escape of waters prove the existence of true labour? Who has not known a discharge of waters to take place days and weeks before labour, causing a false alarm? Of course, in this case, it might have been the liquor amni that escaped. Assume that it was. Is it likely that active labour would go on, the waters discharged, the uterus contracting, without the superintendence of such suffering as would compel the midwife to call in further assistance, or without ending in the death of the child? The perineal laceration is certainly no proof of protracted labour.

However, granted the first wonder—a labour protracted for six days, ending in the birth of a live child, without skilled assistance—there remain 301 days. To reduce this, another hypothesis is invoked; the theory of impregnation occurring some days after insemination, *i. e.*, the sexual intercourse. Granted this second wonder—granted six days more for this—there yet remain 295 days for legitimate gestation—a third wonder, not a little startling. Taking 271 days as the normal period from coitus to delivery, a period which the experience of mankind and the researches of science concur in proving to include insemination, impregnation, gestation, and labour, the jury was called upon to believe that three special departures from the ordinary laws of nature were manifested in favour of this plaintiff. That three events, each of them exceptional and improbable, should be thus accumulated, makes a fourth wonder, more surprising even than its separate components.

What I have said, will not, I hope, be taken as implying the smallest reflection upon the medical evidence given on the other side. Dr. Tanner and Mr. J. F. Clarke stated the case in favour of the probability of protracted gestation with perfect fairness. If we accept the testimony to be found in the various authors which they quoted, no doubt the possibility of gestation being protracted to 301 days must be conceded; but Dr. Tyler Smith and myself contended that this testimony has been weakened by more recent research; that the calculation from a menstrual period is untrustworthy; that the few exceptional cases calculated from a supposed single coitus are also open to doubt; and that the analogical argument drawn from the variable duration of pregnancy in cows and mares is overstrained, and requires revision.

It is obviously a matter of so much importance to society, that claims based upon a wide departure from the laws of nature should not be lightly recognised, that I trust I may be excused for this letter.

I am, etc., ROBERT BARNES.

31, Grosvenor Street, Grosvenor Square, W., March 7th, 1870.

# IS IT NOT INCUMBENT ON THE MEDICAL PROFESSION TO REMOVE CERTAIN POPULAR PREJUDICES IN REFERENCE TO THE CONTAGIOUS DISEASES ACT?

SIR,—It was very satisfactory for the medical supporters of the Contagious Diseases Acts to learn, from the last number of the BRITISH MEDICAL JOURNAL, that the editor fully coincided in the views taken by the heads of the profession, that "prevention of disease is a very adequate motive why those surgeons who believe in the efficacy of the measures contemplated by the Act should be willing to carry out its provisions, and, however disagreeable, there would be nothing degrading in such duties."

May I venture to remark that if it be true, as you assert, that "every one not of the profession must almost necessarily regard such duties as disgusting, and be ready to infer that none but the lowest and inferior portion of our members will be willing to undertake them," it is only an additional reason why surgeons, who know the facts, should attempt to remove the prejudice; and the promoters of the Contagious Diseases Act naturally look to you, who have so often lent your pages to the elucidation of the subject, for support in their endeavour.

I have no hesitation in asserting that medical men are primarily responsible for the prejudice with which the public regard this question and all cognate topics. If the surgeons of the fifteenth century had possessed



the same knowledge of venereal complaints as those of the nineteenth, the treatment of these affections would not have lapsed from legitimate practitioners into the hands of itinerant vendors of quack medicines—men who, for the vilest purposes, have always fostered the idea that there is something peculiarly loathsome in the disease and secret in the treatment. We have much prejudice to overcome on this score, for an erroneous notion is still deeply rooted in the public mind that educated men do not like to treat these ailments, and that surgeons of position do not care to have it supposed that they occupy themselves with these afflictions; hence it is that in the nineteenth as in the fifteenth century advertisers of nostrums flourish. The time has, however, I think, come when the public should be made fully aware that the consulting-surgeons of the day have thoroughly mastered the laws relating to venereal diseases; that syphilis is now as amenable to treatment as other constitutional affections, and that educated men are able and willing\* to treat venereal complaints as readily as any other to which the human frame is liable. My private opinion is, and I hope to have it supported by you, that the discussion of these matters by medical men has now satisfactorily shown that the Contagious Diseases Act is but a division of a still larger question—Prostitution, which, again, cannot be discussed, much less settled, without our possessing considerable knowledge of the kindred questions of *Illegitimacy and Infanticide*.

I am happy to note that the public press is about to follow the example of the medical journals. The *Telegraph* has, during the last few days, in a leading article, made the important admission "that the question can be suppressed no longer—that it concerns the very life and future history of the nation, and must be carried, as is our wont, before the tribunal of national opinion."

Our opponents believe that their energy and agitation will have sufficient influence not only to prevent the extension of the existing Contagious Diseases Act to the civil population, but even to effect its repeal. Time will show how far this conviction is well founded. Whether the nation will ultimately accept these Acts, and the benefits obtainable from their operation, or not, one thing is certain, the condition of our streets after nightfall will no longer be allowed to be a national disgrace: moreover, "The Ladies' Anti-Contagious Diseases Association" now admits that the condition of their fallen sisterhood requires investigation, and they take blame to themselves for having so long neglected it. To conclude, I think you will agree with me that, as public feeling is now fully aroused to the necessity of investigating these questions, professional men must be prepared to take their part in the discussion; and Government must look to surgeons to carry out the preventive and sanitary measures which our special knowledge may recommend for the alleviation of the sufferings of women who are often more sinned against than sinning. I am, etc.,

Queen Anne Street, March 1869.

W. ACTON.

#### CARBOLIC ACID TREATMENT.

SIR,—In a notice of the antiseptic treatment in Mr. Lister's wards, which appears in the *JOURNAL* of February 19, you express a wish to receive information as to whether the compound fractures in a case to which you refer communicated with the ankle and elbow-joints respectively. With regard to the ankle, there was a severe compound dislocation, the end of the fibula protruding through the wound, the joint being laid freely open; in the elbow the wound communicated with the seat of fracture, and the bone being broken across between the coronoid process and the insertion of the triceps, the joint was of necessity opened.

I take this opportunity of correcting an inaccuracy which has crept into the Report, to the effect that no death has occurred in Mr. Lister's wards since he has had charge of them. I mentioned to your reporter, when he was in Edinburgh, that no death had occurred in these wards during my House-Surgeoncy, but I did not enter upon my office until Christmas, and did not intend to speak of the previous period of Mr. Lister's incumbency. I am, etc.,

WM. J. CLEAVER, M.B.,  
House-Surgeon of the Clinical Wards.

\* \* \* We must apologise for still wishing for more definite facts. Does

\* You may recollect that, a few years ago, Mr. Soly, at a meeting of the Royal Medical and Chirurgical Society, said: "That, far from considering syphilis as an evil, he regarded it, on the contrary, as a blessing; and believed that it was inflicted by the Almighty to act as a restraint upon the indulgence of evil passions. Could the disease be exterminated, which he hoped it could (marks of disapprobation), venerealism would run rampant through the land." The public, reading the above remarks, might naturally suppose that a gentleman holding these opinions would not himself treat syphilis, as by doing so he would thwart the designs of Providence, which are presumptuously conjectured to be specially known to him. Mr. Simon, the House-Officer of the Privy Council, has recently published opinions which have been frequently quoted, giving many reasons against what he has been pleased to call "the disinfection of prostitutes".

the expression, "end of the fibula protruding," refer to the external malleolus or to the broken part of the fibula above the joint? Was the cartilage of the joint at any part exposed to view, and, if not, did synovia escape, and was the fact of communication established by the finger or probe? In reference to the elbow, we infer that the position of the fracture in the olecranon is the only reason for supposing the joint implicated. If the olecranon were displaced as well as broken this is conclusive, but scarcely so otherwise, as compound fractures of the olecranon from direct violence are not very infrequently seen which do not communicate with the joint, *i.e.*, do not involve the whole thickness of the bone.—ED. B. M. J.

#### COMPLIMENTARY ADDRESSES FROM PUPILS TO THEIR TEACHERS.

SIR,—I have just seen a letter, signed "Fiat Justitia", in the *BRITISH MEDICAL JOURNAL* of the 12th inst.; and beg leave to depart, on this occasion, from my usual rule of not noticing an anonymous letter.

Your correspondent will find, on inquiry, that the Trinity College rule levelled at Complimentary Addresses or other acts of Students, calculated to lead to discussion of the conduct of the College authorities, is by no means obsolete.

The addresses to the late Vice-Provost and to the present University Anatomist, referred to by your anonymous correspondent, could not, possibly, have led to any discussion of the conduct of the College authorities.

In the case of the present proposed address, the circumstances are widely different. The Provost and Senior Fellows of Trinity College removed Professor McDowd from the office of Clinical Surgeon to Sir Patrick Dun's Hospital, and appointed another surgeon to do his duty, for reasons which, doubtless, appeared to them sufficient; and, consequently, a complimentary address from the students was organised to condole with him.

I am unable to imagine an act more calculated to destroy collegiate discipline, or one that comes more completely within the rules which forbid persons in *statu pupillari* to criticise publicly the official acts of their superiors. I am, etc.,

SAMUEL HAUGHTON, Medical Registrar, Trin. Coll. Dub.  
School of Physic, Trinity College, Dublin, March 14th, 1870.

#### THE POOR-LAW MEDICAL OFFICERS' SUPERANNUATION BILL.

SIR,—Would you permit me to acknowledge the receipt of a petition in favour of Dr. Brady's Bill, which has been voluntarily forwarded to me by Dr. W. M. Kelly, the Honorary Secretary of the West Somerset Branch, and which has been signed on behalf of that Branch by the President, Dr. H. J. Alford; and further to make an appeal to the general body of members, as represented in the various Branches and in the Council of the Association.

The information which I have obtained within the last few weeks fully bears out what I have long suspected—that, amongst the 3200 English Poor-law medical officers, there is to be found many aged and poverty-stricken gentlemen who are feebly holding on to their appointments as their almost entire means of subsistence, and who would gladly relinquish them to younger men could a very moderate superannuation allowance be granted them. Hereafter, excerpts from these communications will be published, in which, whilst the facts will be fully shown, the identity of the writers will in no way be disclosed. I am satisfied that this great boon of superannuation can be obtained in the present session if the medical profession be true to itself. The Irish medical officers would have failed to pass their Bill last session if the Dublin Corporation had not come to their help, and not only petitioned in its favour, but sent a special deputation to London to press the justice and expediency of the grant upon the Government. This, too, be it remembered, they did not because they had the remotest pecuniary interest in the Bill, but solely for the reason that they were actuated by a feeling of genuine sympathy with their less fortunately placed medical brethren.

In consequence of the great pressure of public and private business in Parliament, Mr. Brady's Bill will not come on for the second reading until June, and the interval there is ample time for a petition to be prepared and sent in from every Branch in Great Britain; and an opportunity is afforded which, I trust, will not be allowed to pass by, for the Council of the Association not only to petition, but to organise a deputation to wait either on Mr. Gladstone or Mr. Goschen in its favour.

In conclusion, permit me to tell the general practitioners who are scattered over the country that if they will only use the legitimate influence which they must possess with such of their patients as may be



members of the House of Commons, the Bill will pass to a certainty. Already I have in my hands the replies of several M.P.'s of all shades of political opinion, in which the writers have promised their support.

I am, etc., JOSEPH ROGERS.

33, Dean Street, Soho, March 1867.

## MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.—Wednesday, March 30th.

**MEDICAL ACTS AMENDMENT BILL.**—Sir J. Gray, in moving the second reading of this Bill, explained that its object was to amend the Act of 1858, which had most egregiously failed in enabling the public to distinguish between properly qualified and unqualified medical men. There were no less than nineteen colleges that granted licences of more or less value, and under the Act of 1858 any gentleman wanting a medical degree could, by bringing a piece of parchment from any of those bodies, have his name placed upon the register, and the public could not tell whether he was or was not properly qualified. Partly that evil arose from the necessity which the various colleges felt of maintaining their corporations, and they were glad to accept any one who presented himself in order to procure his money. Five pounds was sufficient to enable a man to be accepted by those colleges, and when he went to the Medical Council with the bit of parchment which he had procured for his £5, he was at once put upon the register, although he might be profoundly ignorant of the very rudiments of medical science. The remedy which the Bill provided for this was, that no person was to be put upon the register until he had passed a careful examination. Apart altogether from this objectionable feature of the present system, there were minor evils which demanded a remedy. According to the admissions of the licensing bodies themselves, there was neither a sufficient test nor sufficient instruction. He was glad to see that the Lord President of the Council had already taken some action, and he hoped that the Government would relieve private members from the necessity of proposing legislation on this subject. It was essential that the Government should be efficiently represented at the Council, and that candidates should satisfy the State Examiner as well as the representatives of the corporation before licences were granted to them. The reorganisation of the profession should be carried out thoroughly and with uniformity, and he hoped that any scheme which the Government might bring forward, would provide that whatever mode of access was given to the profession, it should be open to all alike, and that there should be no second means of entrance. Fees should be low, sufficient to pay expenses, but leaving no margin for the accumulation of wealth; the profession should be open to all, and those who entered it ought to have a full knowledge, to enable them to do justice to any case brought under their attention.—Mr. Graves seconded the proposal. Last session, in obedience to strong representations made to him by the community with which he was connected, he placed a notice on the paper with the view of calling attention to the constitution of the Council; but he was now prepared to adopt the Bill of the hon. member, as affording a basis for a fair settlement of the question. A reference to the petition signed by 10,000 persons, which had been presented to the Home Secretary, was sufficient to show how much a change was needed. The Bill proposed with regard to the reconstruction of the Council to utilise existing elements, and to make additions which would be beneficial to the profession and the public. Examinations before a central Board would tend to stimulate the different corporations. He highly approved of the proposal to throw open to public competition the civil medical appointments of the country.—Mr. Brady, who had on the paper a motion that the Bill be read a second time that day six months, rose to address the House, when Mr. W. Forster interposed with the suggestion that, considering the lateness of the hour (five o'clock), it was advisable to adjourn the debate on this very important question. He thought hon. members would agree to this proposal when he stated that he was authorised to announce that Lord De Grey and Ripon intended, on behalf of the Government, to take an early opportunity of bringing forward a Bill in the other House, having for its object the amendment of the several Medical Acts.—Sir J. Gray said he would at once assent to the suggestion for an adjournment, and further, if the Government brought in a Bill at all in the spirit of the communication of the Lord-President of the Council, he would support the measure and withdraw his own.—The debate was then adjourned for a month.

**THE DRAINAGE OF BRIGHTON.**—A public meeting has been held at Newhaven, in opposition to the Bill now before Parliament for bringing the sewage of Brighton to Portobello; which would, it is alleged, inflict injuries upon the town and harbour of Newhaven. A form of petition was agreed to, and signed by all present.

## MEDICAL NEWS.

**APOTHECARIES' HALL.**—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, March 24th, 1870.

Allnutt, William, Portsea  
Daylie, Alworth Mercereux, Chippenham  
Collins, Henry William, Wrentham, Dorset  
Mayo, Alfred Charles, Coleford, Gloucestershire  
Newstead, James, Bubwith, Howden, Yorkshire  
Robinson, Tom, Saxby, Lincolnshire  
Russell, William, Wotton, Wiltshire

The following gentlemen also on the same day passed their first professional examination.

Archer, George Ernest, St. Bartholomew's Hospital  
Ingham, Thomas, King's College

As an Assistant in compounding and dispensing medicines.

Lloyd, Edward, Aberystwyth, North Wales

## MEDICAL VACANCIES.

The following vacancies are declared:—

**ABERYAVRON UNION,** Cardiganshire—Medical Officer for Llandysilio District.  
**BALLINASLOE UNION,** co. Galway—Medical Officers for the Killaan and Kiltomer Dispensary Districts.

**BETHLEM HOSPITAL.**—Two Resident Medical Students.

**BIDEFOED UNION,** Devon—Medical Officer for the Hartland District.

**BIRKENHEAD GENERAL DISPENSARY.**—Resident Surgeon: applications, 15th.

**BRIGHTON AND HOVE DISPENSARY.**—Resident House-Surgeon: applications, April 4th; election, May 3rd; duties, June 7th.

**BUCHAN COMBINATION POOR HOUSE.**—Surgeon.

**CARNARVONSHIRE AND ANGLESEY INFIRMARY.**—House-Surgeon: applications, April 20th.

**CARRICKMACROSS UNION,** co. Monaghan—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Carrickmacross District.

**CITY OF LONDON LYING-IN HOSPITAL,** City Road—Surgeon-Accoucheur.

**EDINBURGH ROYAL INFIRMARY.**—Resident Medical Officer to Fever Wards.

**GREAT NORTHERN HOSPITAL,** Caledonian Road—Junior Surgeon: applications, 6th.

**KING'S COLLEGE.**—Professor of Surgery.

**LOCHBROOM,** Ross—Medical Officer and Public Vaccinator: applications, 15th.

**LOCHKARROON AND DISTRICT OF KISHORN,** Ross—Medical Officer: applications, 15th.

**METHILIC, Aberdeenshire.**—Parochial Medical Officer and Public Vaccinator for Northern Division.

**NEATH UNION,** Glamorganshire—Medical Officer and Public Vaccinator for the Central No. 2 District: applications, 4th; election, 5th.

**NEWCASTLE-UPON-TYNE INFIRMARY.**—Senior House-Surgeon: applications, 6th; election, 14th.

**NEW DEER, Aberdeenshire.**—Parochial Medical Officer and Public Vaccinator for Southern Division.

**NEWPORT (Monmouthshire) INFIRMARY AND DISPENSARY.**—Resident Medical Officer: applications, April 4th; duties, May 1st.

**ORHAN WORKING SCHOOL,** Havestock Hill—Medical Officer.

**POPLAR UNION,** Middlesex—Medical Officer and Public Vaccinator for the Parish of Bow: applications, 7th; election, 8th.

**RATHDRUM UNION,** co. Wicklow—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Annamore Dispensary District: 9th.

**ROYAL COLLEGE OF SURGEONS, ENGLAND.**—Two Members of Council.

**ROYAL SOUTHAMPTONSHIRE INFIRMARY,** Southampton—House-Surgeon: applications, 2nd; appointment, 15th.

**RUTHVEN UNION,** Denbighshire—Medical Officer and Public Vaccinator for the Llanrhaidir District: applications, 2nd; election, 4th.

**ST. LUKE,** Middlesex, Parish of—Medical Officer to Infirmary and Workhouse.

**SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN,** Lower Seymour Street—Physician for Out-patients.

**SKIPTON UNION,** Yorkshire—Medical Officer for the Gargrave District.

**STAMFORD, RUTLAND, AND GENERAL INFIRMARY.**—House-Surgeon, Secretary, and Secretary: applications, 7th; appointment, 7th.

**THORNBURY UNION,** Gloucestershire—Medical Officer for the Almondsbury District: applications, 7th; election, 8th.

## MEDICAL APPOINTMENTS.

Names marked with an asterisk are those of Members of the Association.

**ATTHILL, R. C., Esq.,** appointed Resident Medical Officer to the Charing Cross Hospital.

**LLOYD, Ridgway R. S. C. C., Esq.,** appointed Medical Officer to the St. Albans Hospital and Dispensary.

**\*NORTON, E. Everett, Esq.,** appointed Assistant-Surgeon to the 4th Middlesex.

## BIRTHS.

**BENT.**—On March 29th, at Bridgewater, the wife of \*John F. V. Bent, M.D., of a son.

**FARRER.**—On March 28th, at Spring Villa, Brighouse, the wife of \*Robert Farrer, M.R.C.S.E., of a daughter.

**THURSTON.**—On March 29th, at Ashford, Kent, the wife of Edward Whitfield of a son.

## DEATHS.

**DIXON, James, M.D.,** Consulting Surgeon to the Birkenhead Hospital, at Shrewsbury, on March 17th.

**NORTH, Henry, Esq.,** Surgeon, late of South Petherton, Somerset, at the residence of his son, at Charmouth, aged 80, on March 20th.

## OPERATION DAYS AT THE HOSPITALS.

MONDAY.....	Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1 1/2 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY.....	Guy's, 2 P.M.—Westminster, 2 P.M.—National Ophthalmic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 4 P.M.
WEDNESDAY....	St. Bartholomew's, 1 1/2 P.M.—St. Mary's, 1 1/2 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—St. Thomas's, 1 1/2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2 30 P.M.—Cancer Hospital, Brompton, 3 P.M.
THURSDAY....	St. George's, 2 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.
FRIDAY.....	Westminster Ophthalmic, 1 30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.
SATURDAY....	St. Thomas's, 9 30 A.M.—St. Bartholomew's, 1 30 P.M.—King's College, 1 30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.—East London Hospital for Children, 2 P.M.—Hospital for Women, 9 30 A.M.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.....	Medical Society of London, 8 P.M. Dr. Lichenberg and Mr. de Meric will bring two patients upon whom Proloff's Amputation has been performed. Mr. Proloff, in the Case of the Disease of Kidney and Impaction of Ureter by Calculi; Mr. Weeden Cooke, "On Hydrate of Chloral in Cancer"; Odontological Society, 8 P.M. The adjourned discussion on Mr. Coleman's paper, "The Treatment of Chronic Periodontitis by Replantation."—Entomological Society.—Epidemiological Society.
TUESDAY.....	Pathological Society of London, 8 P.M. The following specimens will be exhibited:—Mr. Holmes, "Tumour of Jaw—Diffuse Periostitis of Tibia"; Mr. Wilberforce Smith, "Cancer of Rib, of Bones at Hip-joint, and of Crus of Femur"; Mr. Wagnstaffe, "Horn growing from the Leg—Cancer of Spine"; Mr. Squire, "Fibrous Nodule from the Nares"; Mr. Cooper, "Congenital absence of Rectum"; Dr. Dick, "Spots on the Skin resembling Hepatic Echinomyses"; Dr. Tuckwell, "Effects of Obstructions of the Hepatic Duct"; Dr. M. Macdonald, "Growth of the Liver"; Dr. Kelly, "Malformed Heart—Mitral Disease"; Dr. Beigel, "The Genital Organs of a member of the religious sect called Sceptics"; Dr. Cayley, "Scarcitular Dropsy without Albuminuria"; Mr. Balmanno Squire, "A Living Specimen of Non-congenital Discrete Scurvy Ichthyosis, and also a Living Specimen of Prurigo as defined by Hebra"; Dr. Fagge, "Abscess of Liver—Cancer of Kidney, Varix of Pulmonary Vein"; etc.—Anthropological Society.
WEDNESDAY....	Obstetrical Society of London, 7 30 P.M., Council Meeting. 8 P.M., Dr. Routh, "On Fungal Endo-Metritis" and other papers by Dr. Bruntton, Dr. Wynn Williams, and Dr. Verneuil.
THURSDAY....	Harveian Society of London, 8 P.M. Mr. T. Carr Jackson, "Practical Remarks on the Operation of Lithotomy."—Linnean Society.—Chemical Society.—Royal Society.
FRIDAY.....	Clinical Society, 8 30 P.M. Mr. Barwell, "A Case of Local Paralysis treated by Hypodermic Injection of Strychnia." Mr. Holtzhouse, "A Case of Inguino-crural Hernia"; and other papers.—Royal Anatomical Society.

## NOTICES TO CORRESPONDENTS.

All Letters and Communications for the JOURNAL, &c. addressed to the Editor, 37, Great Queen Street, Lincoln's Inn Fields, W. C.

CORRESPONDENTS not answered, are requested to look to the Notices to Correspondents of the following week.

TO PURCHASERS.—To insure attention, it is requested that all orders sent to the Office for extra copies of JOURNAL, &c. be accompanied with stamps for the amount.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS not sent to the Editors.

CORRESPONDENTS with wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

DR. DALE (Plymouth).—We cannot insert your letter, excepting as an advertisement.

MR. MULVANY (Dundalk).—Our information is as limited as yours.

WE are glad to observe that the offensive black board attached to the wall of the Endell Street Lying-in Hospital, with the names and addresses of the medical officers, and upon which we have had occasion to comment, has been removed.

CASES OF TRIPLETS AND QUADRUPLTS.—Mr. Lowndes, of Liverpool, has sent us particulars of a case, in which a primipara, aged 25, gave birth to triplets. The first and second were footling presentations, a girl and a boy; the third, a girl, was born half an hour after the second. The placenta was a double one for the first and second child, whilst that for the third was separate. The delivery was on February 23rd and March 1st, the two latter being the last of the year.

MODIFICATION OF HOLT'S DIRECTOR FOR SPERMATIC OF THE UTERUS.—SIR,—The modification you mention as being used by Mr. Smith at St. Bartholomew's Hospital, is not new. The same instrument was made for me by Mr. Blair seven years since. As, however, it did not effect the object which I maintain is necessary, viz., to split the submucous deposit (the seat of stricture), I abandoned it, as not giving that permanent relief which is obtained by the employment of the dilator of the kind used in the treatment of tight organic strictures, it must be by rupturing the deposit. I am, &c.

Savile Row, W., March 1870. BARNARD HOLT.

ERRATUM.—In the second paragraph of our article on Dr. Williams's libel case in last week's JOURNAL, the words "pressing on the larynx and its recurrent nerves" should have been "pressing on the trachea and left recurrent nerve."

SUICIDE UNDER UNUSUAL CIRCUMSTANCES.  
SIR,—If medical criticism is to be written on the pages of newspaper reports, much error must occur, since hangers-on on such publications are no more likely to discriminate essential points in medical evidence than are the general public. The patient referred to JOURNAL, March 19th, page 292, did not "consult me about the effects of the use of temper," that was a slur on her case; and its importance did not escape my serious attention. Her manner and expression of countenance were calm, and her answers precise; and no other case has come within my observation of impending mental insanity was so little indicated by anything about her person. Still in a young woman aged 26, continued fickleness about marriage to an eligible and well-conducted lover, was so remarkable, that I requested to see her mother, but she resided at a distance. On that inquiry, the patient assured me that neither mental insanity nor eccentricity existed in her family, nor had existed in that of either parent; and this statement was afterwards corroborated. On my remarking to her, that the continued objection to marry a lover to whom she had been long engaged, was unaccountable, she showed an excrementary eruption on the chest, and said her *engagements* were not aware of its existence. On being assured of its innocent character, and that it ought to be encouraged rather than suppressed, she appeared satisfied and pleased; and, in the absence of any sufficient cause being discoverable, it occurred to me that a dispropotional one often influences a sensitive mind. Menstruation was quite regular, but painful and spare; and there existed tenderness on pressure over the ovarian region, though she had passed more than a week from the last menstrual period. There was no enlargement in any part of the abdomen. She was not subject to irritability of temper, and got contented with her domestic house- and parlour-maid. She rarely drank a stimulant. I directed her to use a cold douche twice a day; and prescribed small doses of phosphate of iron and strychnine. She was requested to come to me again in the course of a fortnight; and during so, reporting herself feeling better, and that she had not been requested to persist with the douche, except that during the immediate approach and continuance of menstruation warm hip-baths were to be substituted. I may mention that, on her second visit to my house, she waited nearly an hour without seeing me, and then, when she came, she was calm, patient, and altogether of ordinary manner. I heard nothing more of the patient until the day following the ordinary manner. Menstruation was imminent at the time of death, and I judge its absence a functional cause of impatience. I saw neither of the two occasions of her consulting me, did she even hint at a desire to be married, and a few minutes before her ingenious and determined suicide, she had continued to do her various household duties in the most perfect order. I emphasise the words "perfect order," because the patient, as far as I could observe, was sane, and incongruity are usually the earliest, and continue prominent symptoms.

There can be no doubt about the suggestiveness of this case; and it is the more deeply solemn, because there are multitudes of such, but presenting different phases in which the suicidal impulse will not occur. It is a case, the result as to be scarcely appreciable, is so disrupted by the disordered influence of a distant organ as to impel—here, to suicide, at an age when life is most enduring—there, to any range between absurdity and assassination. If there be in human beings one mode of the mother disorder, and another disorder, and these stigmas and legal penalties should be exchanged for the tenderness of sympathies and the gentleness of care. On this account, I thank you for bringing the case forward; but do not in the least agree with your summing up; viz., "Not the slightest blame can be attached to any one of the parties." The case was thoroughly probed, its end might probably have been averted." If the case were not "probed" with all probable thoroughness, I do not see how he could have used the probe more completely, can be free of blame; but, presented as the case was to me on both occasions, suicide was not more to be expected, than fatal embolism from a chilaibn, or tetanus from an abrasion. It is well known that each is within the range of possibility, and might happen under peculiar conditions, but medicine would disorganise society if it based its practice on bare possibilities, and had authority to enforce it.

As a member of the British Medical Association, I trust you will do me the justice to admit the foregoing remarks in explanation in the next number of the JOURNAL. I am, &c. GEORGE CORDWENT.

Taunton, March 23rd, 1870.

\* The newspaper was sent to us expressly because it contained a full report of the inquest. We fail to see that our associate has added materially to the facts. He has certainly not altered our view respecting them. Our regret that the poor patient could not have been more thoroughly probed, applies to the facts, and not to her medical adviser. It was proved in evidence that she had repeatedly mentioned her suicidal tendency; and, had she been kindly advised as regards the termination of her engagement, of which it seems certain that she was wearied, the melancholy termination might possibly have been averted, in our judgment, to have been a case for moral, and not for medical, treatment.

ALTERNATION OF GENERATIONS IN FUNGI.—M. Gabriel Rivet has found that the spores of *Puccinia graminis*, the fungus which causes one form of "rust" on our cereals, will not reproduce the fungus on the same plant; but that when sown on the berry, they produce the orange coloured spots of *Uredium berberidis*, which in turn can be propagated only on the roots of the same plants, and thus is again produced. This fact points to rich stores of materials for experiment and discovery.

MR. BATELY (Great Yarmouth).—You have not quite correctly understood the case. The Universities do not contemplate abolishing their regulations as to residence; but they propose that candidates, after going through the usual course of study in the Universities, should be permitted to depart, and have the licence of the conjoint Board before the degrees are conferred on them.

THE PRELIMINARY EXAMINATION AT THE ROYAL COLLEGE OF SURGEONS.  
SIR,—I was glad to see in your impression of March 14th, a letter from "PATER," complaining of the great injustice done to candidates in refusing them information respecting the subject of failure at the recent Preliminary Examination at the College. Success had no other cause than the fact that the student was not surprised that the College should adopt such a course. I consider that I have a perfect right to know in what subject I have failed, as this might assist me in my next attempt. The subject of the matter will be taken up, and an alteration made in this regulation of the College. I am, &c.

March 1870. A REJECTED CANDIDATE.



NOTICE TO ADVERTISERS.—Advertisements should be forwarded direct to the Printing-Office, 37, Great Queen Street, W.C., addressed to Mr. RICHARDS, not later than *Thursday*, twelve o'clock.

#### THE POOR-LAW MEDICAL OFFICERS' SUPERANNUATION BILL.

SIR, Will you have the goodness to call the attention of the Council of the Association to the great importance of petitioning at once in favour of Dr. Brady's Superannuation Bill, which has just been introduced into the House of Commons? The various Branches of the Association should also take immediate and earnest action to strengthen Dr. Brady's hands. There is little use in complaining of our unfortunate position, if we neglect the present opportunity to improve it. "Hope has deferred" has disappointed many of the Poor-law medical officers; but I would urge them again and again to vigorous action, and never to desist till their just demands are complied with. I am, etc., L. OWEN FOX, M.D., F.R.C.S.

Broughton, Winchester, March 29th, 1870.

#### PUBLIC HEALTH IN ITALY.

OUR contemporary *L'Imparciale*, in the number for March 16th, expresses its astonishment at the remarks which were made at page 247 of this JOURNAL for March 5th. These remarks are translated; and the *Imparciale* then goes on to make some comments, of which, in a matter of fairness, we subjoin a nearly entire translation.—We have been [says *L'Imparciale*] astonished at reading this article, in the first place, because, if what was stated, not only in the *Imparciale*, but in many other Italian medical journals, were really correct, we do not understand how the official communications should not have been addressed to us, here in Italy, where it would be of greater importance to enlighten the public on the value of reforms introduced into the Ministry of the Interior. But we are still more surprised because, in fact, that which was mentioned by us is certainly not more incorrect than the remarks made in relation to our country. Hence the confusion. We spoke of the suppression of the department of Public Health; and this suppression has taken place, inasmuch as the department has been incorporated into another which has the name of the Department of Public Benevolent Works. And the management of affairs affecting economical and administrative, with which the last named department has to occupy itself in regard to the benevolent institutions dependent on it, is of a totally different nature from the management of affairs relating to the public health, which ought to be directed and enlightened by entirely special rules and knowledge based on the progress of public medicine. Hence the fusion of one department into another can only be a loss, we repeat once more, in the administration of the sanitary affairs of the kingdom. But we must add that this new arrangement of the administration of Public Health does not merely consist in the fusion of the department bearing the name of that of Benevolent Works, since the lock hospitals and prostitution have been removed from this department, and assigned, the first to a department of the general direction of prisons, the second to the department of public safety; nor do we mention that all that relates to the nomination of medical officers to compete with those already existing belongs to the first division of the Ministry of the Interior. In this way, the administration of Public Health no longer constitutes a whole, dependent on a single functionary, who may or may not separate parts into an uniform direction for the good of the country. So much for the facts which we have to *confute*. We proceed to the suggestions of the Ministry of the Interior, we did not hesitate to say that the saving obtained was so small as not to be worth consideration. We will further observe that we do not logically insist, in a matter of public health, on the lock hospitals in the department of prisons; since the lock hospitals, although having prostitutes only, do not cease thereby to be hospitals, and hence require to be regulated on principles very different from those which may be adopted in the management of prisons. The separation of the lock hospitals from prostitutes is the cause of prostitutes more logical? Lastly, we have not said that the Ministry of the Interior was desirous of impeding the exercise of the functions belonging to the Superior Council of Health; and we will now further say, that we are ready to pardon the Ministry of the Interior for having cut up into too many pieces the administration of public health, if, in the new sanitary code which he will present to the Parliament, he should be disposed to extend the functions of the Council of Health, and especially to give it the power of the initiative in the discussions on the public health of the country.

#### DOES CATARACT ARISE FROM INJURY.

SIR,—I am anxious to learn if any member of our Association has met with a case in which cataract has resulted from a blow, or, for instance, a gentleman threw one of his carriage into a ditch, and his head coming in contact with the stump of a tree. The time elapsed from the accident before the discovery of the cataract is also important. I am, etc., CHARLES HOLMES.

Slough, 22nd March, 1870.

#### MEDICAL REFORM UNION.

SIR,—I shall feel obliged by your allowing me to inform the Profession, through your columns, that I have now received £154.15 towards the Medical Reform movement, including two donations of £5 each from the Manchester Medico-Ethical Association, and from the Proprietors of the *Lancet*. To the 14th instant, I had received £173.10.7. From the 15th to the 20th inclusive, 5,119 circulars were sent to the profession of the medical and surgical branches, and 1,000 who had not contributed. I have now received 370 replies to those circulars, enclosing in cheques, stamps, and post-office orders, the gross amount of £88.11.5. To give an idea of the expenses, I may state that the issue of 17,139 copies of the memorial to every member of the profession in England, Scotland, and Ireland, according to Messrs. Churchill's *Directories* for 1869, involved a first outlay in postage stamps of £142.16.6, each copy being accompanied with a stamped envelope for reply to Dr. Bell Fletcher.

Question now at issue is: Will the profession practically support a movement to obtain the amendment of the medical acts on the basis of the memorial signed by a clear majority of the men in actual practice in the three kingdoms? The 6,774 who signed the memorial, upwards of 8,500 have contributed nothing towards the expenses of the movement. If, in fact, they will promptly support the Medical Reform Union, through me, with a contribution, we shall have enough to discharge present liabilities and to provide a fund for securing the interests of the profession in the passage of the desired bill through Parliament.

I am, etc., ARTHUR OWEN, Treasurer of the Medical Reform Union, 9, The Square, Birmingham, 22nd March, 1870.

P.S.—An account of the sums received, and of the progress of the movement, will shortly be published.

#### THE ST. PANCRAS INFIRMARY.

SIR,—I am sorry that Mr. W. F. Morgan of Bristol should have taken the trouble to write a solemn comment upon some of the silly falsifications which the newspapers have promulgated about the St. Pancras Guardians. I am also sorry that he should have undertaken the needless task of vindicating the memory of the late Dr. Gibson, as it has never yet occurred to any one, that I know of, to disparage his professional qualifications or personal character, by comparing them with those of the present medical officer of the St. Pancras Infirmary.

The figures I quoted are accurately summarised in the *Times* of December 22nd, and they are as follows: During the 26 weeks ending December 15th, 1869, the Infirmary was under the care of Dr. Ellis, and the patients, according to the "medical evidence" given at the Lankesterian inquests, had been dying wholesale from quasi-suffocation. In that period there had been 29, 183 days' stay of patients in the Infirmary, and 85 deaths—equal to one death to every 243 days of sickness. For the corresponding 26 weeks of the year 1868, the Infirmary was under the care of Dr. Gibson, and, so far as that gentleman's views are known, none of the patients died, and the number of patients who were cured was 26,971 days' stay of patients in the Infirmary, with the same number of deaths—85—equal to a death for every 317 days of sickness. I submitted for these facts that Dr. Ellis's cases had been of a more trifling nature, or had been kept in for a longer period, besides the quasi-suffocation, than those which had befallen the patients were subjected by the "tyranny of the guardians" after Dr. Ellis's advent, his medical treatment had materially lessened the mortality.

The "days of sickness" were obtained by adding together the days that every patient stayed in the Infirmary. This divided by 26, gives the weekly average of patients; and this again divided by 7, gives the daily average. Other returns demonstrate that the overcrowding of the Infirmary was due, not to increased severity of cases, but to increased numbers admitted, but to a systematic diminution of the discharges. The responsibility of discharging the cases rested with the medical officer of the Infirmary. Mr. Beré's remark that Dr. Ellis might have been the better medical officer was only put as a possible alternative to the conclusion which I arrived at. It is not a question of degrees, but of degrees and by degrees.

The misapprehension of the point at issue is doubtless due, not to obtuseness on the part of Mr. Morgan, but to the ingenuity of the individual who furnished Mr. Morgan with the figures which enabled him to state in his letter the exact number of patients that had passed through the hands of Dr. Ellis. Perhaps Mr. Morgan will favour your readers with the name of that individual in his next.

I am, etc., JAMES EDMUNDS,

4, Fitzroy Square, March 9th, 1870.

WE are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Indian Medical Gazette, Feb. 9th; The New York Medical Gazette, March 12th; The Parochial Critic, March 30th; The New York Medical Record, March 15th; The Boston Medical and Surgical Journal, March 12th; The Madras Mail, Jan. 18th; The Gardener's Chronicle, March 29th; The Bradford Daily Telegraph, March 23rd; The Melbourne Age, Jan. 29th; The London Advertiser, March 24th; The Birmingham Mail, Post, March 26th, etc.

#### COMMUNICATIONS, LETTERS, &c., have been received from:—

Mr. W. Acton, London; Mr. R. Freeman, London; Mr. J. B. Marsh, London; Dr. E. Crisp, London; The Editor of the "Veterinarian"; Mr. R. Murphy, Claremont; Dr. J. Ellis, London; The Secretary of the Clinical Society; Mr. J. B. Barnes, London; The Secretary of the Pathological Society; Mr. Lister, Edinburgh; Dr. Stewart, London; Dr. Fraser, Edinburgh; Mr. Norton, London; Dr. Gervis, London; Mr. T. D. Sullivan, London; Mr. E. W. Thurston, Ashford; Dr. J. Morris, London; The Secretary of the London and Edinburgh Medical Dialectical Society; Mr. J. Harris, Birmingham; Mr. C. A. Hemingway, Dewsbury; Mr. W. Date, Birmingham; Dr. Thorne Thorne, London; Dr. Kidd, London; Mr. Addebrooke, Kidderminster; etc.

#### LETTERS, &c. (with enclosures) from:—

Dr. W. J. Cleaver, Edinburgh; Dr. F. Oppert, London; Dr. R. Lightfoot, Wincanton; Dr. G. Cordvent, Taunton; Dr. W. G. Gimson, Witham, Essex; The Honorary Secretary of the Reading Pathological Society; Mr. T. Q. Couch, Bodmin; Dr. Hayman, Eastbourne; Mr. J. J. Bunch, Wolverhampton; Dr. Broadbent, Bemborough; Dr. R. O'Conor, Nowgong, Upper Assam, India; The Secretary of the Obstetrical Society; Messrs. Grindlay and Co., Calcutta; Dr. Brace, London; Dr. Lancheater, Croydon; Mr. Balmanno Smith, London; Dr. Mapother, Dublin; Dr. C. J. B. Williams, London; Dr. H. Smith, London; Dr. Routh, London; Messrs. Schweitzer and Co., London; Mr. Lloyd, London; Dr. Hayman, Eastbourne; A Rejected Candidate; Dr. P. Penn, London; The Registrar-General of England; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; Mr. T. M. Stone, London; The Registrar of the Medical Society of London; Mr. Farrer, Brighouse; Dr. M. G. Evans, Narberth; Mr. E. R. Denton, Leicester; Dr. L. O. Fox, Winchester; Mr. C. Lingen, Hereford; Dr. G. Hardie, Harpurhey, Manchester; Mr. R. S. Fowler, Bath; Mr. F. H. Parsons, Banbury; Dr. A. J. Duncan, Dundee; Mr. Gregson, London; etc.

#### BOOKS, &c., RECEIVED.

Annual Report of the State of the General Infirmary at Chester. Chester: 1870. Relaxation of the Pelvic Symphyses during Pregnancy and Parturition. By F. G. Snelling, M.D. New York: 1870.

Clinical Observations on the Treatment of Cholera as a Hypnotic in Typhus. By James B. Russell, B.A., M.D. Glasgow: 1870.

The Population Statistics of Sanitary Organisation. By Henry W. Rumsey, M.D. London: 1870.

The One Hundred and Fiftieth Annual Report of the State of the General Infirmary at Chester for the year ending 31st December 1869.

A Biographical Sketch of the late F. Penny, Ph.D., F.R.S.E. By James Adams, M.D. Glasgow: 1870.

A Catalogue of Designs in Jewellery. By Mr. Streeter, London: 1870.

The Philosophy of the Bath. By Durham Dunlop, M.R.I.A. Dublin and London: 1870.



## LECTURE

ON

## THE ACTION OF THE CHOLERA-POISON ON THE BODY; AND ITS NATURE AND HISTORY OUTSIDE THE BODY.\*

By JOHN MURRAY, M.D.,

Inspector-General of Hospitals, Bengal Medical Department.

GENTLEMEN,—I have been requested by several of my professional brethren, whose opinion I highly value, to deliver a Lecture on the Nature of the Cholera-Poison, and its action on the human body, as a supplement or key to my practical Report on the treatment of the disease, already in your hands. It may possibly be asked why these views were not given as a preliminary to those on the treatment of the disease. My answer is, that the inquiry then conducted was limited by the orders of Government to practical points, and as the views I now offer must, to a certain extent, be theoretical, they may be wrong; and, whilst the facts I advanced are correct, the weakness or fallacy of my reasoning on theoretical points might have been reflected on remedies that are valuable. It is possible that similar objections may be made to the limited nature of the present lecture, in reference to the restricted views which I now propose to submit to your consideration; but the subject is too comprehensive to be treated satisfactorily on one occasion, and other branches of it may be left for future discussion. One great object I had in view in consenting to deliver this lecture was to derive benefit from the criticism and opinions of so experienced and talented an assembly, who have resided long in what is called in Europe the cradle of the disease; more especially as on some points our views do not coincide.

In no disease are there more marked and characteristic symptoms, during one of its stages, than in cholera; but these specific symptoms, which are only found in one stage, are so dissimilar to those induced by the poison in an earlier stage, or milder form, that the latter have by many been overlooked. The value and importance of the early detection of the presence of the poison cannot be over-estimated; as we all know from experience that, after a certain stage, the vital organs are for a time little sensible to the action of remedies. They are paralysed by the presence of the poison, in the same manner as the voluntary organs are paralysed by the action of chloroform. It is in preventing the super-vention of this stage, that most life has been saved; and the physician who can soonest detect the presence of the poison, will be the most successful in his profession.

The best method of ascertaining the symptoms induced by the presence of the poison, is to mark its action in its most intense form, before the other symptoms appear which follow the retention of those effete portions of the blood which, for the preservation of health, require constantly to be eliminated by the secreting organs. This intense form of the disease is mentioned by most writers, but is rarely seen in hospitals; in fact, it can only be observed by those who are searching for it among the people, as it proves fatal in from two to four hours. The patient falls down as if struck by a sudden shock, livid, cold, covered with clammy perspiration, with a broken voice and sinking pulse. The respiration becomes slow and intermittent; the only complaint is of uneasiness, burning and sinking in the epigastrium; the intellect is clear; there is generally an evacuation of the ordinary contents of the bowels, and sometimes one or two of the peculiar congee-like discharges; but this ceases, the pulse disappears, intelligence cannot be roused, and life is at an end.

In the more ordinary form of the disease the patient is purged, generally in the early morning; the evacuations are at first natural, copious, and liquid, with a little tormina, and uneasy feeling in the epigastrium, approaching to heart-burn; the body is cool, the pulse quiet, and the intellect clear; but the countenance is dark, the eyes congested, the nails look blue, and there are occasionally flying cramps. This is soon followed by the vomiting of undigested food, eaten perhaps one or two days before—then by copious congee-like evacuations from the bowels and stomach; intense burning pain in the epigastrium, low, sinking feeling, cold clammy perspiration, sometimes very profuse, feeble

pulse, livid characteristic countenance, and cold breath. There is no secretion of bile or of urine; the only gland that sometimes continues to act is the mammary in nursing mothers. There are generally cramps ascending from the toes and fingers towards the body or diaphragm; the higher they ascend the greater the danger implied; but they are often absent, and generally disappear in the worst cases for some time before death. In these cases the vomiting and purging also cease; restless moving of the body comes on, whilst the patient lies with the eyes sunk, half-closed, congested, and glazed; semi-conscious and occasionally wandering; when roused, he still complains of the sinking burning pain in the epigastrium, and calls for water. The pulse is not perceptible at the wrist, and there are long intervals in the breathing. It is wonderful how long this moribund state will sometimes last, before death closes the scene; and still more wonderful that in a few cases successful reaction takes place. There is great tendency to syncope or fainting, in collapse, and even after reaction has made considerable progress. The simple act of assuming the erect posture, or even sitting up in bed, has in many instances been followed by the patient falling back in a faint, from which he never rallied, or merely struggled on a little longer before death; in these cases, coagula are found in the heart after death. In most cases there is an effort at reaction. When it takes place the burning pain in the epigastrium disappears, the restlessness subsides, the stools become coloured, warmth returns to the palms of the hands, the colour improves, the pulse becomes stronger, and sleep ensues. If, after this, the urine appears, a favourable prognosis may be given, provided no strong remedies have been administered during the previous stage, and that collapse has not lasted many hours. In such a case there are no marked sequelæ for the disease. I have in several instances seen the first evacuation after sleep, natural in colour and feculent; but in general, especially when the collapse has been prolonged, the evacuations are first dark, sometimes pitchy, then green and yellow, and there is looseness for some time, and occasionally irritability of stomach. These symptoms are not essential, and may frequently be traced to the remedies employed. The sequelæ which follow collapse depend on different causes, either natural or artificial. The natural causes are imperfect reaction, when the secretion of the kidneys is not restored, when the liver acts imperfectly, and when uneasiness continues in the stomach with want of appetite. The pulse rises and becomes quick, the skin dry, the tongue coated, with sordes on the teeth; there are head-ache and wandering, sometimes delirium. Looseness continues, sometimes extending to bloody stools with tormina and tenesmus. Long protracted collapse, even though the reaction be satisfactory, induces slow convalescence. The secretions from the liver and kidneys are morbid, and the digestion imperfect. The accumulation of effete particles in the blood, caused by the suspension of their excretion during the protracted collapse, may have injuriously affected the brain or other organs. This has to be worked off. Rest, gentle nursing, and time are required to allow the feeble organs to restore the blood to its healthy state. The artificial causes of these sequelæ are those remedies which would directly induce inflammation of the stomach, intestines, or brain, or indirectly suppress the secretion, or diminish the action of the kidneys, liver or intestines, by which the specific poison and the retained effete portions of the blood are eliminated from the system. The two remedies which, when given in excess, are likely to act most unfavourably in this way are brandy and opium. The opinion of the practical profession in India, on the exhibition of these remedies in collapse, in large quantities, is almost unanimous that they are not beneficial, and in general that they are decidedly injurious. Such, gentlemen, is my opinion, and I would it had influence to abolish a practice which has prevented many from surviving, who would otherwise have recovered from the attack of this terrible disease. But this is not the time to discuss the treatment of the disease.

We shall now consider one of the most frequent forms in which cholera appears; viz., premonitory diarrhœa, called by many "choleric diarrhœa," and by some considered a distinct disease. We cannot over-estimate the value of correct information on this point. In the first place, it is a stage in which the system is still amenable to remedies, and the progress of the disease can generally be arrested. In the second place, the poison may be in process of elimination through these discharges, and the disease unwittingly disseminated over the country—an evil which might be prevented by a correct diagnosis. Again, if the physician tell the patient that his disease is not cholera, should it advance to the next stage, the patient believes he has no chance of recovery; and at this critical period his heart sinks, and the despondency which ensues redoubles the power of the poison, and diminishes the hope of success.

Diarrhœa is always very prevalent during cholera epidemics. It is painless; the evacuations are light coloured, copious, creamy, gradually becoming more watery and devoid of feculent smell, with occasionally

\* Delivered at a meeting of the Bengal Branch of the British Medical Association, on January 19th, 1870.

the peculiar smell of cholera perceptible. They may then become watery and colourless—the characteristic stool of cholera—with collapse and cramps. The period occupied by these changes varies from a few hours to several days. At first there is no appreciable difference between these evacuations and those passed in ordinary diarrhoea, which may accompany disease of the liver or of the kidney, or be induced by eating unripe fruit, or indigestible food, which forms one of the most frequent exciting causes in cholera.

There are other appreciable signs of the presence of the poison at this period. There are numbness, or want of power, in the rectum, a want of appetite, a desire for stimulants, and sometimes uneasiness in the stomach or heart-burn, and occasionally flying cramps. The secretion of urine is scanty, the countenance dark, and the eyes congested. The frequency of the stools may be diminished, and the consistency of them improved by opiates and astringents, without improving the colour, removing the tendency to recurrence, or curing the disease.

Diarrhoea is the first active symptom induced by the presence of the poison in the system; but, previously to this, an experienced physician will detect its presence in what I have called the stage of "*malaise*": a feeling of depression of spirits, and want of appetite, with weight in the head, torpor of the bowels, scanty urine, and a want of brightness in the colour of the face. I have several times observed this state to disappear suddenly after an inordinate flow of urine.

These are the earliest symptoms of the presence of the poison which I have been able to trace; but in many instances it appears to be present without exciting observable symptoms, if we may judge from the fact of individuals leaving an infected locality, apparently in perfect health, being attacked on the following or subsequent days in a distant place, where the disease had not previously existed. That the *malaise* which I have described is caused by the presence of the poison of cholera is an opinion strengthened by the fact, that during an epidemic attack the action of a purgative, especially salts, will almost always be followed by collapse, cramps, and death.

We have now traced the action of the poison on the system from *malaise* to collapse, through diminished power of the sympathetic nerve on the functions of the organs of organic life, inducing deficient secretion, or total suspension of excretion through complete paralysis. This diminished action produces want of appetite, with defective supply of gastric juice, the absence of which allows the natural changes of fermentation and putrefaction to take place in the food, rendering it irritating, and inducing diarrhoea. In ordinary circumstances, this is Nature's cure for improper food; but at this time there is also present in the system a foreign body, which I shall now endeavour to describe. It may not be visible, but its nature can be traced by its effects. It is evidently vital, as it reproduces itself. It is infinitely small, like other lower vitalities, which produce fungi in fermentation, and vibrios, etc., in putrefaction. There are known chemical agents, called antiseptics, by which fermentation and putrefaction are suspended or restrained. It may, therefore, be inferred that there are agents by which this other vitality can also be restrained or destroyed. Nature provides a powerful agent of this character, viz., the *gastric juice*; and it may naturally be inferred that it has a similar power over this analogous low vitality. The whole history of the progress of the disease tends towards this conclusion, and affords an explanation of the cause that induces trifling depression, which may be developed in a few hours into a violent collapse. In *malaise*, the presence of the poison in the system is evident, but it frequently passes off without appreciable injury. The germ of the disease in this case is restrained in its reproduction by the presence of the gastric juice; but if, during the presence of the poison, the secretion of the gastric juice be diminished or suspended by exhaustion, mental anxiety, terror, or grief; or if, along with the bile, it be removed from the bowels by a purgative, the restraining power being absent, the germ is allowed to multiply with its ordinary rapidity, and from ten to become hundreds of thousands. That the germ can multiply in this excessive number, is known from large bodies of water becoming contaminated in a very short period. This sudden development from the removal of the restraining power, affords an explanation of what long formed a difficulty in my mind—how so virulent a poison exerts so little influence as it does in one stage. That the gastric juice is absent in the most virulent form of the disease, is evident from the fact that food eaten one or two days before is frequently vomited, or found undigested in the stomach after death. There is another fact in the history of the disease, which would be elucidated by this explanation: the most frequent hour of attack is in the early morning, about 3 or 4 A.M., when, the process of digestion being long completed, the secretion of the gastric juice is for a time suspended. It is easy to imagine that, if a small number of germs could diminish the secretion, which in its turn restrained their growth, and if the natural multiplication of these germs were allowed for a short period, they would be

present in such numbers as completely to prevent the future secretion of the restraining power. The existence of such a specific germ is deduced from the production of all the effects which such a body, and only a living and reproducing body, could cause. That it is visible, or appreciable by the optic nerve, with the assistance of the powerful microscopes of the present day, is the conviction of many. Hallier thinks he has detected it in the shape of a fungus, and Parkes saw a multitude of animalcules in cholera-stools. The most searching investigation is now being made in Calcutta, by Drs. Cunningham and Lewis, on this point. The presence of lively animalcules in thousands, in cholera-evacuations, is constant, and might lead to the inference of their being the cholera-germ. The course of their existence passes through one stage, in which it has the form described by Hallier. It is intimately associated with the cholera-germ, if it be not the real one. "*Nosctur a sociis.*" My doubts of its being so rest on the fact, that a similar animalcule is found in every tank and drain in Calcutta, and in the evacuations in other diseases, though in comparatively trifling numbers. At the same time, I do not consider that the individuality of the germ depends on its being visible. There are many agents that cannot be seen that are appreciable by the olfactory nerve. Gases or vapours, that are invisible, yet may cause death, or lingering illness.

For practical purposes we have gained an important point. It may reasonably be inferred that this animalcule or infusorium thrives best where the cholera-germ is present, and that whatever acts on it will act in a similar manner on the cholera-germ. A series of most interesting experiments has been begun to investigate this point. All ordinary antiseptics have been used, and also all the remedies recommended in cholera. Their action was uniform, and the result curious, and likely to lead to valuable consequences. In the first instance, the remedies were applied to the animalcule in its lively state, and the effect was watched under the microscope. In some cases it was sudden death; in others, the motion slowly but certainly ceased; in others, they turned round about for some time and then ceased to move; whilst with other supposed valuable remedies they continued lively and unaffected. In estimating the value of these experiments, it must be borne in mind that they were conducted in glass tubes; whereas in the human body they have to be conducted in the stomach and intestines. The effect of these agents was very curious, and watched with great interest. The gastric juice was first used in the shape of *pepsine*, a neutral, or rather alkaline preparation. For some time it had apparently no effect, but gradually the motions diminished, though they had not entirely ceased in half an hour. The most interesting experiment was the addition of a very small quantity of acid to the pepsine, which renders it more like the natural gastric juice. The suspension of animation was instantaneous, more rapid than from any of the other agents that were employed; the outer coat of the corpuscle was then dissolved. When bile was diluted and applied, the motions gradually subsided; and when it was applied undiluted, the cessation was immediate; but there was no solution of the germ, as under the action of pepsine; in fact, after an interval of three days, the lively action returned. The effect of the cholera pill was curious; for some minutes there was little change, but gradually the liveliness subsided, till in from five to eight minutes only one or two continued in motion, and in ten minutes all were quiescent. It was here that I noticed the whirling round before death. The bodies remained in a quiescent state; but were not dissolved as under pepsine, or under acetic acid, which was the next remedy in rapidity and power. Carbolic acid, when strong enough, acted instantaneously in the glass tube; but it is too strong to put into the human stomach with impunity. Sulphuric acid had no apparent action unless combined with pepsine. In administering these antiseptic remedies to the human subject, their influence on the secretion of Nature's antiseptics—gastric juice and bile—must be considered. If they diminish these secretions, it is questionable if the substitute would prove more powerful in arresting the development of the germ. Even remedies which have no direct action on the germ, may prove powerful cures of the disease, by stimulating the secretion of the gastric juice and bile. This will account for the action of many remedies strongly recommended.

Another series of experiments was conducted by adding a little of the congeal-stool to tank-water, and, to separate specimens of this in test-tubes, adding the various antiseptics and cholera medicines, and watching the effect on the reproduction of the animalcules, compared with water in a standard test-tube to which no addition had been made.\*

The explanation of the action of the poison from excessive reproduction is very probable and satisfactory in cases which terminate fatally; but in many cases the violent prostration or collapse suddenly ceases, and

\* These experiments were commenced in October last by Drs. Cunningham and Lewis, but have been suspended for some weeks, as the animalcule have ceased to reproduce, probably in consequence of the cold season.



the ordinary healthy state of the body returns in a few hours. This may be explained by supposing that the symptoms are caused by the movements and living action of the germ; and that, on these movements ceasing, the symptoms would subside; but this cessation could not arise from the reappearance of the gastric juice, for, in collapse, none is secreted. In the innumerable cases which recover without the use of medicine, Nature alone must supply the remedy. Simultaneously with the cessation of the collapse and commencement of reaction, there is a change observed in the character of the evacuations, showing the presence of *bile*. Could this be Nature's repressing influence? *Post mortem* examinations show that there is bile accumulated in the gall-bladder, which, in the most intense cases, is often much distended. The bile evidently has not been allowed to enter the intestines, from some unknown cause. If this cause were spasm of the *ductus communis*, which would give way or cease on the total paralysis of the nervous system when death approaches, the bile might then escape, and, entering the intestines, come into contact with the active germ, and cause its death or suspend its action, so as to allow the restoration of the natural functions and of health.

The primary action of the poison is on the nervous system, and is limited to that portion supplying organic life. The secondary action is on the mucous surface of the intestines. I attribute the diminished secretion and excretion to diminished nervous energy, and the feeble action of the heart to the same cause; which, when intense, induces total suppression of the functions, or paralysis of the sympathetic and ganglionic nerves. The term paralysis is generally associated with loss of muscular power, and may be considered inappropriate where the muscular contraction of the intestines forms one of the most prominent symptoms in one stage of the disease, after the other functions of the sympathetic have been suspended. But they yield in progression—first, the secretion of gastric juice; then that of bile; then of urine; then the purification of the blood in the lungs; and, last of all, muscular action. Here, the name of paralysis is appropriate, and the meaning of partial paralysis is explained as indicating diminished functions. The secondary action of the poison I consider to be on the mucous surface of the intestines, causing irritation of the villous coat by the destruction of the epithelium. This arises from a change in the course of the vitality of the cholera-poison from a state of dormancy or inactivity to one of active life and reproduction, somewhat analogous to that of the *cysticerci*, which are quiescent and unproductive in the body until they reach the mucous coat, where they reproduce. This is an increased, not a paralysed action; paralysis here only comes on with the final expiring efforts of nature; when the spasm of the *ductus communis*, which retained the bile, gives way, and may permit the oozing out of the accumulated fluid, and allow reaction by discharging this vital active antidote to the poison.

Some who have thought much on this disease, consider that the primary action of the poison is to produce spasm of the small arteries; that the vomiting and purging indicate spasm of the muscular coat of the intestines; and that the spasm in the *ductus communis* and ureters causes the retention, not suppression, of the bile and urine. One of our most intelligent writers, Dr. G. Johnson, considers that the primary action is spasm of the pulmonary artery, impeding the circulation in the right side of the heart; that the lividity in collapse is caused by the impeded venous circulation, and "that, when this is not present, lividity is absent, and the lips of a patient in pulseless collapse are often as florid as in perfect health."

This must be a different disease from what we have in India, where I have never seen florid lips until reaction has set in. The *post mortem* appearances, described by Dr. Johnson, in the heart and lungs, are in accordance with my experience; but the gorged state of the right side of the heart may depend on diminished power of the heart to empty itself, as much as on increased power of resistance to the passage of the blood through the pulmonary arteries. A theory to be correct must explain all the symptoms, and not be incompatible with the course of the disease. This theory does not explain all the symptoms of the disease, either in its milder development of *malaise*, when there is no oppression of breathing, or in its most intense form, when there is neither vomiting nor purging. In the former there is torpor of the intestines, with a dull dead feeling in the abdomen, well known to all who have had much experience in cholera epidemics, which contradicts active spasm. It is evident that the muscular contractility of the intestines and *ductus communis* survives the failure of the secretions, in the milder form and intermediate stage; but this also subsides as the disease approaches a fatal end. I have not observed any priority in the symptoms in the lungs to those in the liver and kidneys, or to the feeble action of the heart. The circulation can be restored, in the most advanced stage, by the transfusion of saline fluids; the pulse revives, colour and warmth return, the spasm of the vessels in the lungs is no longer present;

but health is not restored, the abdominal secretions—the bile and the urine—do not appear, and death ensues.

The *post mortem* examination of those who die from the most intense form of the disease, shews no signs in the intestines, different from what is found after sudden death from lightning, with the exception of the presence in the duodenum and jejunum of a whitish fluid, which, when diluted with water, resembles congee-evacuations. When death takes place after partial reaction, there is often a pinkish tinge over the intestines; they feel doughy and thickened, with the mucous coat abraded, and deficient in epithelium. When reaction has been completely established, before death, there are often signs of inflammation of the mucous coat, with ulceration. These secondary signs are not always present, yet they are considered by some writers as indicating that the disease is essentially an inflammation of the mucous coat of the intestines. As the ordinary symptoms of such inflammation are totally wanting in the earlier stages of the disease, and the morbid changes are not found in its most intense form, it may be inferred that this state supervenes as a secondary change, induced by the impurities retained in the blood, by irritation from the vitiated contents of the bowels, or from stimulant remedies exhibited, as well as from the action of the poison on the epithelium. These signs are most prominent after protracted sickness. The rapidity with which convalescence takes place in slight cases, or when collapse has not long endured, contradicts any extensive inflammation of the bowels. In the stage of *malaise*, the employment of depletion, or of depressing remedies, is most dangerous, often leading to collapse and death.

[To be concluded.]

## TINCTURE OF PERCHLORIDE OF IRON IN ACUTE RHEUMATISM.

By W. T. GREENE, M.B., L.R.C.S. Edin., etc.

FOR a considerable time I had been aware of the beneficial effects of the perchloride of iron, in small doses (ten to fifteen minims), during convalescence from acute rheumatism, but had never prescribed it during the acute stage until after the publication of Dr. Russell Reynolds' paper in No. 468 of the BRITISH MEDICAL JOURNAL, when the success which he met with induced me to give it in several cases.

W. T., aged 33, had suffered from acute rheumatism on two previous occasions. I commenced the treatment by ordering thirty-minim doses of the tincture every four hours. On the following day, the pain in his knees was considerably better; the shoulders and wrists, however, had become affected, and he complained of headache. The dose was reduced to twenty minims, and convalescence was complete on the tenth day.

In the next case I was not so successful. Mrs. Y. had an attack of scarlatina, which had been immediately followed by acute rheumatism, the lower extremities being principally affected. I ordered her twenty-minim doses of the tincture of perchloride of iron every four hours, and found her decidedly improved the next day, but complaining of great debility. I increased the dose by ten minims: next morning, the pains in her joints were better, but she had a slight pain in the region of the heart. I ordered a blister to be applied, which was done. In the evening, the husband sent for me, saying that his wife was dying. On my arrival, I found her quite unconscious, with great dyspnoea and tumultuous action of the heart. I sent for some tincture of digitalis, and applied such remedies as were possible under the circumstances; but the power of swallowing was gone, and very shortly afterwards she breathed her last. No *post mortem* examination was allowed.

Mr. C., aged 36, had suffered from acute rheumatism when a child. When I first saw him, the rheumatic affection was confined to one knee and ankle. I ordered him thirty-minim doses of the tincture of perchloride of iron, and next day found that both knees and one shoulder were affected. He could not stir, and was suffering most acute pain. In addition, every now and then all his limbs were convulsed by a tetanic spasm, especially violent as he was dropping off to sleep, when it almost amounted to opisthotonos. He said, "You have been giving me steel, I am sure." I replied that I had done so. "Yes," he said, "I was sure of it; I have taken it once or twice before, and it always has the same effect." Although he had only taken four doses, it was nearly a week before the spasmodic twitching of his limbs entirely subsided. He made a good and speedy recovery under alkaline treatment.

I may have been specially unfortunate in my cases, but I certainly shall hesitate about prescribing iron in acute rheumatism in future—at least until the more violent symptoms have been subdued.



## THE ATMOSPHERE OF TOWNS IN ITS SANITARY ASPECT.\*

By GEORGE OLIVER, M.B., Redcar.

IN making the following observations on the atmosphere of towns, I am actuated rather by a desire to elicit information than to furnish new facts, or to suggest novel conclusions.

The desirability for some practical and efficient dealing with the condition of town-air is becoming more and more apparent. The town-system is rapidly extending, and all the evils connected with that system are being multiplied in number, and in intensity of operation: in proportion as towns increase in size, and in density of population, the atmosphere—no regard being paid to its purification—becomes more and more contaminated, or removed from the condition of it which nature provides for healthy respiration.

We are led to inquire, to what extent and in what way does the atmosphere of towns affect the public health? And, if injurious effects on the inhabitants of towns from the constant inhalation of town-air be even suspected, then how may these effects be efficiently counteracted? We may, I think, reasonably hold the opinion that the influence of the atmosphere on the general health and mortality of the inhabitants of towns, is beyond suspicion. Efforts are made to purify the atmosphere of towns by encouraging street-ventilation, and the application in all available instances of legislative enactments which obtain the complete combustion of fuel. Ventilation of towns is favoured by opening up confined streets and alleys, by the formation of parks, by removing houses and the like from the margin of rivers which run through, or in the vicinity of towns.

Mr. Haviland, in a paper recently read at the Ladies' Sanitary Association, on "Sea-air and Heart-Disease", of which an abstract was published in the *Journal* of July 17th, brought forward most instructive evidence to show the healthful influence of the ventilation of towns by means of atmospheric currents admitted along the tract of rivers from the coast: he justly insisted upon the beneficial effects on the public health of sea-winds, and of the bidirectional change of air consequent on the tidal ebb and flow which follow the course of rivers, and spread themselves over the adjacent country, and ventilate the streets of towns to which they are admitted; and, as a practical inference from the foregoing, he urged the importance of removing obstructions, situate on the banks of rivers, to the free course of these winds into the crowded streets of large towns and cities. It would certainly form a most interesting subject of inquiry to ascertain the effects—if any—produced by winds upon the public health and mortality of our large towns.

But some meteorological observers have concluded that towns, by virtue of the higher night temperature in them than in the surrounding country, possess the power of attracting currents of cold air from the country during the night. Mr. Mackereith, of the Salford Meteorological Observatory, in his report of last year, states that the difference in one week, during the month of July, was nearly seven degrees Fahrenheit, between the night temperature of Salford and that of Eccles, and he has no doubt it was double that amount in the closest streets of the town. Mr. Mackereith has pointed out the prevalence of diarrhoea, dysentery, and of fevers, in relation, or rather in proportion to the high night temperature of Salford.

We will now briefly consider some points connected with the smoke-nuisance, and the question of the combustion of smoke, or rather the complete combustion of fuel which prevents the production of smoke. Does smoke exert a prejudicial influence on the health of the inhabitants of towns? There is very little if any trustworthy evidence to show that smoke *per se* has any decided local effects on the respiratory organs; but we cannot correctly argue from this, that smoke has no influence whatever on the health, for it may act in other ways than by affecting those parts with which it is directly brought into contact. Smoke disseminated through the atmosphere influences the meteorological condition of the latter, chiefly by obstructing in part the transmission of the sun's rays through it, and by attracting humidity and gaseous effluvia and retaining them within its area. The caloric, actinic, and luminous rays are all absorbed by, or impeded in their passages through the smoke evolved into the atmosphere of towns: the actinic rays are more particularly absorbed by smoke. The sensitive plate of the photographer records with extreme accuracy the degree of chemical power of light, transmitted through the atmosphere; and the opinion of photographers is unanimous as to the absorption, to a very considerable

able degree, of the chemical rays by smoke; and so much is this the case that several eminent photographers, who established themselves in large manufacturing towns, have been compelled to remove to suburban localities, in order to preserve their reputation. The chemical rays of sunlight are perhaps more intimately connected with organic life than the heat or luminous rays; and the absorption of them by smoke may greatly retard hæmatisis, and the construction of tissues during the period of development; and may predispose to various forms of disease intimately connected with imperfect nutrition. Light, deficient in chemical force, may also favour the production of anæmia, so prevalent in our large manufacturing towns. The local effects of smoke on the respiratory organs may be trifling or insignificant, when compared with the influence which smoke probably exerts on the public health, by virtue of the power which it possesses of absorbing the chemical rays of light, and of preventing the diffusion of humidity and of effluvia of organic origin.

Though theoretical grounds on which we might object to the application of the acts providing for the prevention of smoke by complete combustion of fuel, probably do not exist, yet many difficulties of a practical nature stand in the way. It is true that, in merely controlling the emission of smoke from manufactories, by means of legislative enactments, we apply only a partial remedy; still, partial as it is, it is a remedy by which the smoke nuisance is very considerably reduced in some of our large manufacturing towns. The disinterested opinion of sanitarians on this important subject should be freely communicated to the state.

The discovery of some method of general application by which combustion of fuel might be made less wasteful, and less injurious to the public health, than the present, would confer incalculable benefits on the community at large—benefits bearing almost as much on the economy of public and private resources, and on practical sanitation, as the solution of the problem of utilisation of sewage. Attempts made to extend the application of the principle of complete combustion of fuel to private houses, will certainly fail unless some very cheap and simple arrangement, by which smokeless combustion may be efficiently secured, be discovered. The products of combustion might be made to traverse some system of drainage, having outlets away from human habitations; the smoke would in great part be deposited in its course, and it might then be utilised as manure, or in some other remunerative manner.

The absence of ozone from town air, or the presence of it in small quantity, is a significant fact, now well established by several competent authorities. Mr. Mackereith, for instance, failed to discover this state of oxygen in Manchester. Seeing that ozone is most abundant in localities reputed the most healthy, and that it is a natural ingredient of the atmosphere everywhere, *i. e.*, when the latter has not been polluted by human agency, surely we may anticipate the conclusion that the absence of it from the atmosphere of densely populated cities and towns will be attended by definite effects on the public health and mortality. A causal relation between ozone and epidemics has been long suspected; and, if meteorological observations were made in concert with correct returns of sickness and mortality, the disputed question would soon be settled. During last year, at Salford, it was found that "generally, as the amount of ozone decreased, the seizures in measles, scarlatina, typhus, and continued fever increased." But an atmosphere in which ozone exists in small quantity, and hence, probably, an atmosphere which possesses a feeble power of oxidation, may affect the health of residents of towns, otherwise than by favouring the occurrence of epidemics; thus, it may tend to produce or to aggravate various chronic ailments, more especially diseases in which an imperfect condition of the functions connected with nutrition plays an important part, *e.g.*, various forms of scrofula and allied disorders; it may also increase hereditary or other tendencies to degeneration, and the deposit within the body of the products of imperfect oxidation; such, at least, are the cases most benefited by an atmosphere well charged with ozone. The contrast, *quoad* the physical qualities and the physiological effects, between the atmosphere on the north-east coast and that of this large town is striking enough. Cases of scrofula do remarkably well on this coast, and especially at Redcar, where sea-bathing, on a flat sandy beach, is unusually good. For the treatment of such cases, Redcar in the north will perhaps become as well known as Margate in the south.

The atmosphere of large towns possesses an oxidising power over the tissues of the body, inferior to that of the open country, and more inferior still to that of mountainous regions, or of the sea-shore; hence it probably exerts a debilitating influence over the health of the inhabitants, and favours the development of chronic ailments connected with malnutrition, and the prevalence of epidemics.

Relating to the electrical condition of the atmosphere of various localities, we have the observations of Saussure, which show that the

\* Read in the Public Hygiene Section at the Annual Meeting of the British Medical Association in Leeds, July 1869.

intensity of the atmospheric electric potential "is much more considerable in elevated and isolated places, than in narrow and confined situations; it is nearly absent in houses, in narrow courts, and alleys, and in enclosed places. In crowded cities it is most intense in the squares and upon the bridges."

We can do little more than guess at the relationship which probably subsists, *ceteris paribus*, between the degree or intensity of the electric condition of the atmosphere, and that with which the functions of organic life are performed. It is indeed highly probable that, in proportion as the atmosphere loses its electricity, as in the ill-ventilated streets of large towns, it becomes less fitted for effecting the complete respiration of the tissues, and, in consequence of this, for sustaining the health in a vigorous condition.

Who can tell how important a due change of electricity in the atmosphere may be to the correct performance of the function of respiration? Who knows the exact position, if any, which the animal tissues hold as conducting media in the circulation between the positive electricity of the atmosphere and the negative electricity of the earth? and how far the health of the body may be affected by the removal of electricity from the atmosphere—the supposed circulation of electricity between the atmosphere and the earth, through the tissues of the body, being either diminished or broken?

As to the carbonic acid evolved into the atmosphere of large towns, I will make one or two remarks. The quantity must be very large; if we take the respiration of the inhabitants alone, we shall be convinced of this. Physiologists tell us that from forty to fifty ounces are excreted from the lungs and skin of an adult within twenty-four hours; if we take twenty ounces as the mean quantity excreted by one person, then calculation shows us that, for instance, the 200,000 inhabitants of Leeds are exhaling no less than 130 tons of carbonic acid gas into the atmosphere. The amount generated by the combustion of fuel must be enormous, and indeed must far exceed that excreted by the inhabitants.

It is not suspected that any accumulation of this noxious gas, likely to affect injuriously the health of residents in towns, takes place; chiefly because of the property of diffusion of gaseous bodies, which the atmosphere possesses in a marked degree, and because of atmospheric currents.

Such statements as these are sufficient to create in us great faith in the protective power of nature, over the health of densely populated towns; but we cannot implicitly trust nature unaided, where—as in crowded towns and cities—great and many are the departures from the practice, which we conceive nature herself dictates for her own guidance; and sanitary physicians, who regard the health of the people as that of one individual, know as well as ordinary physicians that nature will not bear more than a certain strain upon her resources, and that the less she is called upon to counteract the morbid agencies brought to bear upon her, the more secure will be the general health of the people from sudden and unexpected invasions.

## SYMPTOMS OF POISONING AFTER EATING SCARLET-RUNNER BEANS.

By GEORGE WELLER, M.R.C.S., etc., Surgeon to the Merchant-Seamen's Asylum, Snarebrook.

On the morning of May 10th, at 9.30, I was summoned to the above Asylum in great haste to see a child who was said to be seriously ill from eating scarlet-runner beans. When I arrived, I found a boy, aged 11, suffering to all appearance from symptoms of some irritant poison. He told me that at 7.30 A.M. he ate six of the beans, and would not confess to eating more. A 8 A.M. he partook of his breakfast, which consisted of one-third of a pint of milk and water and eight ounces of stale bread. At 8.30 he was violently sick, and continued to be so for an hour. When I arrived, at 9.30, he was being supported by the nurse, in the water-closet, in a state of collapse from repeated retching, together with excessive diarrhoea. His face was ghastly pale; the pulse imperceptible at the wrist. The matter vomited consisted of undigested food mixed with portions of the beans. The pupils were normal; the surface of the body was cold and clammy. On placing him in the recumbent posture, and giving small and repeated doses of hot brandy and water, he somewhat rallied, but felt much inclined for sleep. I ordered him to have a warm bath, and cataplasms to the calves of the legs, soles of the feet, and over the precordial region, and to drink freely of barley-water; he soon recovered, and was able to leave the ward the next day.

I consider the above case an interesting one. I have referred to two or three works on botany, and have failed in finding any remarks as to

the poisonous action (if any) of the scarlet-runner beans. Balfour, in his *Manual*, remarks that the roots of many species of *Phaseolus* are poisonous, naming the scarlet-runner root as one, but makes no mention of the bean. If the symptoms in the above case be not due to the poisonous nature of the latter, might not such alarming results follow a severe form of dyspepsia consequent on eating the beans?

## THERAPEUTICAL MEMORANDA.

### PERCHLORIDE OF IRON IN RHEUMATISM.

By THOMAS B. BOTT, M.D., Bury, Lancashire.

THE cases related some time ago by Dr. Russell Reynolds, and also those in the last issue of the JOURNAL by Mr. Buck, in which the tincture of the muriate of iron had proved very effectual in the treatment of acute rheumatism, remind me of a case in which it seemed to be the only medicine which did any good. Elizabeth H., aged 22, employed in a cotton-mill, had previously suffered from slight attacks of rheumatism. I first saw her on December 29th, 1868. She was sitting up in bed, breathing with some difficulty, and could not rest in a recumbent posture. She was suffering from acute rheumatism affecting the joints, complicated with valvular disease of the heart, pneumonia of the left lower lobe, and general bronchitis. The pulse was about 140, and the respiration about 40, during the first fourteen days of treatment. She appeared to be sinking, so that her friends thought it impossible for her to recover. On January 14th, 1869, I prescribed ten minims of tincture of perchloride of iron, with acetate of ammonia and chloric ether, to be taken every three or four hours. For the first time, she expressed herself relieved. The medicine was continued to the end of the month. She was then able to go about again. Since then I have prescribed the tincture of the sesquichloride of iron very extensively, not only in rheumatism, but also in inflammations generally, particularly where there is debility. I generally combine it with acetate of ammonia, which causes it to act better on the skin.

### THE LOCAL TREATMENT OF ECZEMA RUBRUM VEL MADIDANS.

By JOHN KENT SPENDER, M.D. Lond., Bath.

THE two main points which require attention are—(a) to apply something which cures as well as soothes; (b) never to put under that application any impervious covering.

*Eczema Rubrum* is very common on the skin of the leg and of the ankle, and is often connected with varicose veins. The irritation which it causes may be alleviated by dusting the part with dry astringent powders; and by painting on the pharmacopoeial preparations of glycerine; but it is seldom that a cure is effected in either case. Ointments of every kind are hurtful. After many trials of various remedies, I found, some years ago, that the common black wash (lotio hydragryi of the *Ph. B.*) is a very effective application. I mix with it a tenth or twelfth part of glycerine by measure, and then shake it well. A small quantity of this mixture being poured into a wide shallow vessel (as a saucer), strips of linen rag are soaked in it; and, after being lightly squeezed, are placed evenly and smoothly round the affected part of the limb, a portion of the black oxide of mercury adhering to the linen. Each strip should overlap the one above by nearly a quarter of an inch, so as to present an uniform surface covered by the dressing. A thin calico bandage will secure everything in its place, and keep it so. Between the dressing and the bandage there should not, on any account, intervene any impervious covering, such as oiled silk or a sheet of gutta percha. Such may appear to have the immediate advantage of preserving the moisture of the linen; but the disadvantage is decided and obvious—that the secretion of the diseased skin is prevented from evaporating, and it rapidly decomposes. Hence, not only is the eczema not cured, but fresh tracts of skin are liable to inoculation. A large area of the limb may become red, hot, and spongy, thin serum streaming out at every pore; and probably the limb is enlarged by oedema of the subcutaneous structures. Renew the dressings twice a day, and no harm follows their becoming dry, provided that they are completely saturated with warm water before removal. They are then easily taken off without hurting the patient or damaging the healing skin. Since 1860 I have treated a number of cases by the method now related, and I have been successful in all but three or four. And the defiant behaviour of these few suggested the application of a strong nitrate of silver solution before putting on the linen steeped in black wash; and this plan answered completely.



## REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN  
THE HOSPITALS OF GREAT BRITAIN.

## LONDON HOSPITAL.

VALVULAR DISEASE OF THE HEART: VENECSECTION ON THREE  
SEPARATE OCCASIONS.

(Under the care of Dr. SUTTON.)

THERE was a man, aged 48, lately in George Ward, whose case was a good illustration of the beneficial effects resulting from venesection, when the right ventricle of the heart is greatly distended, and there is passive congestion of the lungs. For the notes of the case we are indebted to Mr. Stephen Mackenzie. The patient was first admitted March 16th, 1869, suffering from great dyspnoea, lividity of the face, and a violent cough, with scanty airless expectoration. On examination with the stethoscope, Dr. Sutton found mitral and aortic valvular disease. There was some ascites. On March 25th, the lividity and dyspnoea were much increased. Dr. Sutton ordered him to be bled to thirty ounces. That quantity of blood was accordingly removed, affording him very great relief, without producing any faintness. He gradually improved, and left the Hospital for Brighton on May 19th. The sea-air, however, did not suit him, and he was readmitted into the Hospital on May 28th, all the urgent symptoms having returned. On June 2nd, pulsation was noticed in both internal jugular veins, especially the left, and a tricuspid systolic murmur was plainly made out in addition to those already detected (double aortic and mitral systolic). Owing to the emphysema, no cardiac dulness could be mapped out, nor could the apex-beat be felt. On June 19th, he complained of great pain at the pit of the stomach, and of cramps in the legs. He said that the previous night he noticed that the beating in the neck had stopped, and immediately afterwards he began to feel bad. Dr. Sutton ordered venesection to fifteen ounces. The blood was dark, and flowed in a sluggish stream. The pulse, before the venesection, was 84; after, 64; respirations 30, before and after. Towards the end of the bleeding and afterwards, he felt sick and faint, and sweated. In a few hours he was much improved and felt greatly relieved. He left the Hospital July 6th, much better. He was again readmitted October 22nd, with precisely similar symptoms as on previous occasions. They were somewhat relieved by expectorants for a time. On December 18th, however, as he had been getting worse for some days, and there was very great dyspnoea, and his face was very livid, Dr. Sutton again ordered venesection to thirty ounces. That quantity was taken without much effect, so that nearly fifty ounces were allowed to flow. Towards the close of the bleeding, he expressed himself as being greatly relieved; the lips became less livid; the pulse, which before was small and too, fell to 88; and the alterations in its character is well seen in the ap-

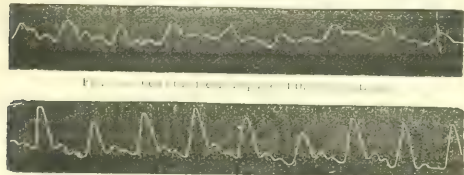


Fig. 2.—The markedly increased impulse or distension of the artery.

pendent sphygmographic tracings, taken by Mr. Herman, the Assistant Medical Officer: one was taken before and the other after the venesection.

## ABSCESS OF BRAIN.

(Under the care of Dr. SUTTON.)

A MAN was lately in Davies' Ward, under the care of Dr. Sutton, suffering from hemiplegia in the right side, aphasia, and great wasting of the body. These changes, Dr. Sutton believed, were due to abscess of the left hemisphere; that there was, in fact, an old encysted abscess in this part of the brain. The condition—hemiplegia—as Dr. Sutton remarked, might be due to many pathological changes in the left side of the brain; but when the history and his present condition were consi-

dered, the evidence was such as to enable one to say that in all probability the lesion in the brain was due to abscess. There were disease of the left frontal bone, and two or three depressions where pieces of bone have come away; and experience has shown that patients with disease of the skull are liable to suffer from cerebral abscess. The patient was, moreover, very much wasted, and such wasting is very common in cerebral abscess, and not nearly so common in other disease of the brain. There was no paralysis of any cranial nerve; and the absence of any such paralysis is very common in abscess of the brain. It is, on the other hand, frequently present in syphilitic disease of the brain, or in so-called brain-tumours (gliomata). Dr. Sutton, moreover, thinks that the abscess was encysted, because the patient had been some months in the Hospital, and his condition had not materially changed. That no suppurative inflammation was going on in the brain is shown by the fact that the temperature remained normal. The patient left the Hospital after some time for the Union.

## ST. BARTHOLOMEW'S HOSPITAL.

## GANGRENE OF THE FINGERS.

(Under the care of Mr. SAVORY.)

MR. SAVORY kindly pointed out to us the other day a very unusual case of gangrene of the little and ring fingers of the left hand of a young woman aged 30. She first noticed all the fingers of the left hand very hot and painful at Christmas. They were so hot that she put the hand into water to give her ease. There was but little swelling. She said that the "perspiration used often to stand in drops round the roots of the nails." The ends of the little and ring fingers are now black and gangrenous, but the other fingers do not appear affected. There is no loss of sensation. The hand appears wasted, and the interosseous spaces are not filled with muscle; but it is difficult to say whether any are actually paralysed. There is no swelling of the ulnar nerve, or any appreciable cause whatever for the gangrene to be made out. The patient was only admitted on the 21st. She is single, rather feeble, but has considered herself in fair health. Her occupation has been that of a cook. We recollect seeing a case of gangrene of the fingers of one hand in an old woman under the care of Mr. Hutchinson, in the London Hospital, four years ago. No cause could be detected. She left the Hospital in a few months, the gangrene not making progress. Since then all trace of her has been lost.

MIDDLESEX AND ROYAL LONDON OPHTHALMIC  
HOSPITALS.

## CASES OF INJURY TO THE EYE FROM THE BURSTING OF BOTTLES.

(Under the care of Mr. GEORGE LAWSON.)

CASE I.—*Rupture of the Globe and Laceration of the Eyelid from the Cork of a Ginger-beer Bottle.*—Annie C., aged 13, was brought to the Royal London Ophthalmic Hospital on account of the following injury to the eye. On August 1st, 1868, a little boy in the street was opening a ginger-beer bottle, when the cork struck her left eye. The upper eyelid was torn, and the globe was ruptured, the rent extending through the ciliary region in the upper part of the eye, and across two-thirds of the cornea. She applied to the hospital on the 4th August, three days after the accident; the wound was then gaping, the iris was prolapsed, and the tension of the globe was reduced to -T 2. There had been, probably, an escape of vitreous humour at the time of the accident. As the eye was irreparably blinded, and, from the nature of the wound, there was a risk of the other eye becoming sympathetically affected, Mr. Lawson excised the injured eye. From this operation, the patient soon recovered.

CASE II.—*Rupture of the Globe and Laceration of the Eyelid from being struck with the Cork and broken Neck of a Ginger-beer Bottle.*—James H., aged 50, came under Mr. Lawson's care at the Royal London Ophthalmic Hospital on August 6th, 1869, on account of the following accident. Three days previously, whilst he was endeavouring to uncork a bottle of ginger-beer, the neck of the bottle broke, and it with the cork attached to it, flew off with great violence, and struck him on the left eye. On his admission, there were wounds of both the upper and lower eyelids. Along the upper and inner border of the globe, there was a rent, about half an inch in length, in the sclerotic. There was clearly hemorrhage into the vitreous body, and probably also between the choroid and retina. The conjunctiva was red and chemosed, and the eye was soft, its tension being reduced to -T 2. He could just discern shadows in one direction. Under treatment, all the inflammatory symptoms subsided, and the eye became quiet, but the sight of it was irreparably destroyed.



CASE III.—*Large Wound of the Cornea and Extensive Prolapse of the Iris from a Blow on the Eye with a fragment of Glass, from the bursting of a Ginger-beer Bottle.*—W. G., aged 38, a publican, came to the Royal London Ophthalmic Hospital in August 1869, having, three days previously, received a severe injury to the left eye. He was about to open a champagne ginger bottle, when the bottle suddenly burst, and a fragment of the glass struck the eye, and inflicted a wound which extended through the margin of the cornea into the sclerotic. Through this wound, there was a large prolapse of the iris; the lens was uninjured. Mr. Lawson removed the prolapse, and applied a compress and bandage to the eye. The patient recovered, with a very useful eye.

CASE IV.—*Laceration of the Eyelid and Rupture of the Globe, from the bursting of a Soda-water Bottle.*—William W., aged 33, a publican, was admitted into the Middlesex Hospital on September 7th, 1869, on account of an injury he had just received to the left eye. He was about to open a bottle of soda-water, when the bottle burst, and one of the fragments struck the left eye and eyelid. On admission, the upper eyelid was found to have been torn through the tarsal border, and the globe was ruptured across the cornea. Through the rent in the eye, a large quantity of vitreous humour had escaped, and there was an extensive prolapse of the iris. The globe was soft and partially collapsed. As the eye was absolutely destroyed, Mr. Lawson at once excised it, and, at the same time, closed the wound in the lids with fine sutures. The patient soon recovered from the effects of the operation, and left the hospital on September 17th, quite well.

#### GLASGOW ROYAL INFIRMARY.

##### THE ANTISEPTIC TREATMENT OF WOUNDS.

BY OUR OWN REPORTER.

DR. EBEN WATSON has, with rare exceptions, discarded all forms of application of carbolic acid for wounds except the following: Crystalline carbolic acid,  $\frac{5}{8}$ ; rectified spirits,  $\frac{5}{8}$ ; water,  $\frac{5}{8}$ . This solution is, however, frequently used of much less strength. In burns and some ulcers, carbolated olive oil is employed instead of the above. The solution is employed in the way of water-dressings, which are frequently changed, strict precautions being at the same time adopted to prevent the admission of air. The wound is never allowed to become dry, but moistened with the solution while the dressings are being changed; but the lint next to the wound, called by Dr. Watson the "coon", is seldom changed at all.

By such means Dr. Watson has obtained great success in mitigating suppuration. In his wards we had the pleasure of seeing several compound fractures of the leg and wounds of different kinds healed or healing, with very slight amount of suppuration. In Ward 23 was a case of compound fracture of the ankle-joint almost well. In this patient, we were informed, the joint was opened and the end of the bone could not for a time be covered—a case which would certainly in such circumstances have been formerly amputated. In the same ward was a man who, we were told, had the inside of his arm lacerated, the elbow-joint opened, and the olecranon fractured, but who was now doing well, with a small superficial wound in the site of the injury. There had been slight suppuration in this case. Another compound fracture and an amputation of the arm in the same ward were just healed and ready to be dismissed. They were stated to have healed without suppuration. In No. 26 we observed a case of excision of the knee-joint doing well, but suppurating slightly, under Dr. Watson's dressings. In No. 15, a case of ligation of the femoral artery was progressing favourably, with very slight suppuration indeed. In an adjoining bed was a case of amputation of the arm in a boy operated on two or three days previously: we were informed the wound had almost healed without suppuration.

Our visit to Dr. Watson's wards was a hurried one; we cannot, therefore, give details of the progress of these cases, but merely the general results of his method of treatment, and they appeared to us, in passing through his wards, to be excellent. The wards are clean and sweet, and have, we understand, been free from pyæmia or other hospital disease for more than a year. The wounds were healthy, and, as a rule, presented very little suppuration. We saw no case, however, which presented a healing wound absolutely free from pus. The number of cases of severe injury in Dr. Watson's wards, as indeed throughout the hospital, is very numerous; and rare opportunities are afforded of estimating the value of the carbolic acid treatment of wounds.

Dr. Watson's theory, upon which he explains the excellent results obtained by him in his wards, is as yet imperfectly developed, and depends on the fact that carbolic acid coagulates albumen, and thus produces a protective layer on the surface of the wound. He believes that the carbolic acid, being highly carbonaceous, affords a pabulum to the

oxygen of the air, which latter unites with the carbolic acid, and not with the fluids or tissues of the wound, as it would otherwise do, thereby destroying their vitality. He does not accept the truth of the germ-theory propounded by Professor Lister.

We also paid a short visit to Professor Macleod's ward, where we received courteous attention from Dr. Haldane, the House-Surgeon. Dr. Macleod has given very large trial to Mr. Lister's dressings, and at present uses carbolic acid very extensively, in the form of oil and water solutions, in the strength of one to twenty and one to ten of oil, and one to twenty and one to forty of water. The only novelty which we observed in the dressings was the use of strips of lint dipped in the carbolic solution and covered by a bandage. This plan formed a neat and effective mode of dressing, and was very generally adopted in the wards. These dressings are frequently changed. Mr. Lister's shell-lac and other dressings were also employed, we were informed, in a certain number of cases. The cases in Dr. Macleod's wards looked healthy, and appeared to be doing well. We, however, are bound to state, that we saw no wounds either in Dr. Macleod's or Dr. Watson's wards which presented the total absence of pus observed in several cases of Mr. Lister's in Edinburgh, although the suppuration was in many very slight, and of a healthy character.

Dr. Macleod is, we believe, of opinion that the good results of the so-called antiseptic treatment resolves itself into the simple exclusion of atmospheric air, not of germs; and that if ordinary oil did not decompose when mingled with the discharges of a wound, and so make it necessary to renew the dressings frequently, all the declared good would be obtained from simple oil or water and plaster dressing. But oil, which Dr. Macleod prefers to the watery solution, soon decomposes and irritates, if not mixed with such an agent as carbolic acid, and thus results the double harm of the necessity of frequently exposing the wound and submitting it to the contact of a rancid substance. By mixing it with carbolic acid, however, he finds that it can be left in place for many days without causing irritation, and thus the better exclusion of the air is attained. During the last few months there have been admitted into his wards many of the worst cases of compound fracture, and several, we were told, had done as well as any by the use of glycerine or simple water-dressing.

Dr. Dewar, we believe, adopts Mr. Lister's germ-theory, and carries out his method of treatment extensively in his own wards. In Dr. Buchanan's wards, similar good results are, we were informed, obtained from the employment of carbolic acid.

#### THE SUSSEX COUNTY HOSPITAL, BRIGHTON.

We paid a short visit to this Hospital on Saturday, March 5th, and went round the wards with Mr. Upton, the House-Surgeon. The hospital enjoys an admirable situation, so far as ventilation and fresh air are concerned. It stands almost out of Brighton, high up on the chalk cliff, and facing the sea, whilst behind it are the open downs. It is in itself a very plain building, but, we believe, well adapted for its purpose. The staff is a large one, and its members attend every day both for in- and out-patients. It has 140 beds. The cases which we saw in the wards were of a very varied character; almost all medical ailments being represented, and most of the principal surgical ones. Amongst the more remarkable cases, we may briefly mention the following.

*Case of Hernia in which, after the Operation, a Fæcal Fistula had formed.*—The subject of this case was a lad aged 20, under Mr. Lowdell's care. His history was that, on the Wednesday before his admission, his hernia (right inguinal) became strangulated, but, on the next day it was reduced. On the Friday he was carrying a basket in the street, when it again came down; and, on this occasion, he was taken at once to the hospital. His symptoms were urgent; and, as the hernia could not be reduced, the operation was performed the same night. Thus, it was believed, that strangulation had not existed for more than a few hours. The sac was opened. Some days after the operation, feces escaped from the wound. At the time of our visit, the fæcal fistula was still open, but the case was otherwise doing well. It may be suggested as just possible that the gut had been damaged during the attack of strangulation two days before, and that the second operated the mischief.

*Recovery after Fracture of the Base of the Skull.* Mr. Upton mentioned to us two cases in which recovery had ensued after symptoms of fractured base of the skull. One of them, a boy aged 14, who had had paralysis of the portio dura and ecchymosis about the orbit, was still in the hospital. In him, the diagnosis was not by any means conclusive; nor were the symptoms severe. In the second, however, a girl who had had bleeding from both ears, with insensibility at first, and prolonged maniacal delirium afterwards, made a good recovery ultimately. In her

case, those who had the opportunity of judging, felt no doubt as to the existence of fracture.

**Case of Rodent Cancer of Eyelids, etc.**—The subject of this case was a man aged 59, under Mr. Lowdell's care. He had suffered from a sore on the right eyelid, over the inner canthus, for two years. He seemed in good health, and had no enlarged glands. The condition of the sore differed from what is usual in rodent cancer, in that there was much new growth. A great bossy hard mass, nearly an inch in thickness, had formed over the canthus, and entirely prevented the lids from opening. Yet it was clearly of the nature of rodent rather than epithelial, as indicated by the absence of warty growths, and of gland disease, in spite of its long duration.

**Syphilis.**—Cases of primary syphilis are admitted; but the female venereal ward contains but two beds—too few, we fear, for the wants of Brighton. Mr. Upton informed us that, of the male out-patient practice, two-thirds of the cases were, he believed, of venereal origin. There were several severe cases of constitutional syphilis in the wards. A poor woman who has repeatedly been under care on account of relapses of tertiary syphilis, has her face seamed all over with deep scars. Between the scars the skin is oedematous and thickened, and of a dusky aspect, just like that of true leprosy. Indeed, at first sight, her physiognomy might have been mistaken for that of the latter malady. There is, however, no anæsthesia, and no true tubercles, and it is certain that the case is really syphilis. She has, also, ulcers on the scalp and legs.

The case of a girl aged 19, named Nashford, under the care of Mr. Lowdell, interested us much. This girl has the back of her left ulna, from the tip of the olecranon to the junction of its middle third, quite bare. The exposed bone is not clean as after ordinary periostitis, but is rough and discoloured, almost in a pumice-stone condition. There is but little swelling of the soft parts; and, although the disease is so near the elbow, the joint is not implicated. These features mark the case as peculiar. It does not resemble either the ordinary forms of struma, or those of necrosis from acute periostitis; on the other hand, it is precisely like what is sometimes seen on the front of the tibia in cases of congenital syphilis. In corroboration of this latter view, we may note that the girl's teeth are suspicious, and that she had severe double keratitis about five years ago. We never saw a similar condition of things in the upper extremity before, and it is not very common on the tibia.

**Fever-Ward.**—The Hospital has a large airy fever-ward, and receives all the exanthemata excepting small-pox. The only place in Brighton where variola can be received is the Workhouse Infirmary. In the fever-ward, at the time of our visit, there were only three or four inmates, and all but one were convalescent. This ward is part of the main building, but at some distance from the others. The Hospital has no isolation-ward quite distinct from the main building; and cases of erysipelas, when admitted, are put in the general surgical-ward.

**State of Health in Country Districts.**—A great many of the inmates of the Brighton Hospital, at the time of our visit (and, we believe, usually), were not inhabitants of the town, but came from the rural population of the surrounding districts. We were struck, as we have often before been in visiting provincial hospitals, with the fact that agricultural patients do not present any superiority in appearance over those met with in the wards of our London hospitals. On the contrary, we think that, as a rule, a larger proportion in London would be found florid and healthy looking than in the country. Brighton and all the surrounding districts have of course splendid air, which is very life to a Londoner when he can get it; but the poorer classes probably do not get such a liberal share of meat and beer as our London artisans and labourers do, and hence their impoverished blood. We are of course speaking merely from impressions; but these have, nevertheless, been formed on considerable observation. Not unfrequently in a country hospital one scarcely sees a single patient who looks healthy in the sense of being florid and robust; nor have we observed much to support the belief that wounds heal better in these institutions than in London.

**Sea-bathing.**—The Brighton Hospital has but small arrangements for salt-water bathing. Patients who are able to descend the cliff—a steep walk—can bathe in the sea; and many, we believe, do so in the season; but, excepting a small supply by hand, no salt-water is furnished to the house itself.

**AMMONIA IN THE ATMOSPHERE.**—Mr. Horace T. Brown has just communicated to the Royal Society a paper on a new method of estimating the ammonia present in the atmosphere. He asserts that his method is simple, comparatively rapid, and accurate. He gives a number of determinations of ammonia in town and country air near Burton-on-Trent. —*Chemical News*, March 25th, 1870.

## MUSEUM NOTES.

### THE MUSEUM OF THE KENT AND CANTERBURY HOSPITAL.

We do not know whether to describe the Museum of the Kent and Canterbury Hospital as in embryo or already senile. It contains some very valuable specimens, and it has also a good many which were possibly very valuable once, but from which the spirit has, in more senses than one, been allowed to evaporate. When the improvements which are contemplated in the hospital building shall have been effected, the Museum will probably claim its share of attention. Meanwhile it is to be regretted that no catalogue is kept, since it will be increasingly difficult every year to get correct histories of the preparations which have been accumulated. Some of them have brief written descriptions attached; but, respecting the majority, the facts are as yet chronicled only in the memory of their donors. We were indebted to the kindness of Mr. Denne, Mr. Reid, and Mr. Hutchings, for the information which we are about to record.

**Enormous Calculi.**—The best part of the Museum is the collection of calculi; and amongst the most interesting of these are two very large stones which were removed after death from the bladder of a man who during life had been suspected of malingering. He used to walk with his body bent forwards, and professed himself unable to work. The case occurred thirty or forty years ago; and no facts are extant as to whether he was ever examined for stone. After death, his bladder was found to contain two calculi, each nearly as large as a closed fist; the larger one was oval and smoothly rounded in all parts; the smaller presented a large concave facet, produced by rubbing against the other. It is evident from the form of the stones that for long before the man's death they had occupied the same relative position to each other. The stones weigh together twenty-four ounces. It is worthy of remark that each in section shows the same stages of deposit; the nucleus of each is about the same size. They consist of lithates and lithic acid.

**Large Calculus, the extraction of which was attended by Laceration into the Rectum.**—Another calculus, of large size and extremely hard, is of especial interest, because its extraction was attended by laceration of the parts into the rectum. The patient was a man aged 75, who had long refused operation, and who was the subject of enlarged and indurated prostate. The calculus in section measures two inches and a half in one direction, and more than two inches in the other; it is composed of lithic acid, and is very heavy and hard. In its extraction, Mr. Reid adopted every precaution, having made a bilateral section of the prostate, etc. It was found impossible to break the calculus, and at length it slipped out, with laceration of the structures, into the rectum. The old man recovered, but with a recto-vesical fistula.

**Urethral Calculi formed on a long piece of Wire.**—Another very interesting specimen consists of a long piece of wire, on which are strung, like birds' eggs, a number of phosphatic calculi from the size of a bean to that of a sparrow's egg. The wire and its concretions were removed by Mr. Denne from the urethra of an Italian organ-grinder. The wire had been in the urethra about three months; the lower end extended into the neck of the bladder. The patient was a man aged 35. Some sloughing of the scrotum followed the operation, but recovery resulted, and the patient is now living. The operation was performed in the early part of 1855, and was recorded in the "Statistical Report of Provincial Hospital Operations" in the *Medical Times and Gazette*, 1855, vol. i, p. 570.

**Calculus of Hour-glass form, one half of which had been Encysted.**—A third case of vesical calculus is of interest on account of one portion having been encysted. The patient was a man aged 65, under Mr. Reid's care. By the usual operation, a stone of moderate size was easily removed. On examining it, Mr. Reid found that on one side it had a narrow pedicle which had been broken across; and on further examination, a large portion was found encysted at a part of the bladder where it could only just be touched. After trial of many expedients, it was found impossible to get at the encysted portion without enlarging the wound, and Mr. Reid accordingly laid the latter open into the rectum, after which the operation was easily completed. The encysted part was larger than the one which projected into the bladder, and weighed more than an ounce. After the operation, the man did well for some time, but the wound never quite healed, and he died about six months later. At the time of his death, there was a cancerous growth in the bladder.

**Five Calculi Removed by Lithotomy: a Sixth Extracted a few months later.**—Mr. Hutchings showed us five calculi which he had removed by lithotomy at the same operation: all consisted of lithates, and all were



small. The interest of the case consisted in the fact that, nine months later, the man had to be cut again on account of stone. On this occasion a large concretion was removed, which had a coating of phosphates externally, but in the centre showed one of the same size and character as the other five. Mr. Hutchings told us that he had no doubt that this stone had escaped him at the first operation. As the bladder had been carefully explored both by Mr. Hutchings and his colleagues, it is perhaps fair to suggest that the case illustrates what is not very unfrequently the fact in instances supposed to exemplify the formation of fresh calculi.

*Ovarian Cyst successfully Removed by Operation, with Laceration of the Pedicle.*—The Museum contains an ovarian cyst which was removed by Mr. Reid by a successful operation in 1863. The patient was a woman aged 27, who had been repeatedly tapped, and who had been the subject of ovarian dropsy for ten years: there were extensive adhesions, and in breaking them down the pedicle, which was very slender, was torn across; neither clamp nor ligatures were needed. Since the operation the patient has married, and she is still living.

## REVIEWS AND NOTICES.

LECTURES ON THE PRINCIPLES OF SURGICAL DIAGNOSIS. By F. LE GROS CLARK, F.R.C.S. Churchill and Sons. London: 1869.

THESE lectures were delivered before the Royal College of Surgeons during the sessions 1868-69. They have already appeared in the columns of this JOURNAL, and our readers have had the opportunity of appreciating their high merits. We need not, therefore, now do more than remark that they are republished in a handsome form, and that they will well repay perusal by all who have not already read them. They are essentially practical, and are full of that kind of information which might be expected from the pen of a surgeon of such large experience and such sound judgment as Mr. CLARK possesses. Numerous cases of great interest are mentioned under the various headings to illustrate the subjects discussed. We may particularise those of injury to the head and of injury to the spine. Several cases of recovery after severe injury to the skull, without operative interference, are related. There is a case of temporary but complete blindness after slight concussion noticed. We should have been glad of more detail, since a lad suffering from concussion might easily be deceived in such a matter. Some very interesting cases of "concussion of the spine", in which the symptoms came on some little time after the injury, are narrated. In some remarks on thermometric observations, the author mentions a case of cut-throat in which the temperature was as low as 91.2 for two hours, and yet the patient recovered. The lowest temperature registered before death in any case was 89.6 deg. The highest in any case which recovered was 105 deg. Several cases of shock, in which recovery followed, registered a temperature varying from 93 to 96 deg. When speaking of the passage of foreign bodies through the alimentary canal, the case of a gentleman is mentioned who undertook to eat a wineglass. He deliberately proceeded to masticate and swallow it. Great inconvenience followed. When just at death's door, he insisted on mounting his horse and riding out. The jolting had a most salutary effect; the obstructing mass was shifted and passed safely. In the College of Surgeons' Museum, there is, we believe, an egg-cup preserved which had passed safely through the greater part of the alimentary canal. Cases in which artificial tooth-plates passed safely through have lately been recorded.

Mr. Le Gros Clark's volume is well illustrated by woodcuts, and is printed in good clear type. The lectures which it comprises are twelve in number, and, in addition to the general principles of surgical diagnosis, they deal chiefly with the important topics of injuries to the head and spinal cord, and to the thorax and abdomen. Most of the woodcuts explain themselves very well; but there is one at page 109 which puzzles us, since it purports to represent the interior of the skull-cap of a man who is stated to have recovered, and who, we suppose, still wears it himself.

ON THE TEMPERATURE OF CHILDREN IN PHTHISIS AND TUBERCULOSIS. By JAMES FINLAYSON, M.D. Reprinted from the *Glasgow Medical Journal*, November 1869. Pp. 32. Glasgow: Dunn and Wright.

IN a paper on the Normal Temperature of Children in the *Glasgow Medical Journal* for February 1869, Dr. FINLAYSON contends that the daily range of temperature in the healthy child is greater than in the adult, amounting to as much as two or three degrees Fahrenheit; and that there is invariably a fall of temperature in the evening, amounting

to one, two, or three degrees (Fahr.)—the most striking fall usually occurring between 7 and 9 P.M., often before sleep comes on. He found the average temperature between 7½ and 9 A.M. to be 99.41 deg. in the rectum (=98.71 deg. in the axilla, nearly), whilst the evening temperature was invariably one or two degrees lower, or even more. In the present paper, Dr. Finlayson extends the use of the thermometer in the diagnosis of tubercular disease. In so doing, whilst fully recognising the value of Dr. Sydney Ringer's observations, he disputes his conclusion that there is a *continued elevation* of temperature in all cases of tuberculosis and tubercularisation; and considers that some of Dr. Ringer's temperatures are *too low*, which he ascribes to the short time during which the observations were taken. His own method is to introduce the bulb of the thermometer (well oiled) into the rectum, and keep it there till the mercury has remained stationary for from one to two minutes. In this way, he states that five to seven minutes usually suffice; whilst he thinks twenty to thirty minutes necessary in the axilla! His observations on children with tubercular disease (made in the Manchester Children's Hospital) lead him to believe that there are three principal types of tubercular disease, corresponding to Sir W. Jenner's clinical classification of "the insidious, the active febrile, and the anæmic." In this way, he combines the views of Jochmann (Berlin) and of Wunderlich. These three types may be briefly expressed as follows.

*First Type.*—The morning temperatures are normal, or rather less than normal; whilst the evening temperatures are more or less high. *E.g.*: a child has a temperature of 99.32 deg. Fahr. (rectum) in the morning, whilst the evening temperature = 101.53 or 101.80 deg. = the insidious and often unexpectedly fatal type.

*Second Type.*—The morning and evening temperatures are both high, whilst there are evening exacerbations. *E.g.*: a child has a morning temperature of 100.16 deg. Fahr. (rectum), whilst the evening temperatures are from 101.57 to 103.67 deg. = the active febrile type.

*Third Type.*—The morning and evening temperatures are both high; but there is a tendency to exacerbations at odd times. *E.g.*: on one day the child has a morning temperature in the rectum of 102 deg., and an evening of 102.33 deg. On another day, the morning and evening temperatures may be 102.6 and 104 deg. respectively. This characterises the adynamic type.

The author lays most stress on the continued *absence* of the evening fall in temperature, which he considers characteristic of the healthy child. For further details, we must refer to the pamphlet itself, which also contains a variety of interesting thermometrical observations in cases of other diseases, and details of the cases referred to the types above mentioned.

## INVENTIONS, &c., IN MEDICINE, SURGERY, DIETETICS, AND THE ALLIED SCIENCES.

### A RETENTIVE CATHETER.

MR. RICHARD DAVY exhibited at the Medical Society of London on March 28th a new form of retentive catheter, which possesses the three essential qualities required for general use; viz., 1, it is easy of introduction; 2, it is easy of retention; 3, it is easy of withdrawal. It consists of a French vulcanite catheter, through which a string is passed, that emerges at a hole an inch and a half from the point, and then bridging over the usual opening for the urine, is inserted securely at the end. The opening for the urine is punched out one inch from the end, and is on the opposite aspect of the tube to the usual hole. The handle consists of a leather collar, with a slot in it, a knot in the string, and a plug on it. 1. To introduce the catheter. Fix it on a long stilette, oil it well, and when the instrument is fairly in the bladder, remove the stilette. 2. To retain it. Draw the string at the handle, fix the knot behind the slot, and use the plug or not, at your discretion. The effect of this is to reduplicate the terminal portion (three-quarters of an inch) of the catheter, so that No. 12 in the urethra becomes equivalent to No. 24 in the bladder. 3. To withdraw it. Slip the string out of the slot; the elasticity of the tube restores the end to its original straight position, and withdrawal is painless. To render paragraphs Nos. 2 and 3 more distinct by an anatomical simile, suppose the end of the catheter to be a finger, then the string is the flexor tendon, and the elasticity of the tube the extensor. Any surgeon may now easily make his French catheters self-retentive; or the instrument may be purchased at a small cost of Messrs. Mayer and Meltzer, 59, Great Portland Street.



## NOTICE.

THE ANNUAL SUBSCRIPTIONS TO THE BRITISH MEDICAL ASSOCIATION FOR THE YEAR 1870 ARE NOW DUE: and it is a matter of great convenience to the Association, and conduces to the efficiency of its working, that they should be paid promptly.—Members of Branches, and all others who usually receive circulars at the beginning of the year from the local Secretaries, will greatly oblige, and will prevent trouble, by PAYING their SUBSCRIPTIONS TO THE LOCAL SECRETARIES, AND NOT TO THE GENERAL SECRETARY.—All other members should pay their Subscriptions without delay to the General Secretary, T. WATKIN WILLIAMS, Esq., 13, Newhall Street, Birmingham.

Members of the Association residing in the counties of Middlesex, Essex, and Hertfordshire (except those belonging to country Branches), should pay their Subscriptions to Dr. A. P. STEWART, 75, Grosvenor Street, W.; or Dr. ALEXANDER HENRY, 16, Great Coram Street, W.C.

## BRITISH MEDICAL JOURNAL.

SATURDAY, APRIL 9TH, 1870.

## DOES HOSPITAL CHARITY DEMORALISE?

WHEN it is asserted that the readiness with which gratuitous medical aid is afforded is a means of undermining the independence of its recipients and of promoting pauperism, it is desirable that the statement should not be received without some thought. It may be that those who make it are putting a too serious construction on an innocent matter; and it is certain that, if such a belief should gain strength and prevalence, it will very largely influence the prosperity of institutions which have hitherto been regarded as of a purely beneficial character. The public mind is at present much excited as to the possible evils of supposed charity, and it would need but a little help from the medical profession to diminish very quickly and very considerably the willingness to give money to hospitals. This might possibly be a source of great hardship to the poor, and even of serious loss to the public. For long we have been insisting that it is to the interest of the State to diminish the prevalence of disease, and to aid, when possible, in its speedy cure. A poor man disabled by sickness will probably be very soon a pauper and a source of cost to others; and, as the merest question of economy, humanity put aside altogether, it is worth society's while to do what it can to prevent, mitigate, or remove the disabilities of ill-health. A good pair of spectacles suitable for presbyopia costs about eightpence, and will enable the man who needs them to do what he could not do before—earn his livelihood. The same remark often applies to crutches, wooden legs, artificial arms, and similar helps to those in part disabled for life's battle. It would be the best interest of the public to supply such helps, if those needing them could not obtain them otherwise. If the medical profession were to refuse to operate gratuitously for glaucoma and cataract, it would be well worth the while of the different parishes to pay a fifty guinea fee for every successful operation on an able-bodied person, seeing that such operation would transform an involuntary idler for the rest of his life into a useful workman. There can be no doubt whatever that the poor-rate of England would at the present time be several thousands *per annum* heavier had it not been for Grafe's discovery of iridectomy. Many more men would be the subject of incurable strictures and consequent kidney-disease, if it were not for our liberal provisions for the gratuitous treatment of gonorrhoea; many a child would be blinded for life by purulent ophthalmia, if we did not encourage mothers to apply early for proper advice. A great argument in favour of "free" hospitals has hitherto been that, by removing every difficulty as regards admission, the poor are induced to apply early and before the ailment has become fixed. It is scarcely necessary to heighten our picture by suggesting the extreme importance of treating early all forms of contagious disease which may not improbably spread to others. So clear is the interest of the public

in the provision of prompt and efficient medical aid, that we can almost imagine a vigilant government taking the matter into its own hands, and compelling the adoption, during illness, of proper means of recovery. Such measures (we by no means advocate them) have, in fact, already been adopted in some well civilised countries, and they are justifiable under the pretext that every sick man is in danger of becoming a burden on the State.

Such being one aspect of the question, it is certainly worth our while, when we are told that our supposed forethought and benevolence are really a source of degradation to those whom we hoped to help, to question the information a little. Do our hospital charities destroy the thrift and self-reliance of those who receive benefit from them? We suspect that some opinions which have recently been expressed on this subject are much exaggerated. Without denying that all forms of charity may in some degree demoralise, we think that there is, in most cases, much to be said on the other side, and that of medical charity it may be asserted that it is least of all open to this suspicion. We speak of real illness, not of the cases in which illness is feigned in order to obtain its privileges. It would be most unjust to real sufferers if cases of this latter kind should be permitted to prejudice them. It is the business of society to detect the impostor, and it has no right to avail itself of the excuse that imposition is common as a reason for refusing relief to real distress. Respecting real sickness, it may then we think be asserted that it supplies precisely the circumstances under which help may be afforded without moral injury. The man who has been run over will, without undue sense of obligation, receive help from bystanders which he would have rejected under other circumstances. Nor is the recollection of the kindness with which such help was given likely to induce him carelessly or voluntarily to put himself in the way of danger again. A man may have been cut for stone very dexterously at St. Bartholomew's, or have had his broken thigh set at the London Hospital, but we doubt whether his memories of either institution will be so very pleasurable as to lead him to wish to be within their walls again. Nor is it very probable in itself that the fact that a surgeon has removed a poor man's cataract without charge will materially influence the conduct of the latter as regards the necessity of making provision for his house-rent and his baker's bill. If illness and injuries came as the penalties on unthrift, or if it were possible to render them sources of enjoyment, then there might be great danger. But whilst it is notoriously only practicable, in many cases, to mitigate their results, and to do that by painful methods, we cannot see that they present any attractions, whilst all will acknowledge that, with some exceptions, they come to us all as true misfortunes, without the slightest moral blame. They are in an utterly different category to the necessities and the luxuries of life, and every man's instincts tell him that they are so. It is possible that they may not come at all, and their severity can never be in the least guessed beforehand. Now, the duty of guarding against uncertain evils must always be measured by the amount of risk, and that risk must be estimated both as to its quality and quantity. It is wise to insure in the case of a railway journey, but scarcely so for an omnibus ride; and it might, perhaps, be argued without much risk of being accused of casuistry, that society ought not too much to discourage that temper of mind which looks for help to others under circumstances of great and unexpected distress. It is, at any rate, usually the attribute of a trustful and generous disposition, of one which would help others were the circumstances reversed. Caution is not always the quality in most request, and under many conditions courage, even to the verge of rashness, is far more valuable. If we put aside the very poorest, respecting whom no one can feel any objection, we may yet assert respecting the better-to-do patients who seek hospital advice, that their motives in nine cases out of ten are excellent, and imply, neither directly nor indirectly, any demoralisation whatever. In not a few instances, that thrift for which we are now so much alarmed is itself the cause. Now it is only when thrift passes into meanness that we, as a profession, have any right to complain of it. A person of limited means ought no more to indulge in extravagance in the luxury of medical advice than in books or musical instruments.

He ought not on every occasion of anxiety respecting his child or his wife to rush to the specialist of highest repute and leave upon his table guinea after guinea which can ill be spared. The motive which would impel him to do so is laudable, but his conduct would be imprudent, unthrifty, false to the real interests of his family and of the community. If such an one can procure for those dependent on him the best aid at a cheap rate, it is his bounden duty to do so, even at a sacrifice of pride, of convenience, and of inclination. A self-supporting institution is the better plan; but in many instances hospitals offer the only available means of efficient treatment. In such cases, gratuitous relief is obtained in consequence of thrifty habits; and that it is likely to diminish them in the sequel we can scarcely think probable. In the large majority of our out-patient rooms and waiting halls there is, we trust, nothing to damage the moral feelings of those who frequent them. Every gentleman treats his hospital patients essentially as he would those who pay him, and subjects them to nothing calculated to diminish their self-respect; and thus, if the motives which take a patient there are good, we see no reason why his character should receive any hurt. We confine our remarks to those whose motives are good; it is clear that those whose meanness prompts are likely to have their weakness encouraged by success. For their protection against themselves other measures are necessary.

#### TRIAL FOR MANSLAUGHTER IN MIDWIFERY PRACTICE.

THE trial of Mr. Griffith Roberts and his apprentice, Mr. John Griffith, at Carnarvon, has, we are glad to see, ended in the acquittal of both. The facts were briefly these. Mr. Roberts was engaged to attend Mrs. Jones in her approaching confinement. On the morning on which he was summoned, Mr. Roberts was tired and unwell, and, having taken diaphoretic medicine, wished to avoid the cold. He accordingly sent his apprentice, a young man of 19, who had been with him six years, who had often assisted him at midwifery cases, and who had also attended "several natural labours" alone. The apprentice's instructions were to send for his master if anything unusual was discovered. So far, however, was the precocious young obstetrician from any intention of observing such instructions, that he took forceps with him. After waiting some hours, he used the forceps, with the result that the uterus was detached from the vagina, and a laceration into the peritoneal cavity effected. It seems probable that intestine prolapsed through this laceration, and that young Griffith cut sixteen or eighteen inches of it away; finally, being unable to effect delivery, he sent for Mr. Roberts, who was already on his way. Mr. Roberts found a cross-presentation, turned the child, and delivered. He was not told anything as to what had happened, and did not even know that instruments had been used. In his evidence, he stated that immediately after the delivery the woman was in collapse; that she rallied for a few moments, expressed her thankfulness that it was over, and then again relapsed. "I formed the conclusion that she was dying; I left when I saw that I could do no more for her." The *post mortem* examination revealed the facts which we have already mentioned as to the laceration of the vagina; and, in the opinion of those who conducted it—probably correct—the forceps had been applied *outside the uterus*. A portion of intestine was wanting, and the deficient part, which had been removed, was subsequently discovered.

It is clear that, as regards Mr. Roberts himself, no blame could attach. There was nothing unusual in the employment of an apprentice to assist in attending midwifery cases, and there appears to have been sufficient reason to believe that this apprentice possessed adequate knowledge. The attempt at the use of instruments was without Mr. Roberts's sanction. The only point upon which we feel inclined to ask a question is, whether it is usual to leave a woman immediately after delivery who is believed to be dying. As regards the apprentice, it is quite clear that he very improperly undertook duties for which he was wholly unfit, and that he also acted very wrongly in concealing from his master what had happened. Although acquitted, he has, however,

had to bear the punishment of a criminal trial, with all its attendant anxiety, and we have no wish to add to this penalty by any censure of ours.

The case is, however, one of much importance to the profession. Under many circumstances, medical men are obliged to avail themselves of the help of assistants possessing no diploma. As a rule, such assistants are not allowed to undertake operations either in surgery or obstetrics, and are required to confine themselves to simple cases; this, however, varies with the known attainments of the assistant, and we suspect that in not a few instances the use of the midwifery forceps is permitted. As an illustration of foreign custom in this matter, we may mention that in Norway the midwives are restricted by law from the use of forceps and other obstetric instruments; whilst in Sweden the law allows them to use forceps, but forbids them to resort to other operations. Our English law holds a man equally responsible for ignorance, want of skill, or negligence, whether he possess a diploma or not, and a master would be held blameworthy for the shortcomings of his assistant only if the latter were acting under direct instructions. In public opinion, however, the master is certainly held responsible for the assistant, since it is on the master's recommendation and guarantee that the latter is employed, and to him the public looks for due protection. If he employs an unqualified man, it is his bounden duty to ascertain that he possesses adequate knowledge.

Mr. Roberts and his assistant have been placed in a very painful and critical position; the lesson of their misfortune is easy to be read, and we trust that it will not be lost upon the profession.

#### THE PROSPECTS OF THE CONTAGIOUS DISEASES ACT.

IF it be true, as is currently stated, that Sir Henry Storks retired from the contest at Newark on account of his unpopularity as an advocate of the Government control of prostitution, the fact is not a little ominous. Few men could have afforded better to come forward in the public advocacy of this measure. Sir Henry Storks would not have needed to appeal to French statistics, or to facts supplied by other observers. He might, in few words, have told the electors of Newark that by police regulations of the kind which it is desired to introduce into England, he had, in Malta, succeeded in reducing venereal diseases to a minimum, and in making prostitutes decent in demeanour. But, notwithstanding his strong case, he deemed it best to give way before the outcry which was raised. He felt, no doubt, as most gentlemen would feel, that such a subject was not a fitting one to be discussed in Newark market-place. There can be little doubt that his fate will be the fate of others, for there is no reason to believe that the sentiments of the Newark electors are at all peculiar to themselves. Mr. Acton proposes a gigantic task to the profession when he asks us to educate the public up to the belief that further legislation in this matter is desirable. To prevent the repeal of the present Act will probably be as much as it is possible to do for the present.

The present Act was undoubtedly passed without public cognisance, without even the full knowledge of our legislators themselves as to what they were doing. Now the public has been enlightened, and its scruples, its prejudices, and its passions are roused. The number of members of Parliament who would individually be prepared to vote for an extension of the Act will probably be reduced to a very small one by the secession of those who, if they did so, would be afraid to meet their constituents in the autumn; nor of our own profession are there many who are prepared to accept Mr. Acton's invitation, and to become public educators in the matter. Many of us would be glad to see prostitution put somewhat under the control of the police. We do not fear for the "liberty of the subject," and we do believe that venereal disorders might be somewhat diminished, but we are not enthusiastic in the matter. Physical gains and moral losses loom before us in such inextricable confusion, that we incline to attribute boldness rather than sagacity to those who entertain strong opinions on either side. We are not smitten with ad-

miration for the customs of Paris, and, bad as British morality is, we do not wish that it should be made worse. If prostitution could be controlled without the State seeming in any way to lend its sanction to vice, no one would regret it; but if it be possible to effect what is wished only by convincing the whole British population that well-regulated brothels are essential parts of our social scheme, if the disgusting discussion of the last few months is to be perpetuated, and if, as social teachers, we are to take Mr. Acton's books to the reading meeting and the Mechanics' Institute, then there are, we suspect, not a few, even amongst the best informed, who will declare that they have no great zeal in the contest.

Should it be thought best to abandon for the present the endeavour to procure the extension of the Act, it does not follow that we shall lose all fruit of the recent agitation. It may probably not be difficult to persuade Parliament to assist voluntary effort in controlling the ravages of syphilis by providing better means for its treatment. If the assertions of the advocates of compulsion, to the effect that the women, as a rule, gladly avail themselves of facilities for cure, be true, much good might probably be effected in this direction. It might be done, too, without much shocking the prejudices of the public.

DR. JOHN HARLEY has been appointed Physician to the London Fever Hospital, in the room of Dr. Murchison, resigned.

DR. G. E. SHUTTLEWORTH, Assistant Medical Officer of the Earlswood Asylum for Idiots, has been appointed Medical Superintendent of the Royal Albert Asylum for Idiots, at Lancaster.

It is estimated, says the *New York Medical Record*, that sixty millions of dollars are yearly spent in New York City for intoxicating drinks. This is about 75 dollars for each man, woman, and child, or 375 dollars for each male adult.

THE POLITICAL DISTURBANCES AT THE ÉCOLE DE MÉDECINE. The School of Medicine in Paris has been closed in all probability for a month at least; a measure which, after former somewhat analogous outbreaks, has been found necessary to the re-establishment of decorum and order amongst *Messieurs les Etudiants de Médecine*. Our Paris correspondent, in another page, gives an interesting circumstantial account of the recent disturbances.

#### ST. BARTHOLOMEW'S HOSPITAL.

We believe that it is not improbable that Mr. R. Brudenell Carter and Mr. B. J. Vernon will be appointed to the Ophthalmic Department at this Hospital when the new wards are ready. If this should be the case, St. Bartholomew's will obtain two very able men.

#### ALLEGED TRANSMISSION OF SYPHILIS BY VACCINATION.

THE late Austrian Minister of the Interior, Dr. Giskra, was asked some days ago by Dr. Roser, in the Parliament, whether it was known to him that a number of children in Styria had been infected with syphilis through vaccination. Dr. Giskra replied that it was true that fifty-five children had been infected through lymph obtained in Vienna by Dr. Kolisch.

#### MUNIFICENT CHARITY.

SIR F. CROSSLEY has offered £10,000 for the erection on a suitable site of a new infirmary at Halifax, on the condition that the present building shall still be retained and utilised as a convalescent hospital. Mr. John Crossley, the brother of Sir Francis, has offered to pay the entire cost of the sojourn of twenty convalescent patients at places recommended by the medical staff of the hospital.

#### THE LATE PROFESSOR UNGER.

A SCIENTIFIC investigation into the cause of the death of the late Professor Unger of Graz, has been entrusted to a Committee of the medical faculty of Vienna. A subcommittee, consisting of Professors Dlahuy, von Dumreicher, Rokitsansky, and Schroff, will examine carefully into the question, whether he died a natural death or was murdered.

#### VOLUNTEER MEDICAL ARRANGEMENT AT BRIGHTON.

WE understand that, although not yet officially appointed, Brigade-Surgeon Cordy Burrows, 1st Sussex Artillery Volunteers, will have charge of the medical arrangements, a sufficient guarantee that they will be as efficient as circumstances will permit. We are requested by Mr. Burrows to present his compliments to any members of the Medical staff attending the volunteer review on Easter Monday, who may not receive a direct invitation from him, and to state that he hopes to have the pleasure of their company at breakfast in the Royal Pavilion on the morning of the review. Breakfast will be on the table from 9 to 11 A.M.

#### THE OXFORD AND CAMBRIDGE BOAT-RACE.

Was the Oxford and Cambridge boat-race of Wednesday, with its accompaniments, a good and desirable thing or not? We, who are apt to look at an assemblage such as took place on that day, through the medium of the College of Physicians' nomenclature of 1200 injuries and diseases, are more than inclined to say that the attendant evils largely outweighed the beneficial effects likely to follow the outing and the healthy influence of seeing a manly trial of skill and strength. It is needless to remark on that tender and delicate, but woefully mistaken and temporary regard for his stomach—that propensity for eating and drinking to excess on such occasions, which is a feature inseparable from John Bull, and for which he very surely and properly suffers on the following day, if for no longer a period. We pay as little regard to the excuse offered for other animal propensities on these occasions. Our anxiety lies in another direction; and it is to draw the serious attention of the police, although we fear with the prospect of no response, to the absolute and neglectful absence of arrangements along parts of the course for preventing the dangers of overcrowding that we now venture to speak. We shall take, for instance, Hammersmith Bridge, where, we believe, the greatest overcrowding took place. Here, shortly after the race, a mass of people, packed as closely as could be compatible with respiration, and numbering several thousands, swayed across from the Surrey side, pushed from behind by a vast crowd impatient of delay. As in all great crowds, individual efforts were almost in vain, and as a consequence a considerable number of people were more or less, and some seriously, injured. We had personal experience of Hammersmith Bridge at this time, and have no hesitation in saying that the occurrence of such a scene as we then saw was disgraceful to the police of our metropolis, who might have anticipated such a state of things and taken some measures to mitigate the evil. Numbers of women and a few children who had somehow got into the crowd were knocked over or crushed against the iron railing of the bridge amidst the coarse jokes of London roughs. We saw one boy who had received a severe wound on the head; and we are mistaken if a long list of casualties might not be obtained which would scarcely be credited. We shall endeavour to obtain an approximation of the number of accidents which did occur, and shall be glad to hear from medical men of cases which may have come under their observation. Had it not been for an occasional barricade in the shape of a vehicle, it is impossible to say what might have happened. The overcrowding existed to a dangerous but less extent in other parts of the course, where there was the same absence of any police supervision. If the police are unable, or rather unwilling, to prevent a repetition of such scenes, the race had really, for the benefit of the community, be removed elsewhere.

#### DEATH OF A LUNATIC IN HANWELL ASYLUM.

AN inquest has been held on the body of a man named Bird, aged 51, who died in Hanwell Asylum. Bird had been admitted on the 26th February debilitated and partially paralysed, but was gradually improving in health till 27th March. He then had a "strong fit." He died in the evening of the next day. At the *post mortem* examination four ribs were found to be broken on the left side, and there were slight bruises on other parts of the body. It appeared that a slight fit had occurred during the night of the 26th-27th and was not reported. The



doctor who saw him after the "bad fit" was not told till the morning of the 28th that the patient had fallen, and then only when he asked. No evidence was given by anyone who saw the patient fall, but he was found "in a fit leaning against a chair," having "fallen partly on the floor and partly on the chair." The medical evidence was decided that the man did not die from the fractured ribs, but from epilepsy.

#### A NEW TEST FOR ALBUMEN.

DR. C. MEYMOTT TIDY, Joint-Lecturer on Chemistry at the London Hospital, has noted that a mixture of equal volumes of acetic and carbo-lic acids is a far more delicate test for the presence of albumen than any other method that has been proposed. In using this test with urine, it is necessary to shake the test-tube, as some opacity is produced by the mere admixture of fluid, which, however, disappears on agitation.

#### BLACKHEATH COMMON.

IN consequence of a memorial which has been presented by the Inclosure Commission regarding Blackheath Common, the draft of a scheme has been prepared and printed pursuant to the Metropolitan Commons Act, including the regulations which the Board intends to adopt for the proper preservation of this valuable space. To those interested we may state, that copies of the scheme, maps, &c., may be seen at the Alexandra Rooms, Blackheath, and at the office of the Greenwich District Board of Works, and that suggestions or objections respecting the schemes will be received by the Inclosure Commissioners.

#### MEDICAL EDUCATION.

DR. PAGET, President of the Medical Council, writes to the *Times*, calling in question Sir John Gray's statement regarding the Universities and Medical Corporations of the United Kingdom, which he made in moving the second reading of the Medical Acts' Amendment Bill. He then said, that "with few exceptions none of them resorted to the practical test of bringing the candidate to the bedside, and asking him to specify and explain the disease." Dr. Paget in reply states, "that thirteen of the nineteen bodies constantly apply this test, and of the other six two apply it partially, and one confers its degrees only on medical practitioners of some years' standing."

#### THE MARGATE SEA-BATHING INFIRMARY.

THE annual meeting of the Margate Hospital for Scrofula was held last week. It was decided to carry out certain improvements required in the present building, but not to attempt any enlargement. We believe that the Directors are fully alive to the need of a new building, and they have wisely declined to add any new wards to the present one. As usual, want of funds is the reason for not attempting more. Our recent comments have been, we believe, the means of attracting attention to the desirability of certain changes, and before next year we shall hope to record evidences of greater energy. The following are the years and statistics. In January 1869 there remained in the home 135. The number of patients admitted during the year was 583, and the mortality was nine. Of those who died, four were men, one a woman, and four children. The number of out-patients treated during the year was only 103.

#### HOSPITAL RELIEF.

AT the meeting held at the Royal Medical and Chirurgical Society's Rooms, Dr. Yeo referred to the excellent arrangements in force in the out-patient department at Guy's Hospital. We think that an account of the plan may prove valuable in the future consideration of the subject, and therefore give the details of the system somewhat fully. We are told that it answers admirably at Guy's, an establishment where every person coming for advice is expected to have it gratuitously, and without any intermediate obstacle in the way of a letter of recommendation. In the first place, the structural arrangements of the building are particularly well adapted for the purpose. The division of labour among the staff is so arranged, that there is no undue pressure on any one of the nine members who constitute the chief agents specially ap-

pointed for the work. Four of them attend twice a week, while the remainder come only once a week, and their attendance is largely supplemented by dressers and senior students. Ordinary medical cases are restricted to three days a week, and ordinary surgical cases to four times a week; diseases of women, and diseases of the eye and ear, to two days a week respectively. To render the work on the medical side less irksome and laborious to the physician, a house-physician or assistant medical officer is appointed, whose sole duty it is to see the surplus cases not seen by the physician for the day, in a separate room, and during the time when the physician is also at work. But, previously to either commencing work, the two medical clerks attached to the physician go round all the new applicants and select about twenty of the graver cases for special advice by the physician, and present them with letters and cards to continue their attendance on the same day in each week. The house-physician sees to the wants of the remainder; and, after three months of this work, he comes into office in the wards, and takes the title of senior house-physician, having nothing then to do with out-patients. On the surgical side, where there is of course the greatest pressure, the assistant-surgeons are assisted each by four or six dressers, who contrive to see, dress, and prescribe for a vast number of venereal and what are usually called trifling cases, carefully selecting the graver cases for the inspection of the surgeon, and distributing an average of twenty new letters and cards among patients who are likely to be benefited by a continuous attendance, and to be retained by the surgeon. It is a remarkable fact that, although the Committee has put up charity-boxes asking the patients who can afford it to contribute their mite to a Samaritan fund for the relief of their poorer brethren when they leave the hospital, the average amount collected in these boxes during the last few years has been 3s. 4d. *per annum*.

#### THE SANITARY STATE OF PENRYN.

IN a previous number we stated that Dr. Thorne Thorne had been sent down by the Privy Council to make an inquiry into the sanitary state of Penryn. The results of that inquiry are described as follows. Penryn, which is situated on the declivity of an eminence, consists mainly of two nearly parallel streets, communicating with each other by means of shorter streets running at right angles. Two small streams run through the town. Dr. Thorne Thorne states that neither the Local Government Act nor any other similar Act has been adopted in Penryn; and that in the borough the local authority is the Town Council; and in that part of the town lying without the municipal boundary—in the parishes of St. Gluvias and Budock—the Falmouth Board of Guardians are the nuisance authorities, and the respective vestries are the sewer authorities. Here is to be found the confusion which is so commonly to be met with. The Inspector says that the drainage works are insufficient and structurally bad (most of them being rudely constructed of rough stones); the gully-holes are often blocked up; the gutters are so placed that the fluid contents soak into the foundations of the houses, and stagnant pools and decomposing filth of various descriptions lie about the roads; and, it is said, the inhabitants empty the contents of privies and cesspools into the street, leaving them there until removed by carts. The contents of the privies of the higher dwellings soak into the houses on a lower level, and many of the houses are unfit for human habitation. Dr. Thorne Thorne says that "hardly a spot in the borough seemed free from the stench produced by the accumulations of excremental and other refuse on premises; and so disgusting was the condition of many of the yards, that the children in their play were compelled to dabble in the overflow from cesspools." Overcrowding prevails to a considerable extent, large numbers sleeping together regardless of age, sex, and relationship. The streams which flow through this place are stated to be in many places simply open sewers of the worst description. This is the account of the portion of the place presided over by the Town Council; and the only difference between this portion and the rest would seem to be that the part in Budock parish is, "if possible, even more filthy and neglected"; and St. Gluvias does not appear to be much better, drainage being entirely absent, and nuisances

abounding everywhere. It can scarcely be a matter of surprise that, in a place which Dr. Thorne Thorne rightly describes as possessing all the well-recognised causes of typhoid fever, that disease should have prevailed for years, and at last have assumed alarming proportions. During the last four months of last year there were 240 cases in a population of 3850, and 10 of these cases terminated fatally. Doubtless the authorities will at once see about carrying into execution the various duties entrusted to them; and we trust that, if there be shown any disposition to delay, the Government will at once take the matter in hand.

#### BRITISH MEDICAL BENEVOLENT FUND.

TEN applications for relief were laid before the Committee at their last meeting, and the sum of sixty pounds was dispensed in grants. A donation of £5 was announced, from Bernard Kendall, Esq., of Rajpootana, India; also an additional donation of £10 from Dr. Bisset Hawkins.

#### DR. LOCKHART ROBERTSON.

THE officials of the Sussex Lunatic Asylum at Hayward's Heath—ninety-five in number—have presented to Dr. Lockhart Robertson an address, beautifully illuminated and bound in morocco, on his retiring from the office of Resident Medical Superintendent.

#### POISONING WITH STRYCHNINE.

AN inquiry has been held, at Wigan, into the cause of death of the man at Pembleton who was poisoned with strychnine. The surgeon who dispensed the medicine said he was not aware that there was any strychnine in a crystalline form in his surgery, and the bottle containing the poison was not properly labelled. The jury returned a verdict, attributing the death to censurable oversight on the part of the surgeon, and they attached great blame to those who placed the bottle in its position without a label.

#### NORTHAMPTON AND ANTI-VACCINATION.

NORTHAMPTON is like the ass in the fable, of whom we read, that the more his master tried to pull him forward the more did he insist on going backwards, not seeing the precipice behind. We sincerely hope the inhabitants of Northampton will learn to believe in the protective power of vaccination before they are taught by experience the fatality of unmodified small-pox. They are playing a dangerous game to themselves and to the community at large, the responsibility of which we very much wish we could bring home to such men as Dr. Pearce, in a manner that would effectually prevent their further disgracing the profession by inflammatory speeches like his recent one at Northampton.

#### THE ISLINGTON GUARDIANS.

MR. FAIRBANK, a stupid guardian of Islington, objected, the other day, to the appointment of Dr. Turner because he had been "too liberal in his relief of famine-fever patients," and because, further, he was actually ordering them steel wine to the extravagant amount of nearly four pints a week! Mr. Fairbank also "considered poor people had no right to such expensive medicines, believing they did them no good." With regard to Dr. Slater, another gentleman who has been rash enough to offend these guardians, his office is to be advertised as vacant. One guardian, more cautious than the rest, warned the Board that this proceeding "would be sure to create a discussion in the medical world." We hope the rashness of the guardians may be richly rewarded by all the publicity the case demands.

#### KRYPTOPHANIC ACID—A NEW ACID EXISTING IN URINE.

DR. THUDICHUM has lately communicated to the French Academy of Science, and to the Chemical Society of London, an account of a nitrogenous constituent of urine, to which he has given the name Kryptophanic Acid. Next to urea, it forms the most abundant organic constituent of urine. Its salts are in general soluble in water and insoluble in alcohol, and advantage of the latter fact is taken in the process

followed for the extraction of the acid. The formula of the free acid is  $C^{10} H^{10} N^2 O^{10}$ . There are several sets of salts, some containing four equivalents of base, some containing three equivalents, and some with only two equivalents. The mercury salt is insoluble in water, and is thrown down along with the mercurial compound of urea in the ordinary process for the estimation of urea in urine. It will, therefore, be requisite to apply a slight correction to the results of urea-determinations in order to allow for the presence of kryptophanic acid. The process by which the new acid is obtained is, in outline, as follows. The urine, after having been treated with milk of lime, filtered and concentrated by evaporation, is slightly acidified with acetic acid, and precipitated by alcohol. The crude kryptophanate of lime is purified, and converted into lead-salt, which is decomposed with sulphuric acid.

#### SANITARY LEGISLATION IN AUSTRIA.

A BILL for the Amendment of the sanitary organisation of the Austrian empire has been within the last few days under discussion in the House of Deputies in Vienna. The question at issue appears to be, whether centralisation of the sanitary department shall or shall not be maintained.

#### THE BRITISH ASSOCIATION COMMITTEE ON SEWAGE.

WE understand that the subscriptions to the fund for defraying the expenses of the proposed inquiry already amount to upwards of £1,200; and that, after careful consideration, the Committee has decided that the inquiry shall be commenced at once. Looking over the list of towns contributing, many important populous places appear conspicuous by their absence; and there is every reason to anticipate that a much larger sum will be obtained eventually, so as to meet the requirements of the case; for the Committee expresses the opinion that, unless a much larger number of towns join in contributing, the inquiry cannot be of the extended character desirable. It appears that towns in the northern manufacturing districts have subscribed most numerous, and, with some exceptions, most largely. Glasgow, Greenock, Manchester, Bolton, Salford, Halifax, and other towns in Lancashire and the West Riding, are prominent in this respect; the Cheshire towns also figure in the list. It is remarkable, however, to find that Liverpool, Stockport, Chester, Dudley, Leeds, Sheffield, Preston, Oldham, Blackburn, Rochdale, Hull, Newcastle, and Sunderland, with many others of less magnitude, have not yet come forward. Considering the need that there is in some of these towns for improved arrangements as to sewage, this fact is remarkable, more especially since the late Report of the Commissioners on River Pollution has represented strongly the monstrous condition of the streams in their neighbourhood. Seaport towns are represented by Plymouth, Cardiff, Greenock, West Hartlepool, and Lynn; but Liverpool, Bristol, Portsmouth, and Southampton do not appear. Several of the suburbs of Liverpool appear as contributors; but, as that town is about to sustain a visit from the British Association bodily, it may be this is regarded as a reason for husbanding its resources. The only seaside watering-places in the list are Brighton, Torquay, Tynemouth, Blackpool, Ramsgate, and Weymouth. Bath and Malvern are the only inland ones. But the strangest deficiency of all is that London is not represented either by the corporation or by the Metropolitan Board of Works, although those bodies have charge of the interests of so great a part of the population of the country. We shall look forward with great interest and anticipation to the results obtained by the labours of the Committee, which, we understand, are now being actively entered upon.

#### MARLBOROUGH COLLEGE.

MARLBOROUGH COLLEGE, in common with many other large schools, has failed to escape an outbreak of scarlatina, generally rife as it has been throughout the country during the last two years. At one period, for nine and a half consecutive years during its history of five-and-twenty years, no case had occurred in the College; but about the middle of February, soon after the reassembling of the School, an outbreak of the disease appeared. The first cases were of a mild type; but the charac-

ter of the disease in a few weeks began to assume a more serious aspect. In the course of a month upwards of sixty cases occurred, and of these three terminated fatally. The College has an excellent sanatorium attached for the isolation of cases; and every precaution is taken, under the watchful care of Dr. Fergus, the Medical Officer, to prevent communication between it and the School. Circulars, however, were sent to the parents stating how matters stood, and leaving it open to them to recall their sons or not. A certain number have availed themselves of this arrangement, but none of the boys were allowed to depart who showed symptoms of being attacked by the disease, or who were at all unwell. The railway authorities were also requested to adopt precautions for the isolation of the boys as far as possible in separate carriages during their journey. Since the dispersion of these boys a fortnight ago very few fresh cases have appeared, and we trust that the outbreak is now at an end. Every advantage will, no doubt, be taken of the opportunity afforded by the Easter holidays to ensure a very thorough and efficient cleansing and disinfection of the whole College. Such outbreaks do and will continue to occur whatever precautions are taken; and we have reason to believe they are very ample at Marlborough College. It would, however, we think, be a matter for the serious consideration of the authorities of not only Marlborough College at the present moment, but of all schools, whether parents and guardians, thoughtless as they too frequently are in such things, should not, as a matter of course, and as one of the regulations of the Institution, be earnestly cautioned against exposing a school to the risks of an outbreak by sending their sons thither when the slightest suspicion of danger exists in this direction. They should, under such circumstances, be made to communicate, in the first instance, with head-quarters. Rules might be drawn up by the medical officer for the guidance of parents in this matter, so that there might be no excuse for pleading ignorance on their part. By some such means outbreaks might, we are confident, be frequently prevented, and much life and inconvenience saved. Furthermore, as a matter of policy, the adoption of such precautions by any school would not fall to be appreciated by anxious parents.

#### THE NATIONAL HOSPITAL FOR INCURABLES.

It is to be hoped that the National Hospital for Incurables, which is about to be formed at Cowley, near Oxford, will adhere strictly to what is its chief recommendation, "the principle of admitting persons on the certificate of their fitness, without any canvassing of votes." It must have often been a source of discomfort to the minds of honest people who may have become subscribers to the Hospital for Incurables at Clapham Rise to think that they were assisting to foster a system rotten in principle, and which on its very face pandered to the vanity of the majority of the voters. What the plan in force at the Clapham Institution for admitting patients is we need hardly say, as almost every one has suffered from assaults—it may be, of fair canvassers. It is simply this. A certain sum of money entitles the subscriber to a certain number of votes, and the more money the more votes. A few vacancies are declared by the committee; tickets are prepared by the friends of candidates on which the name, age, civil state, sorrows and afflictions of the sufferer are printed, backed up by the names of several clergymen, doctors, and others, all of whom express themselves as ready thankfully to receive proxies on behalf of the candidates for the ensuing or subsequent elections. These tickets are sent over the whole country, and a very great amount of labour, time, and money, is, we think, inexcusably wasted in procuring a sufficient number of votes to obtain for the individual applicant some benefit in the charity. To such an extent is the system carried, that the money alone expended in this way would, we believe, have endowed over and over again half a dozen charities of the kind. It is very easy to say that the money which affords relief to so large a number of incurables would not be obtained were it not by the encouragement of the present system. This we do not for one moment believe. We have a higher idea of charity in this country; and, rather than that our charitable institutions should obtain their means for relief in this way, they had better not exist at all

There are, doubtless, a very large number of subscribers to the Hospital for Incurables who give of their means from the most benevolent and charitable motives, although there are others who, we fear, cannot be fairly included in this list. The worst feature of the system, however, is this, that the cases are practically admitted not so much in respect of their comparative fitness, but according to the number of votes which the interest of their friends may have obtained for them. Now this is not as it should be. Whatever good the system may have at one time possessed, it is at any rate shamefully abused now, and the result is, of course, a movement for the purpose of founding a hospital in direct opposition to the principles of that at Clapham. If the National Hospital for Incurables strictly adheres to the principles proposed by its promoters, we are confident that it will prove a success, and receive the support of truly charitable people.

#### FILTERS AND FILTRATION.

THE process of filtration has recently received a totally unexpected elucidation, and one which is of great importance in regard to the use of filters for improving the condition of water intended for domestic use. We refer to the results obtained by Dr. Frankland in his experiments on sewage, and published in the Report of the Royal Commissioners on River Pollution. These results conclusively establish the general fact that the filtration of an aqueous solution is not a merely mechanical operation—that is to say, it does not consist merely in the separation from the liquid of any material that is suspended in a minute state of division causing turbidity; but that, in addition to this, filtration comprises a chemical alteration of material dissolved in the water. It is chiefly in regard to such alteration of organic material dissolved in water that Dr. Frankland's experiments have been conducted; and he finds that, when properly conducted, filtration is a most efficient means of converting putrescent or putrescible organic material into harmless products. The action that takes place is one of oxidation—a slow burning of the organic material, and its conversion into the ordinary products of oxidation. Both the carbon and nitrogen existing in the state of organic combination undergo this change, and the latter appears in the filtered water in the form of nitric acid, combined as a nitrate with whatever bases may be present. The kind of water operated upon by Dr. Frankland was ordinary London sewage, and the filtering medium employed was common soil, or a mixture of sand and chalk. To illustrate the extent to which this action takes place, it may be mentioned that in some instances the filtered sewage was purified to such a degree that in respect of organic substance it actually equalled, and sometimes even surpassed, in purity the water supplied to London for domestic purposes. These remarkable results not only point to a possible solution of the sewage difficulty under which most towns in the kingdom are suffering, but they also suggest a number of questions as to the relative efficiency of the various kinds of filters commonly used for household purposes, for Dr. Frankland's experiments show, as far as they have gone, that there is a remarkable difference in the purifying power of various materials when used as filtering media, and that they also differ in their capability of remaining efficacious as purifiers. His experiments have, however, been confined to the purification of sewage, but their results are sufficient to show the importance of examining this subject more fully in reference to the case of potable water. We, therefore, propose to undertake the examination of water-filters, and to report fully upon them. Considering the dubious antecedents of the water supplied to London, and the occasional prevalence in it of a high degree of impurity, a convenient and efficacious filter ought to be regarded as an indispensable requisite of every London household.

#### SCOTLAND.

THE Edinburgh Royal Infirmary Bill has passed the House of Lords. RELAPSING fever is on the increase in Edinburgh.



SIR JAMES Y. SIMPSON.

WE are glad to hear that Sir James Y. Simpson, who has for some weeks been suffering from severe indisposition, is now convalescent.

## MEDICAL EDUCATION FOR WOMEN.

PETITIONS to Parliament respecting the medical education of women are lying for signature at Messrs. Edmonston and Douglas's, 88, Princes Street, and at Mr. Maclaren's, 138, Princes Street, Edinburgh; a special copy intended for signature by medical men interested in the movement is at Messrs. Maclachlan and Stewart's, South Bridge.

## THE CONJOINT BOARD.

MEETINGS of the Medical Faculties of the Scotch Universities took place in the Edinburgh University on Friday and Saturday last, for the discussion of the proposed Conjoint Board.

## THE UNIVERSITY OF EDINBURGH AND THE "LADY DOCTORS."

TWO out of the five lady medical students are in first class honours in Chemistry, and two in second class honours. In Physiology, one lady appears in first class honours, and three in second class honours.

## IRELAND.

OVER seventy candidates have applied for the April quarterly examination of the Royal College of Surgeons of Ireland, being the largest number for many years.

THE Surgical Society proposes to give a scientific conversazione in the halls and museums of the College of Surgeons on an evening during the last week of the month.

MEDALS have been awarded to Messrs. R. Macaulay, W. R. Murphy, and S. Brereton, of the first, second, and third years respectively, in the Physiology classes of the College of Surgeons.

## QUEEN'S COLLEGE, GALWAY.

THE visitors, namely, Sir M. Brady, Ex-Chancellor, and the Presidents of the Colleges of Physicians and Surgeons, have unanimously declared that the Council was justified in depriving Mr. Melville of his scholarship; but, regarding rustication for three years as too severe, they reduced it to one year. They agreed that he had, in his letters to the *Lancet*, "aspersed the character of the College in abusive and libellous terms." The Presidents of the Colleges of Physicians and Surgeons, after having inspected the Infirmary, Workhouse, Fever Hospitals, and the Medical School, reported, in the most favourable terms, upon the appliances provided for medical and surgical instruction.

## FEES TO CORONERS' WITNESSES.

IT is to be regretted that the Coroners' Bill of Messrs. Vance and Callan, which is to be read a second time on May 11th, contains no clause providing for the adequate payment of medical witnesses. The honorary medical officer of an hospital, even one supported wholly by voluntary contributions, is forced, under the present Act (9 and 10 Vic. cap. 37) to give evidence or make a *post mortem* examination without any fee whatever. However, the Bill will be opposed by popular members, as it vests the election of Coroners in Grand Juries, and by the Treasury, as it largely augments the fees which these officers are to receive half-yearly.

THE SPECTROSCOPIC APPEARANCES OF BILE.—In the *Australian Medical Journal* for November, Dr. John Day, of Geelong, states that he has examined a variety of specimens of bile with one of Browning's spectroscopic microscopes. He finds that it shows two fine narrow absorption-bands very close together—one in the yellow, and the other in the orange. The first line nearly coincides with the outer edge of the band shown by blood, nearest the red. These bands are best seen by lamplight.

## MEDICAL FEES IN PRUSSIA.

AS we purpose from time to time to bring under notice in our pages various questions in relation to the general management of professional matters amongst ourselves, it may be interesting to our readers to learn the following particulars about the fees of medical practitioners in Prussia. We take them as they are stated in the *Medical Almanack* for the Prussian monarchy for the present year, under the heading, *Tarif for Medical Persons* (including physicians, surgeons, accoucheurs, dentists, veterinary surgeons, etc.) of June 21st, 1815 (with declarations and additional definitions up to the year 1869). The Almanack is edited at Berlin, by the well known firm of August Hirschwald, with the sanction of the Minister of Public Instruction, etc. It is reported that this Tarif is about to be abrogated; but it is not the less interesting on that account.

It is necessary to state beforehand that, by Section 80 of the Law of Trade (Gewerbe-Ordnung) of the North German Confederation of June 21st, 1869, the principle of a free agreement concerning fees, between medical men and their clients, is distinctly allowed. The same section gives, however, full power to the central authorities to determine the precise rate of payment, in all cases of disputed claim, where no previous agreement existed.

As the following items, which we extract, speak for themselves, we refrain from commenting upon them, and leave it to our readers to judge for themselves whether our Prussian brethren have reason to be thankful for the generosity of their paternal government. Throughout the whole Tarif, great care is taken to specify many circumstances under which the lowest figure only must be charged.

I.—Fees for Physicians (*Praktische Aerzte*).

For the first visit within towns and suburbs, from	... 2s. to 4s.
For each following visit, prescription included	... 1s. 2s.
(For cabs and carriage-fare, no charge is granted. Patients consulting the doctor in his own house have only to pay two-thirds of the mentioned sums.)	
For the first visit where the patient lives from one to five miles from town and suburbs	... 3s. to 6s.
For each following visit at the same distance	... 2s. 3s.
Free conveyance may be claimed upon proof of the cost incurred. The physician may claim double the above mentioned fees, if he be called to patients suffering from fevers generally recognised as being contagious, by the treatment of which his own life is endangered. However, by a Medical Decree of April 3rd, 1824, <i>scarlet fever</i> , and by another decree of February 15th, 1853, <i>cholera</i> , are not considered as "contagious fevers". If the physician treat several members of one family living in the same house, he is to charge for the second or third patient only half the fee. The same rule applies to boarding-schools and other similar establishments (prisons included).	
For a visit within the town or suburbs at night-time (i.e., from 10 P.M. to 6 A.M.) if it be the first visit to a patient	... 6s. to 9s.
For each following visit at night	... 3s. 6s.
For the first night-visit to a patient living more than one mile from town or suburbs	... 9s. 12s.
For each following visit at night	... 4s. 6d. 9s.
Even in the most serious diseases, the physician cannot charge for more than two visits a day, unless he be specially requested to come more frequently. In chronic diseases, he has to prove that two visits were necessary; and the medical authority will have to decide on this point. Even the necessity of one daily visit in chronic diseases has to be proved. If the physician be requested to stay for hours with the patient, he has to receive an extra fee; but the maximum fee for all his visits within twenty-four hours to the same patient is fixed at 9s.	
For a prescription fetched from the doctor's	... 5d. to 9d.
For a prescription fetched at night	... 9d. to 1s. 6d.
For a first consultation of a consulting-physician	... 4s. 6d. to 9s.
Each following consultation	... 2s. to 3s.
For the assistance of a physician at an operation	... 3s. 9s.
For the assistance of a physician at a confinement	9s. 12s.]
For a certificate of health or disease, without giving further particulars	... 1s. 3s.
For a written consilium, with scientific reasons, according to its details and extent	... 9s. 18s.
(If two physicians be requested to write such a consilium, each of them is entitled to the above mentioned fee.)	
For each letter necessary for the treatment of a patient	... 2s. to 3s.

A hospital physician is forbidden to ask for any fee from paying in-patients, and, without government-permission, must not accept one, if offered to him.

For a *post mortem* examination on private request 9s. to 18s.

According to a ministerial rescript of November 20th, 1820, the fee for endeavours to restore to life persons apparently dead, exclusively of their subsequent medical treatment, is—For an M.D., 6s. to 12s.; for a general practitioner or surgeon, 4s. 6d. to 9s. A premium of £1:10 in cases of success, and of 15s. in cases of failure, may be claimed by surgeons, as well as by physicians. No such premium, however, is granted with respect to prisoners, and in cases of poisoning, as these latter are to be considered as ordinary medical cases.

For an ocular inspection of a corpse, and a certificate to the effect that it may be buried, before the legal time has elapsed ... 3s. to 6s.

## II. Fees for Surgeons.

The fee for the first visit is included in the following items.

For trepanning ... 18s. to 36s.

For the operation on a lacrymal fistula ... 18s. 30s.

For extraction of cataract on one eye ... 24s. 45s.

" " on both eyes ... 30s. 68s.

Extirpation of a cancer of the lips ... 12s. 24s.

Extirpation of an eye ... 24s. 36s.

If a repetition of this operation be necessary ... 6s. 12s.

Operation on harelip ... 12s. 24s.

Operation on cleft palate ... 18s. 36s.

Operation of removal of breast ... 24s. 45s.

Operation of paracentesis thoracis ... 15s. 30s.

Operation of paracentesis abdominis ... 6s. 15s.

Puncture of hydrocele ... 3s. 6s.

Operation for radical cure of hydrocele ... 18s. 30s.

Puncture of the bladder ... 18s. 30s.

Application of catheter (to men) ... 3s. 6s.

" " (to women) ... 1s. 6d. to 3s.

(If, during twenty-four, several applications of the catheter become necessary, only half the amount can be charged for.)

Circumcision ... 6s. to 12s.

Castration ... 30s. 60s.

Taxis of a hernia ... 9s. 15s.

Operation for strangulated hernia ... 30s. 60s.

Lithotomy ... 60s. 150s.

Reduction of prolapsed vagina or rectum ... 1s. 6d. to 3s.

Application of a pessary ... 1s. 6d. to 3s.

Ligature of an uterine polypus ... 12s. to 24s.

Ligature of a polypus of the rectum ... 6s. to 12s.

Operation on a fistula of rectum ... 15s. 30s.

Excarticulation of the upper arm ... 30s. 60s.

Amputation of the upper arm or thigh ... 24s. 45s.

" " forearm or leg ... 30s. 60s.

Extirpation of one or several fingers or toes ... 6s. 12s.

Reduction of a dislocated jaw ... 6s. 15s.

" " shoulder ... 9s. 18s.

" " elbow ... 15s. 30s.

" " hip ... 30s. 60s.

" " patella ... 9s. 15s.

" " foot ... 12s. 24s.

When the dislocations are not recent ones, the highest of these figures are to be accorded.

For reduction and first dressing of one or several

broken ribs ... 9s. 18s.

Reduction of a broken clavicle ... 9s. 18s.

" " scapula ... 3s. 6s.

For reduction of the broken bones of the wrist, or

the metacarpus, or the foot ... 3s. 9s.

Reduction of one or several fingers or toes ... 2s. 3s.

" " of the broken neck of the femur ... 24s. 45s.

" " thigh ... 12s. 24s.

" " patella ... 12s. 24s.

" " of one or both bones of the leg ... 9s. 18s.

For the first dressing of a torn tendo Achillis ... 12s. 24s.

Opening of an abscess ... 1s. 6d. to 3s.

Extirpation of a minor cyst or tumour ... 3s. to 9s.

Operation of larger cysts or tumours ... 12s. 30s.

Bloodletting at the patient's ... 1s. 1s. 6d.

" " at the surgeon's ... 6d. 1s.

Application of leeches ... 3s. 6s.

Administration of an enema ... 1s. 1s. 6d.

Extirpation of a corn ... 9d. 1s.

(If there be several of them, for each of the following, one-half of the amount.)

Application of a blister ... 1s. to 2s.

For each subsequent visit, no matter whether dress-

ing is done or not ... 6d. to 1s.

For a night-visit ... 1s. 6d. to 2s.

For the first dressing of a wound, visit included ... 1s. to 2s.

For the first dressing of a complicated wound,

with necrosis and gangrene, visit included ... 1s. 6d. to 3s.

For a prescription from the surgeon's ... 3d. to 6d.

For presence at a consultation, the fee of a sur-

geon, who is not qualified also as a general

practitioner, is ... 1s. 6d. to 3s.

Every surgeon assisting at an operation ... 3s. to 9s.

If the assisting surgeon be not yet qualified ... 1s. 2s.

For a night-watch by a qualified surgeon ... 3s. 6s.

" " by an unqualified surgeon ... 2s. 3s.

For vaccination itself, no charge is made.

In contagious diseases, the above figures may be raised 50 per cent.

For a *post mortem* examination by private request ... 6s. to 14s.

For the application of the actual cautery ... 1s. 6d. to 3s.

For the circumcision of the entire conjunctiva ... 6s.

Repetition of the same ... 3s.

Resection of the jaw ... 30s. to 60s.

" " of the tibia ... 30s. 60s.

## III.—Obstetrical Fees.

Natural delivery ... 6s. to 15s.

Delivery of twins ... 9s. 24s.

Tedious natural labour, case lasting day and night ... 12s. 30s.

Foot-presentation ... 12s. 30s.

Version, with or without application of forceps ... 12s. 36s.

For a forceps-case ... 12s. 30s.

Delivery by means of perforation ... 12s. 30s.

Cæsarean section on a living person, no matter

whether the child be alive or dead ... 30s. 60s.

The same operation performed on a corpse ... 12s. 24s.

Difficult removal of the placenta, several hours after

delivery ... 6s. 18s.

Removal of an immature ovum or a mole ... 3s. 9s.

Examination of a pregnant woman ... 1s. 6d. to 6s.

(The fees for midwives are to be calculated in the proportion of one-fourth of the above; but, under certain named circumstances, they may be raised to one-third.)

## IV.—Fees for Dentists.

Extraction of a tooth at the dentist's ... 1s. to 2s.

If at the patient's, an additional ... 1s.

First examination and consultation about a tooth-

disease at the dentist's ... 6d. to 1s.

Cleaning all the teeth ... 3s. to 9s.

For making and adjusting an artificial tooth ... 6s. to 9s.

## V.—Fees for Forensic Physicians and Surgeons.

The Government physician receives—

For his attendance at a court of law ... 6s.

For an inspection of a corpse, without *post mortem*

examination ... 6s.

For the report ... 3s.

For an inspection of a corpse and *post mortem* ex-

amination ... 12s.

For the *post mortem* report ... 6s.

Certificate of health, disease, or injury ... 2s. to 3s.

Examination of a lunatic ... 6s.

If a special certificate have to be made ... 12s.

For the analysis of tobacco or vinegar ... 9s.

For the analysis of beer, wine, etc. ... 3s. to 6s.

For the revision of a chemist's shop (in Prussia,

all pharmaceutical chemists are licensed by Government, and limited according to the population,

and therefore under Government control)

within the town where the physician lives, per

day ... 3s.

For the chemical analysis in poisoning cases, if this

cannot be done together with the *post mortem* ex-

amination, including the report thereof ... 6s. to 9s.

The forensic examination of apparent blood-spots,

whether chemical or microscopic ... 6s. to 9s.

The Government surgeon only receives half the amount of the Government physician's fees.

## PROFESSOR FLOWER'S HUNTERIAN LECTURES ON THE COMPARATIVE ANATOMY OF THE MAMMALIA.

*Delivered at the Royal College of Surgeons of England.*

### LECTURE VII.—Monday, February 28th.

AMONG the Primates, the Gorilla, Chimpanzee, and Orang present no striking differences from Man in the characters of the thoracic and lumbar vertebrae; but in the lower genera there is a gradual transition to the forms met with in Carnivora and other quadrupeds. In some, the breaking up of the transverse process is very distinct; the mammillary process is well marked; and there is a long and pointed anapophysis, which becomes small towards the lower part of the lumbar region. The Gorilla has thirteen thoracic vertebrae, the Chimpanzee usually thirteen, and the Orang twelve. The number commonly found varies from eleven to thirteen; some of the American Monkeys have fifteen, and the Lemurs from twelve to sixteen. The curve of the vertebral column is to a great extent lost in Monkeys, but is more marked in some of the lower ones. The spines of the vertebrae in some lower Monkeys converge to a point about three vertebrae in front of the lower thoracic. This is also found in Carnivora, and generally in all Mammalia which have much motion of the spinal column.

The Carnivora, with very few exceptions, have twenty thoracic and lumbar vertebrae. The numbers are sometimes thirteen thoracic and seven lumbar, as in Cats, Dogs, and Viverridae; sometimes, as in Bears, fifteen or sixteen thoracic and five or six lumbar. In the Seals, there are generally fourteen thoracic and six lumbar.

In the Chiroptera, the processes are small, and not being required for the attachment of muscles of locomotion.

Among the Insectivora, the Hedgehog has the spines low, and the transverse processes but slightly developed. In the South African Rhynchocyon, on the other hand, the spines are high and narrow; the metapophyses and anapophyses are well developed; and the transverse processes of the lumbar vertebrae are very large. These modifications in the Insectivora are connected with the habits of the animals. In the Mole, a distinct ossicle is developed opposite each intervertebral space in the lumbar region. A somewhat similar bone exists in the Hedgehog; but it is not found in other Mammalia.

The Rodentia generally have long narrow spines, forming large long processes in the lumbar region. The anapophyses, metapophyses, and lumbar transverse processes, are much developed. In the Hare, there are projections—hypapophyses—from the under surface of the lumbar vertebrae; these are not usually present in Rodents.

Among the Ungulata, the Perissodactyla have generally twenty-two thoracic and lumbar vertebrae; the Artiodactyla, nineteen. In other respects, the two classes much resemble each other. The spines are usually very high. The transverse processes break up into two divisions, the anapophyses being absent. The metapophyses are of moderate size; and the lumbar transverse processes are much developed. In many of the Ungulata, the spinal nerves pass out through special perforations in the pedicle of the arches. Some of the lower Lemurs also present the same character.

In the Cetacea, the lumbar vertebrae pass almost insensibly into the caudal region. The spines of the vertebrae are very long; the transverse processes are well developed, and increase much in size from the thoracic to the lumbar region. Quite near the anterior part of the thoracic region appears a small tubercle, evidently representing a metapophysis or mammillary process, which at last embraces the spine of the preceding vertebra. Nothing corresponding to an anapophysis exists in Cetacea. The zygapophyses are very well marked in the four or five anterior thoracic vertebrae, but at last become indistinct, and are completely lost in the middle of the back; so that posteriorly the vertebrae are only united by the intervertebral substance, and by locking of the processes without distinct articular surfaces. In the lumbar region, the metapophyses become almost obsolete. In Man, and more so in the Pig, the development of the arch encroaches on the body of the vertebra, and most of the transverse process is formed endogenously from the arch. In the Globiocephalus, the whole body is apparently formed from the centrum; the ossification of the arch is confined to the arch proper, and the transverse process (as also in Sirenia) is developed from the body, and not from the arch. Hence we should be cautious in employing the mode of ossification as a means of determining the proper position of the body of a vertebra. The condition here described is found in all Cetacea, except in a very irregular group, to which the Bottle-nosed Whales and Sperm-Whales belong. In these, instead of a gradual transference of the transverse

process from the arch to the body, this process begins to be reduced in size about the seventh vertebra; and a new process springs from the body, which gradually takes the place of the other as a transverse process. In the one case, there is a gradual shifting of the transverse process; in the other, a process grows out at the same time with the transverse process, and ultimately becomes substituted for it.

In Sirenia, the zygapophyses have much the same characters as ordinary Mammalia. The metapophyses are not so much developed as in the Cetacea. There are no epiphyseal plates at the ends of the bodies; while these plates are well developed in the Cetacea.

In the Cape Anteater, among Edentata, there are no striking deviations. In the lumbar region, the spines are long, and the metapophyses and true transverse processes are largely developed; but the anapophyses become rudimentary. The zygapophyses are quite normal. In the Manis or Pangolin, the metapophyses are very long and high, and project a little backwards instead of forwards. The zygapophyses are large in the lumbar region, and overlap each other. In the American Edentata—e.g., the Sloth—the processes are very rudimentary, and a new method of articulation of the vertebrae is found, the anapophysis having a distinct articular surface by which it is joined to the side of the præzygapophysis of the vertebra behind it. The Megatherium has the same structure, but more developed. In the American Anteater, there is a curiously complex condition of articulation in the posterior part of the dorsal and in the lumbar region. The anapophysis is enlarged, and is locked in, with distinct articulating processes, between the metapophysis and a process developed from the arch of the next succeeding vertebra. This is found in all Anteaters. The Armadillo has very long spines, and the metapophyses are largely developed to support the carapace. The anapophyses have articular facets where they come into contact with the succeeding vertebrae. An extinct Armadillo (the Glyptodon) had many of the vertebrae consolidated. The fifth, sixth, and seventh cervical vertebrae were united; then followed a joint, then a long tube, with perforations at the sides for the passage of nerves. The carapace was a solid mass; and the animal had apparently no power of bending, except in the neck.

The Marsupialia have nearly always nineteen thoracic and lumbar vertebrae, but are much developed in the caudal region.

The thoracic and lumbar vertebrae in the Monotremata are almost destitute of processes. In the Echidna, the ribs are attached only by their heads to the vertebrae; there is no articulation of tubercles with the transverse processes.

### THE LONDON FEVER HOSPITAL.

We promised last week, in noticing Dr. Murchison's Annual Report of the London Fever Hospital for 1869, to give more fully some of the important matter with which it abounds, and all the more so from the unusual interest of the history of the past year, owing to the presence of relapsing fever, and also, we may add, as it contains the result of much of the experience gained by Dr. Murchison since his connection with the Hospital from which he has just retired. The following is mostly composed of extracts from the report, and will well repay perusal.

The number of patients admitted during the year was 3,411, males being 7 in excess of the females. The number of admissions was large in every month of the year 1869. From 325 in January it fell to 166 in July, and then it rapidly rose until, in November and December, it reached the unprecedented numbers of 472 and 511. Of the 3,411 patients admitted during the past year, 101 were suffering from specific fevers; while in 310 the febrile symptoms were the result of local disease, the nature of which was obscure or had been misapprehended. Of the specific fevers there were of typhus fever 1,260 cases; enteric fever, 368; relapsing fever, 769; simple continued fever or febricula, 53; scarlet fever, 614; small-pox, 3; and measles, 34.

*Typhus Fever.*—The number of typhus cases in 1869 was less than in any of the other seven years during which the present epidemic has lasted. The admissions in January amounted to 220, gradually fell to 28 in September, and that, although after this they began to increase, the increase was small as compared with what usually has been observed towards the close of the year. Judging, however, from the experience of former epidemics, it is to be feared that, as the present epidemic of relapsing fever subsides, typhus will again become widely prevalent. Of the 1,260 typhus patients admitted, the characteristic eruption on the skin was noted in 97 per cent. Of 1,390 cases treated to the termination of their illness, 18.6 per cent. died; males, 20.06 per cent.; females, 16.84 per cent. The circumstance that most influenced the rate of mortality of typhus was the age of the patient. Thus, of 277



cases between the ages of 5 and 15, only 6, or 2.16 per cent., were fatal; whereas, of 121 patients over 50 years of age 77, or 63.63 per cent., died.

**Relapsing Fever.**—For nine months after the cases admitted into the London Fever Hospital in July 1868, no other examples of the disease were observed until May 1869, when it gradually increased till August 15th, and from that date the number became very numerous. The admissions for the last four months of the year were 37, 129, 259, and 315 respectively, and those for the entire year, 769. The patients suffering from relapsing fever were brought from almost every parish in the metropolis. Whitechapel was the parish which furnished the few stray cases of relapsing fever to the Fever and German Hospitals in 1868; but, in connection with the origin of the present epidemic, it ought to be mentioned that not only had the first patient in 1868 resided for eight years in London, but that not one of the first 70 cases admitted into the Fever Hospital in 1869 came from the same houses, or even streets, as the patients admitted into the Fever and German Hospitals in 1868. Moreover, none of the relapsing patients admitted in 1869 were natives of Germany or Scotland; few had been born in Ireland, and of these none had recently arrived from that country. With rare exceptions, the patients admitted with the disease into the Fever Hospital had been in a deplorable state of destitution—far greater than that of the average of typhus patients. A large proportion of the entire number were “tramps” who had travelled long distances in search of work, and many of whom appeared to arrive in London with the fever upon them. The number of males (474) was greatly in excess of that of females (295). There was abundant evidence that a previous attack of typhus conferred no immunity from relapsing fever, and that this again gave no exemption from typhus. Relapsing fever, though a more painful disease, presents a striking contrast to typhus in the small rate of its mortality. Of the 769 patients suffering from it, only 17 died; and, deducting one patient whose death was due to a subsequent attack of typhus, the rate of mortality was only 2 per cent. The few patients, moreover, who died were debilitated by old age, by previous organic disease, or by serious complications. Of the 16 fatal cases 10 were above 50 years of age, and 7 above 60; whereas, of 393 patients under 25, only 1 died, and of 261 under 20, not one. The most frequent complications were jaundice, 105 cases and 5 deaths; pulmonary lesions, 47 cases and 5 deaths; epistaxis, 17; rheumatism, 10; diarrhoea, 10; herpes, 14; retention of urine, 3.

**Enteric Fever.**—In the year 1869 there was a considerable falling off in the admissions for enteric fever. They amounted to 368, or to one-fifth less than those in the previous year. This diminution was coincident with a colder summer and autumn than in any of the four previous years. Of the 368 patients 90, or one-fourth, were admitted in the first three months of the year, the great outbreak in the autumn of the previous year not having yet subsided; whereas the ordinary autumnal increase for 1869 was comparatively small. The number of males (181) was almost the same as that of the females (187). The skin-eruption of enteric fever was not discovered in 120 cases, or 32.6 per cent., the eruption being absent much oftener than that of typhus. Of 364 cases of enteric fever treated till the termination of their illness, the mortality was 17.03. The rate of mortality was exactly equal in the two sexes. In many of the fatal cases death was due to some local complication. The chief of these complications were—pulmonary, hæmorrhage from the bowels, peritonitis, and discharge from the ears. The mortality was not influenced by age in the same way as that of typhus. Of 143 patients between 5 and 15 years of age 21, or 14.7 per cent. died; whereas of 16 patients older than 40 only 3 died.

**Febriola.**—The number of cases registered under the head of simple continued fever or febricula was only 53 (25 males and 28 females). This disease is never fatal in the London Fever Hospital, although the number of deaths weekly referred to it by the Registrar-General equal, if they do not exceed, those of either typhus or enteric fever.

**Scarlet Fever.**—During 1869 scarlet fever was more prevalent in London and throughout England than in any year since the publication of reports by the Registrar-General. It was not surprising, therefore, that the number of admissions should be large beyond all precedent. In 1869 they amounted to 614 (254 males and 360 females). The mortality among the cases treated to the termination of their illness was unusually high, being 15.3 per cent. (598 cases and 92 deaths). But an unusually large proportion of the patients were almost dying at the time of admission. Of the cases of scarlatina, 51 were complicated with inflammation of the lungs, and abscesses of the glands of the neck or over the parotid; 48 with rheumatism; 5 with pericarditis or endocarditis; 16 with pleuro-pneumonia; 10 with otitis; 3 with epistaxis; 7 with diarrhoea; 5 with jaundice; 2 with œdema glottidis; 3 with erysipelas; and 5 with renal dropsy. In two of these last five cases the dropsy existed on admission. The rarity of this common but formidable complication

in the Fever Hospital is, no doubt, due to the rule that no patient, even with a mild attack, shall leave his bed within three weeks from the beginning of his illness.

**Mælet.**—Eleven fatal cases of measles occurred in infants, mostly of scrofulous constitution, and only a few months old, most of whom ought never to have been brought to the Hospital. Death was in every instance due to severe pulmonary complications, aggravated in several by their journey to the Hospital.

A table is given showing the multifarious nature of the “other diseases” sent to the Fever Hospital, the patient in every instance having been certified to be suffering from “contagious fever.” It has always been the policy of the Hospital to take in cases that are likely to prove of a contagious nature, as well as the actually developed disease, in order to encourage the speedy removal of fever cases at their earliest stages.

Of the total number of patients in the Hospital in 1869, after deducting 12 cases of small-pox and other diseases which were transferred to other hospitals, 3,266 were under treatment till the termination of their illness, and of this number 520 died, or the mortality was 15.92 per cent. The large number of contagious cases admitted during the year have not been treated with immunity to the attendants. Out of a total number of 124 employed during the year in attending to the sick, 1 of the resident medical officers, 6 nurses, 2 bath-women, and the cook, contracted typhus; 1 resident medical officer, 7 nurses, 2 scrubbers, 1 laundry-maid, and one housemaid took relapsing fever. Of the twelve attendants, eleven, who took relapsing fever, seven had previously passed through an attack of typhus. Two nurses and one housemaid took scarlet fever; 1 nurse caught small-pox; and 1 laundry-maid and 1 kitchen-maid suffered from enteric fever—making a total of 28 attendants on the sick who took fever during the year. Of this number, 24 recovered, but 2 nurses, aged 35 and 36, and 2 bath-women, aged 30, died of typhus. In addition to the attendants who contracted fever, 8 out of 2,151 patients admitted with other diseases than typhus took this fever, which in one instance was fatal. Three out of 2,642 patients admitted with other diseases than relapsing fever contracted this disease, but all recovered; and 5 patients caught enteric fever, of whom 1 died. Of the 5 patients attacked with enteric fever, not one was under treatment in the same wards with patients suffering from this disease. It is satisfactory to add, that notwithstanding the large number of patients admitted with scarlet fever, viz., 614, not one of the 2,797 patients admitted with other diseases contracted it. This fact speaks volumes in favour of the system of classification of patients adopted at the Hospital during the last eight years. The objections raised against fever hospitals are two; viz., 1, that the concentration of the poison lessens the chances of the patient's recovery; and 2, that the concentration of the poison increases the danger to the attendants. The validity of these objections may be tested by comparing the results of the London Fever Hospital with those of six of the principal general hospitals in the metropolis.

In the Fever Hospital in 1869, only 1 person took the fever for every 40 admitted, and only 1 died for every 135. But the 272 cases admitted into the six general hospitals communicated the disease to 71 persons, of whom 21 died; or 1 person caught the fever for every 3.8 cases admitted, and 1 life was lost for every 12.6 cases admitted. The experience of 1869 would be much more in favour of the Fever Hospital, notwithstanding the large number of nurses attacked.

“It appears, then, that the objections raised against a fever hospital with thorough ventilation, however plausible in theory, are not justified by facts, and that a given number of typhus patients can be treated on the plan of isolation with equal advantage to themselves and with far less danger to the attendants and other patients than in the wards of a general hospital. With perfect ventilation, there need be no more concentration of fever-poison in a fever-ward than in a general ward with a sprinkling of fever cases, and in the former case there will be no danger of other patients contracting fever. It may fairly be asked, what would have been the effect if there had been no Fever Hospital in London, and if the 14,000 cases of contagious typhus admitted into it during the last eight years had been distributed through the general hospitals, in addition to the few hundreds actually treated in them.”

A table is given which illustrates a fact dwelt on in the last Report, that the rate of mortality is not *cateris paribus* affected by the distance that the patient is conveyed to hospital. “The injury to a fever patient is not to be measured by the distance of his removal, but rather by the want of proper precautions during the removal, and by this being too long delayed after the commencement of the illness. If a patient suffering from severe typhus or any other fever be placed semi-erect in an ordinary cab, and thus conveyed even for a short distance, it is not surprising that on reaching the Hospital he should occasionally be found dead at the bottom of the vehicle, or that he should die a few hours after admission. Through the kindness of the ‘Hospital Carriage Fund,’ the

Fever Hospital has been for some years provided with two properly constructed ambulances—one for conveying fever patients to the Fever Hospital, and the other for conveying small-pox patients to the Small-pox Hospital. These ambulances are sent to any part of London, on application being made by telegraph or otherwise to the resident medical officer at the Hospital."

Such is the substance of the last of the elaborate and very valuable reports which have issued from the London Fever Hospital. Were it not that we hope to see the substance of those published during the last few years in the next edition of Dr. Murchison's work on Fevers, we should have suggested to the Committee of the Fever Hospital that their reproduction in one volume would prove a valuable addition to the literature of medical science.

## SPECIAL CORRESPONDENCE.

### PARIS.

[FROM OUR OWN CORRESPONDENT.]

Paris, Monday, April 4th, 1870.

1. *Political Ebullitions at the Ecole de Médecine*.—2. *Adventuring Vagabonds*.—3. *Caustic Arrows, as used by Maitremonne for the Removal of Tumours*.—4. *Balsams and Cubes in Diphtheria*.

POLITICAL EBULLITIONS AT THE ECOLE DE MÉDECINE.—Since the surcharged state of the political atmosphere of Paris became a cause of vague, uneasy speculation in June last, up to the present high tension in state affairs, the medical students have been comporting themselves with much more calmness than their predecessors have generally shown under analogous circumstances. Serious medical study has not nearly so much as formerly given place to serio-comic democratic manifestations—a well-known feature of student life in the Latin Country of transpontine Paris. During the last ten days, however, *Messieurs les Etudiants* have made themselves their politics the talk of the town. Last week, the *petite vérole* and the *vaccinomanie* have been less discussed in professional coteries than the *manifestations de l'école*. The infuriated heifer has not, however, been quite forgotten either by friends or foes, as I shall by and bye show you. First of all, however, let me give you a circumstantial account of the scenes which have been passing at the School of Medicine. I write chiefly of what I have seen and heard; and when I do not give my personal observation, I give facts carefully verified by the collation of accounts furnished to me by eye-witnesses.

On Monday (March 28th), Professor Ambrose Tardieu, the accomplished occupant of the chair of Médecine Légale, met his class for the first time after giving his evidence as an expert in the famous trial which had terminated on the previous day at Tours, in the acquittal of the Emperor's cousin, the Prince Pierre Bonaparte, of the murder of Salmon, a youthful journalist (commonly called Victor Noir), by whom he had been abruptly insulted in his own house. Professor Tardieu's evidence tended to strengthen the case for the defence. This was "the head and front of his offending." On entering the amphitheatre, which, in anticipation of a "manifestation", was more crowded than usual at an ordinary medico-legal lecture, he was received with a storm of cries and hisses. He was pale and calm. After draining a tumbler of the inevitable *eau sucrée*, which the servitor had placed before him in his pulpit, he mildly begged silence that he might explain and justify, on scientific grounds, the evidence which he had given. In spite of considerable interruptions, he was enabled to make a short statement; but no sooner had he concluded than the hissing and tumult were renewed. In vain did the worthy professor essay to proceed with the ordinary business of the class; not one audible word was he allowed to utter. The scandalous scene was brought to a close by the Professor making a dignified bow and retiring amid parting cheers and hisses.

Tuesday, the 29th, was not a lecture day with Professor Tardieu. Great excitement, however, indicative of coming storms, prevailed at the Ecole, and in all places where students congregate. An incident occurred at the close of Professor Fajot's lecture on that day which is noteworthy. The Professor had just made his bow at the close of one of his eloquent, laughter-moving, and instructive obstetrical orations—the six hundred young men and the one young lady who constitute the ordinary class were making for the doors—when a youth, standing on one of the upper seats, lustily roared several times "Vive la République!" and then proceeded to denounce the Jesuits, and proclaim the injustice which he had suffered by imprisonment for alleged political offences. A great hubbub ensued, in the midst of which the self-proclaimed martyr distributed copies of what (I am told) was a recital of his wrongs. The scene closed—why I have been unable to ascertain—

by the excited youth kissing a fellow-student on both cheeks "as a witness" of the protest he had made against injustice. The incident seems to have led to no known consequences; and the protester is said to have quieted down and to be pursuing his studies in a proper manner.

On Wednesday, the 30th, Professor Tardieu came as usual to the School to deliver his ordinary lecture. As he stepped out of his carriage and proceeded to the vestry, he was cheered and hissed. Exactly at four o'clock, he entered the amphitheatre, accompanied by a considerable number of professional friends and well disposed students. Among the physicians who gave their support to the Professor on this occasion were Drs. Pidoux, Cels, Chauviard, Roussin, and Durand-Fardel. On entering the amphitheatre, he was loudly cheered, but some hisses were mingled with the cheers. Very soon the riotous part of the attendance gained the mastery, and made it quite impossible for the professor to go on with his lecture. Some began to sing the air of the "Lampions"; others shouted "Au Sénat! au Sénat!"; one youth, pale with effervescent insolence, shouted the odious epithet "Mouchard". This individual was kicked out; and I am assured that he is not a medical student. Professor Tardieu behaved with great firmness. Some of his ejaculatory replies to the taunts with which he was assailed were heard during occasional lulls. He exclaimed more than once: "Ceux qui font cette grossière manifestation sont des lâches." Responding to the cries, "Démision! démission!" "Resign, resign!" he said: "My resignation! I never will I resign! I know my duty, and you do not fritter me!" ("Ma démission, je ne la donnerai jamais, et vous ne m'effrayez pas!") To terminate the riot, Professor Tardieu retired, accompanied by his friends. Those who remained in the lecture-room amused themselves by singing the "Marseillaise."

On Friday, April 1st, M. Wurtz, Dean of the Faculty, was expected to address to the students, in an early part of the day, some words of conciliation and reproof. This expectation was not realised; and I am told that on that day the Dean was confined by rheumatism. At three o'clock, I found myself in the midst of an agitated crowd of students in the outer court of the school. I there remained for half an hour. It was a curious scene. Within a small space there were about two thousand young men, most of whom were students; for those who were known not to be students in any of the faculties were soon hustled out of the precincts by a certain number of medical students, who were acting as a sort of self-constituted police on the occasion. Many smart little speeches were made to groups; and one student, by mounting the pedestal of Bichat's statue, obtained so commanding a position as to get a hearing for several minutes from those near him. He argued that the first aim ought to be to clear out all who were not medical students, and then get a verdict from the medicals on the question of Tardieu's resignation. To secure a good place in the amphitheatre, I left the out-of-door council. I found the first three rows filled. I got a good side place on the fourth. In ten minutes, every seat was occupied in the amphitheatre, and at ten minutes to four it was closely packed from floor to ceiling—"plein comme un œuf," as was remarked by the gentleman who was smoking a meerschaum at my side. At this time, the heat and stifling were almost intolerable. At least, one in every five or six of the eighteen hundred or two thousand who were crammed into the egg were smoking; most of the remainder were shrieking, shouting, crying, laughing, joking, or in some other way, with hands, feet, and tongue, singly or combined, making a roaring din of such diversity of sounds as words cannot describe. At this crisis, a man was seen on the outside gallery, walking round the cupola; he was evidently about to ventilate the amphitheatre by opening the windows in the roof. He was loudly cheered; the miscellaneous noises subsided. One gentleman, looking up with thankfulness to this messenger of mercy, began to chant the choral hymn, "Esprit-saint, descendez en nous." Immediately, a thousand voices swelled the chorus. The effect was very striking, very peculiar. In two or three minutes (the ventilating friend having disappeared), the sacred music ceased, and, after a momentary pause, the chorus of the "Marseillaise" was sung, and sung again, in jubilant style, nearly every one joining. I must say the performance was, in its way, exceedingly good. To sing the "Marseillaise" in public places, or in the streets, is a punishable, and often smartly punished, offence; so, as a matter of course, there are but few who cannot join in singing its chorus when opportunity is given. Exactly at four, the beetle was seen struggling through the crushing crowd around the tribune. Having succeeded in placing there a tumbler of water containing a large lump of white sugar and a small silver spoon with a long handle, he retired, and Professor Tardieu, after a similar struggle, got into his place, bruised the sugar, and drank off the dose of *eau sucrée*. The uproar now became tremendous. From the first three rows, filled chiefly (I was told) by the *internes* of the hospitals, there issued ringing cheers, which were answered from other quarters by hisses and shouts of "Démision! démission!" To the air



of "Les Lampions", the new cry of "Au Sénat! au Sénat!" was done in grand chorus. By the movement of hands and lips, it was evident that the Professor was supplicating for a hearing; but where I was sitting there came not a murmur even of his voice. I afterwards spoke to a gentleman who was within a few yards of the Professor, and yet did not hear one of the twenty or thirty words which he spoke. I presume he said as much as and no more than this, "As you won't hear me I shall go." Making a profound bow, he left the riotous congregation at five minutes past four. After he retired, most of the students of pharmacy and law left the precincts of the school; but the medicals remained in the court for more than an hour, discussing the situation in groups. Some were afraid that their studies would be stopped by the Government closing the school, while others urged that a deputation should be sent to the Dean; but for what purpose was not a matter on which there seemed to be a settled opinion.

On Saturday, April 2nd, M. Wurtz appeared on the scene. He selected as the time of his address the last ten minutes of Professor Hardy's hour. Professor Hardy lectures on Medicine in the great amphitheatre three times a week, from twelve to one; and, as he speaks well, and also as his present subject is Small-pox, he has always a large attendance. The Dean's visit to the class was somewhat of a surprise. He spoke nearly to the following effect: "Gentlemen,—I come here to-day to say a word or two about the disturbances which have occurred in Professor Tardieu's class, and which, I regret to say, occur periodically in this school. I come here because I know that Professor Hardy's lectures are attended by diligent students (*étudiants sérieux*), who, with many other students who attend the lectures of Professor Tardieu, deplore these disturbances. I feel convinced that these interruptions are caused by students from the other schools or by other intruders, and for your own sakes you ought to put a stop to this state of affairs. We have resolved, gentlemen, that in future no one shall be allowed to enter this amphitheatre at a lecture hour who does not show his *carte d'étudiant* to the porter. On and after Monday, therefore, gentlemen, you must all (for the meantime, at least) bring your tickets with you. If this plan is not found sufficient to put an end to the tumults of which I complain, we are quite prepared to proceed to severer measures." M. Wurtz, who is very popular, was cheered by the students. Having returned thanks for the reception he had met with, he bowed and retired.

To-day much more serious riots were anticipated; and two squads of *sergents-de-ville* were stationed outside the school, in the Place de l'Ecole, ready to quell the tumult, should their aid be required. Although there was a good deal of rough work and knocking about of intruders, the assistance of the armed force was fortunately not required.

The great iron gates of the school were kept closed; and all who went in had to pass through the narrow side-entrance at the janitor's lodge, where tickets had to be exhibited. The plan was not a success; for many students, after getting into the court, passed their tickets to friends outside through the rails, and then at their leisure proceeded to the amphitheatre, which, long before four o'clock, was literally crammed from floor to roof. The chorus of the *Marseillaise* was sung over and over again, each time being followed up by thundering raps of applause. In many parts of the amphitheatre, orators were unsuccessfully trying to make themselves heard. One gentleman—an *interne des hôpitaux*—mounted a table in the pit, and tried to obtain a hearing. A cry arose, "Pull him down!" The would-be orator was in some way equal to the occasion; he looked grave; slowly took an extinguisher from his pocket, lighted a piece of paper; and then, with solemn judicial dignity, extinguished it. This pantomime was vociferously cheered, and yet I find that its meaning is very variously interpreted. At four o'clock, Professor Tardieu, the Dean of the Faculty of Medicine (M. Wurtz), and some professors came in and took their places. The cheers were deafening; they were intended for the Dean, who is exceedingly popular. Professor Tardieu tried to speak; but was at once silenced by hoots and hisses. At this time, the uproar had a more personally dangerous character than it assumed on any of the previous days. Several young men were seen struggling and fighting in various parts of the theatre; and one poor fellow, who could not make good his title to be present, was pitched from an upper bench headforemost into the pit. Strange to say, he was not very seriously injured. For ten minutes, this tumult continued; it was then moderated by the Dean, the professors, and Professor Tardieu, bowing and retreating, none of them having been granted a hearing.

The students soon followed, and constituted a sort of great general council (with a multiplicity of chairmen) in the court of the school. There they remained in excited deliberation till past six o'clock, when very many of the deliberators adjourned to the neighbouring restaurants and cafés to settle what to-morrow ought to be forth.

After conferring this evening with the Minister of Public Instruction, M. Wurtz summoned a special meeting of the Faculty for to-morrow

(Tuesday). It is understood that the professors intend to support their colleague, who is—and ought to be—respected by all who know him, both as a man of science and a good kind-hearted gentleman. No doubt, the professors, apart altogether from political feelings, will stand true to their colleague, and resist the insensate clamour for his resignation. Possibly, however, it may be deemed expedient to close the school for a time—a measure which, after former somewhat analogous outbreaks, has been found necessary to the re-establishment of decorum and order.

P.S.—Wednesday, April 6th.—The School of Medicine has been closed to-day—probably for a month at least.

ADVERTISING VACCINATORS.—As a sequel to my previous notices (BRITISH MEDICAL JOURNAL for March 26, p. 325, and April 2, p. 346) on vaccination and vaccinomania in Paris, I subjoin, as curiosities in their way, three advertisements. The first I take from *La France* of Thursday, March 31st. You will observe that competition is bringing down prices.

"*Vaccin de Génisse.*"

"*Vaccinations tous les jours, de 10 h. à midi, et de 4 à 6 h. du soir.*"

—Prix, 5 fr.

"*3, St-Vincent-de-Paul (derrière l'église).*"

The second appears as a gaudy yellow poster in the fashionable quarters of Paris. The subjoined was copied to-day from a boarding in the Avenue de Friedland, near the Arc de Triomphe.

"*Vaccination.*"

"*En raison de la persistance de l'épidémie, le public est prévenu qu'un service de vaccine est établi au Grand Gymnase Paz, 34, Rue des Martyrs, sous la direction de Dr. Lanoix avec le concours de plusieurs autres médecins.*"

"*Tous les jours de 10 heures à midi. Le Dimanche de 1 à 5 heures. Le vaccin est pris sur les génisses.*"

The third is a rival yellow poster, which shines within a few feet of the above. It runs thus:—

"*Vaccinations.*"

"*Le docteur Moreau, Rue de Longchamps, No. 3 (près le Trocadero), recommencera les vaccinations à partir du Samedi, 26 Mars, de midi à 5 heures, et les continuera tous les jours à la même heure, du vaccin provenant des vaches qu'il a chez lui.*"

These documents tell their own tale. I am glad to find that arm-to-arm vaccination is daily coming into more favour, and "animal" vaccination losing repete.

CAUSTIC ARROWS, AS USED BY M. MAISONNEUVE FOR THE REMOVAL OF TUMOURS.—A method of removing tumours—called in French *cautérisation en flèches*—frequently employed by M. Maisonneuve in his wards at the Hôtel-Dieu, is worthy of attention. It consists mainly in strangulating the tumours by means of caustic arrows. These arrows are composed sometimes of one part of chloride of zinc and two parts of flour, but generally equal parts of each are used. They are triangular in shape, two inches and a quarter in length, three-quarters of an inch at the base, and one-eighth of an inch in thickness. When the arrows have been fashioned, they are dried so as to become sufficiently hard and resisting for use. They ought to be kept in a dry place, in a wide-mouthed glass bottle, with a close-fitting stopper. They are apt to become too yielding, if those precautions be not attended to. Slight incisions are made with a scalpel along the circumference of the tumour. Into these incisions the arrows are plunged so deeply as to disappear from sight. If the tumour to be operated upon has no defined circumference (and it is for treating this class of tumours that M. Maisonneuve thinks that his plan is particularly useful), the arrows are thrust into the tumour through the softest portion, and as many are introduced as it will contain. Generally, there is very little hemorrhage. The dressing consists of simple dry charpie, which is changed daily, and kept in place by a compress and bandage. In from eight to twelve days, a tumour treated in this way sloughs off; there is left a smooth granulating surface, at the circumference of which the marks of the ends of the arrows may be seen. This granulating surface is covered with charpie, which is either dry or soaked in carbolic acid or tincture of arnica. In the rare cases in which more or less hemorrhage occurs after separation of the tumour, charpie soaked in a preparation of perchloride of iron is applied.

M. Maisonneuve gives the following reasons for employing the above described method of extirpating tumours.

1. The caustic renders the tissues impermeable, and closes the mouths of the vessels, so as, in almost any case, to prevent febrile action.
2. Tumours thus treated are less liable to recur.
3. There is no bad smell, as the chloride of zinc is a disinfectant.
4. It produces no pain after the first five or six hours. During that period, or at least for three or four hours, the pain is more or less intense.



M. Maisonneuve regards his method of extirpation by *cautérisation en flèches*, as especially applicable to those tumours which are difficult to limit. During the last two months, he has operated in the manner now described upon a great number of tumours—upon tumours of the neck, of the arm and shoulder, upon malignant uterine growths, and upon one tumour under the tongue, into which he inserted seven caustic arrows. He thinks that enlarged axillary glands, resulting from tumours of the breast or upper extremity, disappear, in the majority of cases, on removal of the tumour.

The removal of tumours by caustics dates far back in the history of surgery. The paste made of flour and chloride of zinc has, moreover, been in use for many years. I recollect very well seeing it used by Professor Syme in 1836, in his clinical wards at Edinburgh. Very probably, it was employed there and elsewhere at a considerably earlier date. The application to tumours of the caustic paste of chloride of zinc is not at all a novelty; but, nevertheless, there are new and noteworthy features in M. Maisonneuve's method. The shape of the caustic arrows and the thrusting them into the substance of the tumour, instead of only applying the caustic to the surface, are the two peculiar and original features in M. Maisonneuve's operation. As he says, its performance demands neither anatomical knowledge nor surgical skill. It need not, however, on that account be one whit less successful and scientific. Mr. Erichsen, at p. 558, vol. i. of the edition of his *Science and Art of Surgery* published in 1869, gives an interesting summary of surgical opinion and practice in relation to the employment of chloride of zinc and various mineral salts in the treatment of cancers, ulcers, and growths. Speaking of the chloride of zinc, he says "the chief objection to its use lies in the intensity and continuance of the pain occasioned by it." Those who have watched, during the last two months, Maisonneuve's *cautérisation en flèches* at the Hôtel-Dieu, and inquired of the patients as to the pain thereby produced, will agree with me in saying that that method at least of using the chloride of zinc does not produce long continued pain.

BALSAMS AND CUBEBS IN DIPHTHERIA.—The treatment of diphtheria by balsams and cubebs has been for some considerable time before the profession, in consequence of the recommendation of Dr. Trudeau and others. It is now attracting new interest in consequence of the recent publication of the results of the internal use of cubebs as prescribed in forty-two cases by Dr. Bergeron at the Hôpital Sainte-Eugénie. This method is recommended as a substitute for, and as superior to, the plan originally recommended by Bretonneau, subsequently practised and energetically enforced by Trousseau, of thoroughly cauterising with the solid nitrate of silver the surfaces invaded by false membrane. The main object for which the caustic is used is to modify the morbid action of the mucous membrane, and thus, in particular, to prevent the formation of false membrane proceeding from pharynx to larynx; in other words, to prevent that form of diphtheria to which French writers, following Bretonneau, generally apply the term "croup," restricting the use of, and so giving an intelligible meaning to, the old and too loosely applied Scottish vocable. Here we do not mean that an affection has any pathological relation to "croup" when we say that it is croupy (*croupale*). Stridulous laryngitis is croup, and laryngismus stridulus is croupy; but neither are croup, according to modern French nomenclature. Dr. Bergeron thinks that the object for which Bretonneau used caustic is more easily and certainly attained by giving cubebs internally. He says that children will readily take, in the course of twenty-four hours, from ten to twenty grammes of the *saccharure de cubèbe*. It is dissolved in water, and divided into several doses.

## ASSOCIATION INTELLIGENCE.

### BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

The next meeting of the above Branch will be held at the Council Room of the Midland Institute, on Thursday, April 14th. The Chair will be taken at 3 P.M. precisely.

Dr. PERCY LESLIE will give a *résumé* of his paper on a Scheme for Adjusting the Relations of the Profession with the Medical Charities, and the Charities one to another; and will propose the following resolution:—"The members of the Birmingham Branch of the British Medical Association, convinced of the great and ever-increasing anomalies of the present system for administration of Gratuitous Medical Relief, both as regards the public and the profession, hereby propose to form a Board of Inquiry, which, without committing itself to any particular line of action, shall by all legitimate means seek to obtain information as to the causes of complaint, and direct by public discussion,

publication of statistics, and correspondence with governing bodies, the best course to be taken to obtain redress."

Members are invited to exhibit Pathological Specimens at the commencement of the meeting.

T. II. BARTLETT, *Honorary Secretary*.

Birmingham, April 1870.

### SOUTH-EASTERN BRANCH: EAST SURREY DISTRICT MEETINGS.

The next meeting of the above Branch will be held at the Crystal Palace Hotel, Norwood, on Thursday, April 14th. The Chair will be taken at 4 P.M., by Dr. HORACE JEAFFRESON, of Wandsworth.

Papers, etc., are promised by Mr. Cooper Forster, Dr. Jeaffreson, Dr. J. M. Bright, etc.

Dinner will be provided at 6 P.M.

HENRY T. LANCHESTER, M.D., *Hon. Secretary*.

Croydon, March 29th, 1870.

### BATH AND BRISTOL BRANCH.

The next meeting of this Branch will be held at the York House, Bath, on Thursday evening, April 14th, at 7 P.M.; C. H. COLLINS, Esq., President, in the Chair.

R. S. FOWLER, } *Honorary Secretaries*.  
CHARLES STEELE, }

### CUMBERLAND AND WESTMORLAND BRANCH.

The spring meeting of the above Branch will be held at the County Hotel, Carlisle, on Wednesday, April 20th, at 12.30 P.M. President: M. W. TAYLOR, M.D.; President-elect: T. F. L'ANSON, M.D.

Gentlemen intending to read papers or cases, are requested to communicate with the Honorary Secretary.

The dinner will take place at 4 o'clock. Members can introduce friends.

HENRY BARNES, M.D., *Honorary Secretary*.

Carlisle, March 24th, 1870.

### METROPOLITAN COUNTIES BRANCH.

A SPECIAL GENERAL MEETING of this Branch will be held at the office of the Royal Medical Benevolent College, 37, Soho Square, on Friday, April 22nd, at 4 P.M., to consider the question of Medical Reform.

AN ORDINARY MEETING of the Branch will be held at the rooms of the Medical Society of London on Friday, April 29th, at 8 P.M., when Dr. J. FORD ANDERSON will read a paper on the working of Provident Dispensaries.

A. P. STEWART, M.D. } *Honorary Secretaries*.  
ALEXANDER HENRY, M.D. }

### BATH AND BRISTOL BRANCH: ORDINARY MEETING.

The fourth ordinary meeting of this Branch was held at the Royal Hotel, Bristol, on Thursday evening, March 10th, at 7 o'clock; C. H. COLLINS, Esq., President, in the chair. The minutes of the last meeting were read and confirmed.

*New Members*.—The following gentlemen were unanimously elected members of the Association and of this Branch:—Henry T. Wintle, M.B., Clifton; T. Kitchener, M.D., Chippenhams; J. T. Bridgeman, Esq., Berkeley; and Wilton Provis, L.R.C.P. Ed., Swindon.

*Papers*.—I. Mr. GREEN, under the title of Cautions in the use of Surgical Instruments and Appliances, mentioned many cases of accidents which had come under his notice; including cases of tracheotomy, where the trachea had not been opened; a case of tracheotomy performed under the supposition of tracheitis existing and causing suffocation, whereas a *god morfen* examination revealed an aneurism pressing on the recurrent laryngeal nerve; perforation of the bladder by a catheter; a supposed large abscess in the side on being opened causing death by hemorrhage, and proving to be an aneurism; a case where the colon was punctured through a deep abdominal abscess; an instance of an œsophagus-bougie being forced through the œsophagus into the lung, the *post mortem* examination revealing no stricture of the œsophagus; a bougie perforating the rectum and producing fatal peritonitis; the case of a member of Parliament who, in giving himself an enema, pushed the instrument through the rectum and died of peritonitis; several cases of false passage in the urethra, of urinary abscess, of retention and extravasation of urine owing to mismanagement in the use of catheters; a case of *s. hacelus*, caused by too tight application of a starched bandage resulting in loss of the limb and of life; a case where a glass female

syringe was broken in the vagina and caused fatal ulceration. The last case mentioned was one occurring in a London hospital when Mr. Green was a student. A man was brought in with an injury to his head; a prominent ridge on the skull puzzled all the students and led them to anticipate trephining. The surgeon in charge of the case decided it to be a fracture all round the skull. The man was better next day, and his wife coming in cleared up the difficulties of the case by saying, "Don't mind that mark on my husband's head, he has had it all his life!" Mr. Green concluded by calling on the younger members to remember, in dealing with all tubes in the body, that the membranes were very delicate, and the instruments very strong.—Dr. BRITTAN mentioned the case of aneurism referred to by Mr. Green. The man said he had suffered in the same manner a year before, when the attack lasted four days.—Mr. MASON spoke of the value of Mr. Green's cautions.—Surgeon-Major SAUNDERS, C.B., remarked on the value of publishing bad cases and not always and only good cases. He related a case of aneurism which was supposed to be asthma. Mr. Saunders perceived it to be aneurism and warned the soldier. The man went twenty miles to see a physician, who pronounced that there was no aneurism; afterwards fifty miles to see a surgeon, who considered that there was an aneurism. The man in his room expectorated a quantity of blood, and died from rupture of the aneurism. Mr. GREEN said he hesitated to publish the cases, as they might be used against the profession.—Mr. MICHELL CLARKE considered that such cases were often due to peculiarity of development of the patient, not to fault of the surgeon. Referring to Dr. Williams's case, he asked why the trachea should not be opened in cases of aneurism, when correctly diagnosed, in order to relieve the distress; he had known life prolonged for four or five days by the operation and the introduction of a long catheter. The feeling of the meeting seemed to be in favour of such assistance.

2. Mr. HALLETT read a paper on Contagious Disease in its Medicolegal Aspects. A paper on the same subject, by Dr. DAVEY, was postponed to the next meeting.

#### NORTH WALES BRANCH: INTERMEDIATE MEETING.

An intermediate general meeting of this Branch was held on Tuesday, March 22nd, at One o'clock, at the residence of Wm. MAUGHAM, M.D., President. Partaking of the hospitalities of the President, who provided an elegant luncheon, the business of the meeting was entered upon.

Several letters from zealous old members were received and read, regretting their inability to attend; some of them referred to their indisposition, as in the instances of Dr. Hughes of Mold, and Dr. Williams of Wrexham, a circumstance which elicited the expression of the deepest sympathy and regret of all present.

*Treasurer's Accounts, &c.*—The following Accounts were examined, and, after discussion, were passed and ordered to be entered in the minutes; viz., *Receipts*—To balance in hand of subscriptions on 31st December, 1868, 2s.; to amount of half-crown subscriptions and arrears, received from 1st January, 1869, to 31st December, 1869, £7; total, £7 12. *Disbursements*.—By Secretary's official expenses, as per account rendered (with vouchers), for the whole of the year, ending 31st December, 1869, £8 15 10. There is thus a sum of £1 13 10 owing by the Branch to the Treasurer, exclusive of £3 alluded to and entered in the minutes, dated Llandudno, 2nd July, 1867.

*Next Annual Meeting*.—It was agreed that the annual meeting of this Branch shall be held on the first Tuesday in July next, at the Crown Hotel, Denbigh.

*The case of Mr. Griffith W. Roberts of Clwydyont*.—Letters were received from Dr. John R. Roberts, of Castell, calling the attention of meeting to this case. Notwithstanding that these two gentlemen were not members of the Association, the meeting decided that the Secretary should convey the sympathy of the members present to Mr. Roberts, in the painful situation in which he has been placed through no fault of his own.

*New Members*.—The following new members having been duly proposed and seconded, were elected members of the British Medical Association and of this Branch, viz.: Thomas Davies Hughes, L.R.C.P. Edin., Menai Bridge; John Williams, Esq., Carnarvon; and Thomas Hughes, M.D., Amlwch.

*Papers, Cases, &c.*—The following communications were made. 1. Case of Removal of the Arm, Scapula, and Clavicle. By T. E. Jones, Esq., Llanasa. The patient was brought into the room and closely examined by all present.

2. Case of Severe Injury to the Face and Neck, involving Compound Comminuted Fracture of the Lower Jaw. By R. E. Owen, Esq., Beaumaris. The patient was present and examined by several of the

members. The case was a very interesting one; carbolic acid dressings were used with very good effect.

3. Case of Severe Injuries, inflicted during a fight; *inter alia*, Wound of the Abdomen, in which a portion of the intestines protruded, followed by speedy recovery under carbolic acid dressings. By O. T. Williams, Esq., Bangor.

4. Case of Perforation of the Intestines. By O. Roberts, M.D., St. Asaph. An interesting discussion followed, the President and others taking part in it.

*Dinner*.—All who were present then adjourned to the Royal Sportsman Hotel, where, at a little after four o'clock, they were joined by the Vicar of Carnarvon, the Rev. H. T. Edwards, and other invited guests, and partook of an excellent dinner. A very agreeable and pleasant evening was enjoyed by all.

#### WEST SOMERSET BRANCH: SPRING MEETING.

The spring meeting of this Branch was held at Douch's Railway Hotel, Taunton, on Thursday, March 17th, at 5 P.M. H. J. ALFORD, M.B., President, occupied the Chair. Thirteen members and one visitor were present.

*Supernumeration Allowance to Poor-law Medical Officers*.—Mr. FRANKERD (Langport) proposed that a petition, in the form of that published by Dr. Joseph Rogers in the JOURNAL of the 5th instant, be sent from this Branch to support Dr. Brady's Bill in Parliament. A discussion on the subject followed, and it was resolved that the President be requested to sign the petition on behalf of the Branch, and that it be forwarded to Dr. Rogers for presentation at the proper time.

*Communications*.—Mr. W. LIDDON (Taunton) read a paper on Accidental Swallowing of Artificial Teeth, and detailed a case in which he had recently removed a set of teeth which had been lodged in the gullet of a female for nearly six months. He also read notes of a case of Loose Cartilage of the Knee-joint successfully removed. The set of teeth and the cartilage were shown at the meeting.

Dr. CARSE (Weston Zoyland) detailed some interesting facts connected with the employment of Bromide of Potassium. In half-drachm doses he had found it very useful in delirium tremens.—Mr. WINTERBOTHAM (Bridgewater) also expressed his faith in the virtue of this drug for not only curing delirium tremens but for averting an impending attack. He related a case in which a single dose of four scruples produced the latter effect.—A general discussion on the treatment of delirium tremens ensued, in which Dr. Cordwent, Mr. Pranker, Mr. Alford, Dr. Swete, Mr. Randolph, and others took part.

## REPORTS OF SOCIETIES.

### PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, MARCH 3RD, 1870.

RICHARD QUAIN, M.D., President, in the Chair.

A REPORT on Mr. Marsh's specimen of Cystic Tumour was read. The tumour was composed of three lobes, and fatty degeneration was going on.

Mr. ARNOTT reported on Mr. De Morgan's specimen of Sarcoma. It consisted mostly of cells, spindle-shaped and myeloid, contained within certain fibrous bands. Calcareous deposits and bony spicule were also present. Mr. Nunn's specimen was mostly spindle-celled, with larger cells between. It contained, however, no bony matter.

Mr. GAY exhibited a specimen of Gangrene of the Femoral Vein from a man aged 45, consequent on obliteration of the saphena from epithelial cancer of the scrotum and enlarged femoral glands. In the glands on the right side an abscess ultimately formed; but here, also, a gland was cancerous and had to be excised. The saphenous vein was cut through. In excising a gland, obstinate hæmorrhage followed; the bleeding became at last arterial, and a tourniquet had to be applied. After death, it was found that both the femoral artery and vein had sloughed, and that the saphena was plugged.—Mr. HULKE had seen instances where coagulation and sloughing had followed the use of per-chloride of iron.—Mr. GAY said pressure on the bleeding vessel had been combined with the use of perchloride of iron.

Dr. HERMANN WEBER exhibited specimens of Tuberculosis of the Arachnoid and Lungs, apparently consequent on caseous glands.—Dr. DICKINSON said that suppurating glands in children were rarely followed by such results.—Dr. WEBER observed that caseous glands were not suppurating ones.—Dr. POWELL remarked that patients were often carried off by miliary tubercle supervening on some other morbid state,

yet the meninges were seldom affected.—Dr. WEBER said that, if a child suffered from catarrhal pneumonia which did not clear up, tuberculosis might follow, and might be described as consequent on the former.

Mr. LANGDON DOWN exhibited a living specimen of the Paralysis with Muscular Hypertrophy of Duchenne de Boulogne. The patient, a boy, was eleven years old, and the malady had been coming on gradually; he had lost the power of walking, yet his health was good. He could only raise the arms by swinging. He could move his fingers and his feet. The gastrocnemius and dorsal muscles were most hypertrophied. The boy had a dull heavy look and a sallow pasty complexion. His senses were good. The affected muscles did not respond to the induced current of electricity. All the patients were males.—Mr. WILLIAM ADAMS said that the pathology of the disease was quite obscure. He had had the care of a young gentleman thus affected, who had just died. His spinal cord was undergoing examination.

Mr. CARL JACKSON exhibited a Knee-joint affected with disease, apparently necrosis, of eighteen years' standing—Referred to Messrs. De Morgan, Sidney Jones, and W. Adams.

Dr. ROBINSON showed a Double Aortic Aneurism with ossification of the walls of the vessel, removed from a man of fourteen years' service in the Coldstream Guards. Two sacculated pouches just above the valves were found. The outer coat alone remained.

Dr. PAYNE exhibited a specimen of peculiar Fibrous Structures on the inner wall of the left ventricle of the Heart. They showed a valvular arrangement, and were placed accurately opposite to the intervals of the aortic valves, and in an imperfect way below them; they exhibited an analogy to a second series of valves formed on the wall of the ventricle, which led to the natural supposition that they represented abortive valves, which reached a certain stage of development and then became stationary.—Dr. DICKINSON was able, from an examination of the specimen when recent, to confirm the fact that these structures precisely resembled valves.—Dr. CHURCH observed that, from friction, vegetations on the valves sometimes produced a kind of corn of the heart.—Dr. PAYNE said there were no vegetations.—Dr. DICKINSON said that the recent specimen which he had seen presented the appearance, in a remarkable manner, of aortic valves.—Referred to Drs. Peacock and Bristowe.

Dr. DUCKWORTH exhibited some Sarcine vomited three years ago, kept without any preservative means being used. They presented a granular appearance, and the different parts were lost.

## ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.

SATURDAY, MARCH 19TH, 1870.

C. J. B. ALDIS, M.D., in the Chair.

The Secretary read, for Mr. CLEGG of Epping, a paper entitled a Scheme for the Better Supervision of Sanitary Matters. The scheme was based upon the existing mode of inspection adopted by the Poor-law Board as to areas; and on that in use under the Factory Acts as to powers. The paper was divided into three parts: 1. the officers required; 2. their duties; 3. a diagram of illustration. The writer proposed the election of a Sanitary Commission in each union, composed jointly of guardians and magistrates. Under the Sanitary Commission there should be a clerk, a medical officer of health, a surveyor, a registrar, a collector, sanitary police officers, and disinfectors. The Government to appoint a medical officer in chief, and thirteen district sanitary officers. The *modus operandi* proposed was that the union medical officer should report to the medical officer of health—in the case of epidemics, daily—his reports, to be sent in duplicate, so that one might be retained by the medical officer of health, and the other forwarded to the sanitary inspector-general of the district, and from him to the Government medical officer in chief. The duties of the various other officers were described in minute detail, as well as the method of proceeding in the execution of sanitary orders when obtained from the magistrates.

Mr. LITTLE read a paper on Certain Defects in the Nuisances Removal Acts, with a few Suggestions for their Amendment. The drift of the paper was to the effect that, although much good had been effected during the sixteen years in which the Acts had been in operation, there were many shortcomings in them that required amendment. Mr. Little especially urged the consolidation of the different acts into one general act, to which all sanitary clauses dispersed through other acts should be transferred. The term "nuisance" ought to be better defined and further extended up to the point to which public opinion had now been educated. The acts should be made compulsory, and not merely permissive; and the minimum penalty should be fixed by the Legislature, so that the magistrates might not have power to make the acts a dead letter by the insignificance of the penalty inflicted in

cases of default. At the close of an exhaustive paper, Mr. Little embodied his views in a list of suggestions, which it was agreed should be brought under the consideration of the General Purposes' Committee, so that they might be brought under the notice of the Legislature when a fitting occasion should arise. After some discussion, a vote of thanks was passed to the gentlemen who had contributed papers, and the meeting then separated.

## MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH.

MARCH 16TH, 1870.

J. HUGHES BENNETT, M.D., in the Chair.

*Pathological Specimens.*—Dr. WATSON showed the Symphysis of the Lower Jaw, with a large V-shaped portion of skin over it, which he had removed from a man aged 67, on account of epithelial cancer, which had commenced in the mucous membrane and eventually involved the skin. He saved the whole probium, which was not involved.

Dr. WATSON also showed an Epulis from the upper jaw of a child; also the tip of a tongue affected with Epithelial Cancer.

He also showed a large Fibrous Tumour of the Parotid Gland, which, from its having involved the portio dura, and ulcerated on the surface, had been supposed to be malignant, but was removed entire.

Dr. WATSON exhibited, also, a piece of Necrosed Bone involving very nearly the whole shaft of the radius of a boy who had met with an accident some months before.

Mr. ANNANDALE showed a patient who had been operated upon four times since 1864 for Epithelial Growth on the Lip. It was nearly six months since the last operation, and there was no recurrence.

He also showed three casts illustrating the amount of muscular surface exposed in different methods of Amputation at the Hip.

He also showed the pieces of bone removed from an Elbow-joint on which he had performed Excision for injury. The patient had died in thirty-six hours, during an epileptic fit.

He exhibited, also, a Bony Tumour of the Lower Jaw; a small Glandular Tumour of the Breast; a small Malignant Ulcer from the Back of the Hand; and specimens of Toes lately amputated.

*Papers.*—Mr. BENJAMIN BELL read an account of a case of a boy who, after recovery from a smart attack of Typhoid Fever, suffered from peculiar Paralytic Symptoms involving the Legs. He had lost, to a very considerable degree, co-ordinating power; he could not walk at all, though, when in the recumbent posture, he retained considerable vigour.

The case had made a good recovery in about six weeks, under the use of arsenic and belladonna, and, afterwards, of strychnia and iron.

Dr. GRAINGER STEWART read a paper on two cases of Diphtheritic Paralysis simulating Locomotor Ataxy. In the paper he gave a careful account of the paralytic symptoms observed, in their order. Both cases had for a time exhibited ataxic symptoms so unmistakably as to render the diagnosis for a time doubtful. Dr. Grainger Stewart was inclined to look for the special symptoms in the history of the dorsal affection—the early appearance of paralysis of the muscles of the orbit, the peculiar nasal voice and dysphagia—in diphtheritic cases. Both cases had been treated by generous diet; liquor strychnie in small doses, nitrate of silver in half-grain doses, and galvanism. In both, recovery was rapid and complete.—THE PRESIDENT remarked on the interesting nature of both cases, in which ataxia was seen to follow epidemic diseases, and to be recovered from, whereas we were accustomed to regard ataxia as progressive, and to associate it with disease of the grey matter of the cord. He also wished to know if strychnia had ever been found to be of the least use in such cases.—Mr. ANNANDALE related a case of local anaesthesia of a portion of the scalp which he had noticed follow an injury to the back of the head.—Dr. GEORGE BALFOUR expressed his belief in the efficacy of strychnia in certain kinds of paralysis; not in locomotor ataxy, certainly, but in cases of reflex paralysis from cold, or connected with disease of the bladder. In inflammatory affections of the cord, even when very chronic, strychnia did harm; but in these, advantage would be gained from the use of ergot, or, better, nitrate of silver in half-grain doses twice daily, accompanied by galvanism.—Dr. ARGYLL ROBERTSON stated that, in locomotor ataxy, myosis was almost constantly present; while, in diphtheritic paralysis, mydriasis was almost invariable.—Dr. CRAIG related a case of paralysis and total blindness which had followed convulsive fits, but had afterwards recovered both sight and motion.—Dr. HARDIE denied the existence of any real resemblance between Dr. Stewart's cases and real locomotor ataxia.

Dr. JOSEPH BELL read a paper entitled Observations on Rapid Pulmonary Congestion as an occasional Cause of Death after Surgical Injuries and Operations. After detailing two cases in which death ensued in twenty-one and forty-four hours respectively after the injury,



in both of which intense pulmonary apoplexy of both lungs was found, quite unexplained either by the nature of the injuries received or by the concomitant circumstances, Dr. Bell gave the substance of an interesting clinical lecture on this subject by Verneuil, in a late number of the *Gazette Hebdomadaire*, including an abstract of five cases of death equally sudden and inexplicable. In all of these, intense pulmonary congestion was found after death; in none had any symptoms been found before death. Dr. Bell was inclined to look for the explanation of these cases in sudden injury to the great vaso-motor centres, interfering with the vascular tension, and then acting on the respiration.—Dr. G. STEWART and the PRESIDENT made remarks on the paper.

## CORRESPONDENCE.

### THE AMENDMENT OF THE MEDICAL ACTS.

SIR,—Mr. W. E. Forster having announced in the House of Commons, during the debate on the Medical Acts Amendment Bill, the intention of Lord De Grey and Ripon at an early date to introduce a Government Bill with the same object, I was about to write to my esteemed friend Dr. Latham, the Secretary of the Cambridge and Huntingdon Branch of the Association, suggesting the propriety of a meeting of the Branch being held as soon as possible after the introduction of the Bill to consider its provisions, as such an Act must have a most important influence on the future of our profession.

It, however, struck me it would only be wise for similar meetings to be held by all Branches of the Association. I therefore venture to address you, to ask you through the columns of the JOURNAL to make this suggestion public.

I am, etc.,

GEO. B. MEAD, M.D., L.R.C.P. Lond.

Mentmore House, Newmarket, March 1870.

\* \* \* Our Correspondent will be glad to know that action has already been taken in the matter, and that a meeting will shortly be held.

### POISONING BY PINK-ROOT.

SIR,—Observing an intimation in your last number that some further information as to an instance of poisoning by pink-root at Tiverton would be desirable, I send with pleasure a report of such of the facts elicited at the inquest as are material.

On the 3rd January, William Karslake, a fine and previously healthy child, nearly two years old, was scalded on the neck, right shoulder, and arm. He received no medical care; but, under domestic treatment, recovered very nearly, and was described by his mother as being, on the 2nd February, apparently well and at play.

On the 3rd instant, he took for worms three doses of infusion of pink-root, at intervals of about four hours. He became drowsy after the first, and more and more so after the second and third doses; and he died eleven hours after the commencement of the treatment. He appears to have taken altogether about half of an infusion of two drachms of the herb. Castor-oil, given after the third dose, was immediately rejected, and the sickness continued at intervals till death.

A post-mortem examination was made forty-eight hours after death by Dr. Smith of Tiverton, who stated that the body was well nourished, and that the only remains of the scalding were two unhealed but healthy wounds, each of about an inch superficially. The mucous membrane of the stomach was highly vascular, the small intestines contained an enormous quantity of lumbrici in groups around which the mucous surface was vividly red, while that of the rest of the intestines was pale. Is this pathological condition common in the presence of worms, or was it due to the action of the acro-narcotic?

The sudden death in this instance could not be connected with the scalding thirty-one days before, followed by no serious impairment of health; while the symptoms of the last eleven hours, and the post-mortem appearances, point distinctly to death by the agency of the drug. I find that Pereira (vol. ii, 1840), quoting from the *United States Dispensary*, describes the symptoms after poisonous doses of pink-root, and refers to two cases in which death was attributed to it. As far as I have observed, it is perfectly harmless when given, as it is generally in this district, in combination with senna.

I am, etc.,

FREDERICK MACKENZIE.

Tiverton, February 22nd, 1870.

UTILISATION OF EXCRETA.—Mr. W. R. G. Hickey, C.E., is trying a new method of treating excreta in hot countries. The filth is deodorised by coke obtained by the carbonisation of a previous quantity of the same excreta; the mixture is then carbonised in a retort; the gas evolved being utilised for heating other retorts, and for illumination. The ammonia is collected in a tank.—*Chemical News*, March 18, 1870.

## MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in anatomy and physiology, at a meeting of the Court of Examiners, on April 5th; and, when eligible, will be admitted to the pass examination:—

Messrs. James Utting, G. E. Power, H. O. Taylor, Robert Dunstan, and T. R. Edmundson (Students of Guy's Hospital); W. W. Wilson, W. E. Parkes, E. H. J. Hogg, Bernard Neal, and G. B. White (of the Birmingham School); C. C. Hewitt, Malcolm Pughard, and A. C. Horner (of St. Bartholomew's Hospital); Simeon Snel, James Brown, and W. A. Mawson (of the Leeds Hospital); W. S. Greenfield and U. G. D. Glanville (of University College); J. B. Lyth and H. J. Molyneux (of the Liverpool School); William Garton (of the Liverpool and St. Thomas's Hospitals); Thomas Procter (of St. Mary's Hospital); H. R. Jacobs (of the Hull and St. Mary's Hospitals); William Ewart (of the Berlin and St. George's Hospitals); Mark Robinson (of St. George's Hospital); G. G. Ffosbroke (of the Westminster Hospital); Enoch Morris (of the London Hospital); C. E. Munro (of St. Thomas's Hospital); P. W. Delamotte (of the Charing Cross Hospital); James Hindle (of the Manchester School); and J. F. Wright (of the Middlesex Hospital).

The following gentlemen passed on April 6th:—

Messrs. George Turner, G. F. K. Smith, John Marshall, Frank Lungleigh, H. S. Bramfoot, R. H. Palmer, F. D. Harries, H. G. Cartwright, Thomas Eastes, and C. D. Fenn (Students of Guy's Hospital); E. H. Klien, A. L. Salmon, Matthias Groves, Willoughby Turner, W. H. Hatfield, Frederick Skale, and Thomas Strafford (of St. Bartholomew's Hospital); F. A. Gray, W. B. Wall, G. R. Shennill, C. M. Buggs, and T. S. Parry (of University College); William Stanford, Richard Freen, and E. H. Fenn (of the Middlesex Hospital); Gustavus Hartbridge and R. B. Morrell (of King's College); W. L. Morgan and Lewis Mackenzie (of the London Hospital); S. J. Goldsmith (of St. George's Hospital); W. H. Williams (of St. Mary's Hospital); and J. F. Chesswright (of the Charing Cross Hospital).

The following gentlemen passed on April 7th:—

Messrs. Hugh H. Ker, G. H. Percival, C. H. Golding Bird, Edmund Fyson, T. W. Jackson, A. C. James, Shroffell Elam, and Frank Wacker (Students of Guy's Hospital); Henry Gibbs, J. Clement Norman, J. Selwyn Cowley, Henry E. Bridgman, William Odell, Arthur L. Sobey, and William Fairbank (of St. Bartholomew's Hospital); Charles E. Baker, William J. H. Lush, and Alfred Bethell (of King's College); William T. Drew and G. Wynne Bird (of St. Mary's Hospital); Francis H. Thompson and Foughton Adely (of St. Thomas's Hospital); F. W. H. Popham and J. E. Richards (of University College); J. Allan Lycet (of the Middlesex Hospital); Augustus Winterbotham (of St. George's Hospital); and Alfred Kibbell (of the London Hospital).

It is stated that 18 candidates out of the 108 who were examined, failed to acquit themselves to the satisfaction of the Court of Examiners, and were consequently referred to their anatomical and physiological studies for three months.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, March 31st, 1870.

Blyth, Alexander Wynter, TOLLINGTON Park  
Cass, Edward Earnshaw, COOLE, Yorkshire  
Harvey, Christopher, PLYMOUTH  
Herman, George Ernest, CHATHAM  
Hodgson, William, BRIGHAM, Cumberland  
Humphreys, John Henry, ST. LEONARD'S-ON-SEA  
Symons, Henry Edward, STONE NEWINGTON

The following gentlemen also on the same day passed their first professional examination.

Hanson, William, CHARING CROSS HOSPITAL  
James, James Bowen, MIDDLESEX HOSPITAL  
Joseph, Joshua Raphael, GUY'S HOSPITAL  
Passmore, Frederick George, GUY'S HOSPITAL  
Ticehurst, Charles Sage, GUY'S HOSPITAL

### MEDICAL VACANCIES.

The following vacancies are declared:—

ANDERSON UNIVERSITY, Glasgow—Professor of Chemistry.  
BALLINASLOE UNION, Co. Galway—Medical Officers for the Killan and Kiltomer Dispensary Districts.  
BELLEFLORE UNION, Northumberland—Medical Officer for District No. 3.  
BIRMINGHAM GENERAL DISPENSARY—Resident Surgeon: applications, 16th.  
BRIGHTON—Medical Officer for Northern District of Parish of: applications, 13th.  
CARMARVONSHIRE AND ANGLESEY INFIRMARY, Bangor—House-Surgeon: applications, 20th.  
CHORLTON UNION, Lancashire—Resident Medical Officer at the Workhouse Infirmary.  
GREENOCK INFIRMARY—House-Surgeon: applications, 8th.  
EARLSWOOD ASYLUM FOR IDIOTS—Assistant Medical Officer: applications, April 26th.  
HANWELL LUNATIC ASYLUM—Additional Assistant Medical Officer: applications, April 21st.  
HONITON UNION, Devon—Medical Officer for District No. 4.  
KENSINGTON DISPENSARY—Resident Medical Officer: applications, 16th.  
KIRKHAM INFIRMARY—Parochial Medical Officer.  
LOCKHORN, Ross—Medical Officer and Public Vaccinator: applications, 17th.  
LOCHCARRON AND DISTRICT OF KISHORN, Ross—Medical Officer: applications, 15th.

**NORTHALLERTON UNION, Yorkshire**—Medical Officer for the Osmotherley District.  
**NORTH LONDON CONSUMPTION HOSPITAL**—Physician: 18th.  
**PLUMESDALE UNION, Suffolk**—Medical Officer for the Saxmundham District.  
**PLUMSTEAD, Kent**—Medical Officer of Health.  
**STAMFORD, RUTLAND, AND GENERAL INFIRMARY**—House-Surgeon, Apothecary, and Secretary: applications, 12th; appointment, 19th.  
**SUNSHINE LUNATIC ASYLUM, Haverhill, Hants**—Assistant Medical Officer.  
**WIGTON, Wigtownshire**—Parochial Medical Officer.  
**WORCESTER COUNTY AND CITY LUNATIC ASYLUM, Powick**—Assistant Medical Officer: applications, 16th.

## OPERATION DAYS AT THE HOSPITALS.

**MONDAY**.....Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.  
**TUESDAY**.....Metropolitan Free, 2 P.M.—National Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.  
**WEDNESDAY**.....St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.15 P.M.—Middlesex, 1 P.M.—University College, 9 P.M.—St. Thomas's, 1.30 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Cancer Hospital, Brompton, 3 P.M.  
**THURSDAY**.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.  
**FRIDAY**.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.  
**SATURDAY**.....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free Hospital, 1 P.M.—East London Hospital for Children, 2 P.M.—Hospital for Women, 9.30 A.M.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

**MONDAY**—Medical Society of London, 8 P.M. Dr. Sedgwick, "On an Apparatus for the Injection of Perchloride of Iron into the Uterus during Flooding"; Mr. John Gay (P.R.S.), "On the Vermiform Appendix"; Dr. John Thompson Dickson, "On the Pathology of Puerperal Insanity."  
**TUESDAY**—Ethnological Society of London, 8 P.M. Mr. J. C. Atkinson, "On the Danish Element in the Population of Cleveland, Yorkshire"; Mr. H. M. Westropp, "On the Ancient Tribal System of Ireland"; Dr. Donovan, "On the Brain in the Study of Ethnology"; Royal Medical and Chirurgical Society, 8 P.M. Ballot, 8.30 P.M., Mr. F. J. Gant, "On Excision of the Knee, Hip, and Elbow-Joints, for Disease"; succeeded by Special General Meeting for Confirmation of the Scheme for the Union of the Medical Societies.  
**WEDNESDAY**—Epidemiological Society, 8 P.M. Dr. Gavin Milroy, "On Mixed Outbreaks of Varola, Varioloid, and Variella."—Hunterian Society, 7.30 P.M., Meeting of Council, 8 P.M., Open Meeting.  
**THURSDAY**—Royal Society.  
**FRIDAY**—Quekett Microscopical Club (University College), 8 P.M. Mr. N. E. Green, "On Ciliary Action in the Infusoria."  
**SATURDAY**—Association of Medical Officers of Health, 7.30 P.M. Dr. R. Angus Smith, F.R.S., "On the Examination of Air, with special reference to that of London."

## NOTICES TO CORRESPONDENTS.

**ALL Letters and Communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen Street, Lincoln's Inn Fields, W.C.**

**CORRESPONDENTS not answered, are requested to look to the Notices to Correspondents of the following week.**

**TO PURCHASERS.**—To insure attention, it is requested that all orders sent to the Office for extra copies of the JOURNAL, be accompanied with stamps for the amount.

**WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.**

**CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them by their names—of course, not necessarily by publication.**

**A MALICIOUS HOAX.**—In our number for March 26th, the appointments of Surgeon to the Buchan Combination Poor-house, and of Parochial Medical Officer and Public Vaccinator for the Northern Division of Methic and the Southern Division of New Deer, in Aberdeenshire, were stated to be vacant. This was an error; the appointments being still held by Dr. Thomas Milne, of New Deer. We are further informed, that a stupid and malicious report of the death of Dr. Milne (who, we believe to be, Professor Crum Brown's reasons for withholding from her the Scholarship in question; and at the same time observing that, as a student, she has received much kindness and courtesy from him, and disclaiming any unjust or ungenerous act on his part. The matter was to be referred to the Senatus for its decision.

**MR. LINCOLN'S (Hereford) letter shall appear.**

**LADY DOCTORS and the HOPE SCHOLARSHIPS.**—In reference to the case of the "Lady Doctors" and the Hope Scholarships in the University of Edinburgh, the following has been sent to the *Scotsman*. "To be printed on the Chemistry Classroom door: 'Abandon Hope! all ye who enter here.' In the same paper, a letter appears from Miss Fether, entitled in the most temperate terms, giving what she believes to be, Professor Crum Brown's reasons for withholding from her the Scholarship in question; and at the same time observing that, as a student, she has received much kindness and courtesy from him, and disclaiming any unjust or ungenerous act on his part. The matter was to be referred to the Senatus for its decision.

## NOTICE.

**CORRESPONDENTS and advertisers are reminded that, in consequence of the occurrence of Good Friday, on the 15th instant, all communications intended for insertion in the JOURNAL of next week should be sent in not later than Tuesday.**

**FIDES SALUTIS VIA.**—The letter to which this motto is appended cannot appear unless its author will append his name.

**PRIVILEGE OF SEN IN NEW ORLEANS.**—From an American paper, we learn that "Mrs. Dr. Walker has notified that when she appears in the streets of New Orleans, it must be without trousers." Surely, the notification might more appropriately have taken the positive form.

## THE NEWARK ELECTION.

The subjoined copy of a large placard, which was posted at Newark, will illustrate one phase of popular sentiment on the subject.

**"The Newark Election.**—To the Editor of *The Nottingham Daily Guardian*. Sir,—Will you allow me space to inform the electors of Newark, that Major-General Sir Henry Storks is an advocate for, and ardent supporter of, the Horrible Contagious Diseases Act (Women); that he wishes to legalise prostitution, and believe that it ought to be recognised as a State necessity. If he sent Sir Henry to Parliament, it will be said they hold the same views. Do they? If not, indignantly reject Sir Henry, as a practical protest against such degrading, immoral, cruel, and un-Christian legislation. —I am, sir, yours respectfully, Thomas Worth."

**THE PRESTON NEW HOSPITAL.**—The Preston and County of Lancaster Royal Infirmary was opened on January 1st, having commenced its operations as a Dispensary a few months before. It has as yet only twenty-four beds, and announces that each additional bed will probably cost at least *£60 per annum*. The first step, which is before us, gives no statistical information as to diseases treated. We observe that the staff is a large one: consisting of two house-surgeons, and no fewer than six honorary medical officers. As a sign of the times, we may note that all six take the title of Dr.; and that there is no distinction between physicians and surgeons. The junior house-surgeon is, out of eight, the only one obliged to content himself with the style of Mr.; and even he is L.R.C.P. Edin.

We are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Indian Medical Gazette, Feb. 16th; The New York Medical Gazette, March 10th; The Parochial Critic, April 6th; The New York Medical Record, March 2nd; The Boston Medical and Surgical Journal, March 10th; The Madras Mail, Jan. 25th; The Gardeners' Chronicle, April 2nd; The Banffshire Journal, March 29th; The Buchan Observer, March 29th; The Bristol Daily Post, April 1st; The Greenwich Chronicle, March 12th; The North Wales Chronicle, April 2nd; The Isleington Gazette, March 29th; The Northampton Mercury, March 26th; The Liverpool Weekly Courier, April 2nd; etc.

**COMMUNICATIONS, LETTERS, ETC., have been received from:—**

Dr. Murray, Fort William, India; Dr. A. P. Stewart, London; Dr. R. Thorne Thorne, London; Dr. Kidd, London; Dr. Steele, London; Mr. H. S. Taylor, Guildford; Mr. T. W. Williams, London; Dr. G. Carter, Edinburgh; Dr. Paul, London; Dr. J. G. Davey, Northwoods, Bristol; The Secretary of the Epidemiological Society; An Old Associate; Dr. J. Robertson, Cockermouth; Mr. Steele, Bristol; Dr. Phillips, London; Dr. W. Hamilton, Tarbert, co. Kerry; Dr. J. H. Thomas, Merthyr Tydfil; Mr. Cordy Burrows, Brighton; etc.

**LETTERS, etc. (with enclosures) from:—**

Dr. George Johnson, London; Dr. G. B. Mead, Newmarket; Mr. M. Mulvaney, Dundalk; Dr. T. Milne, New Deer, Aberdeenshire; Dr. J. Wallace, Liverpool; Mr. W. F. Morgan, Clifton; Dr. R. Lightfoot, Wincanton; Dr. J. F. V. Bent, Bridgwater; Dr. D. Kent Jones, Beaumaris; Mr. Mudd, Uckfield; Dr. Fergus, Marlborough; Mr. T. Patterson Dove, Edinburgh; Dr. Steele, London; Mr. R. C. Athill, London; Dr. Nicholson, Edinburgh; Mr. W. P. Swain, Devonport; The Registrar-General of England; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; Mr. T. M. Stone, London; The Registrar of the Medical Society of London; Mr. D. B. Kendall, Scarborough; Dr. Lionel Beale, London; Dr. Duncan, Dundee; Mr. F. H. Barlett, Birmingham; Mr. E. Blower, Liverpool; The Secretary of the Ethnological Society of London; Mr. W. Dale, Plymouth; The Secretary of the Royal Medical and Chirurgical Society; Mr. Richard Davy, London; Dr. Payne, London; Dr. W. T. Greene, London; Dr. H. Barnes, Carlisle; Dr. F. M. Pierce, London; Mr. R. S. Fowler, Bath; Dr. C. B. Fox, Scarborough; Dr. J. Moore, Dublin; Dr. Mapother, Dublin; The Secretary of the Royal Albert Asylum for Idiots and Imbeciles, Lancaster; Dr. Drysdale, London; Mr. Coles, Eastbourne; Dr. Vinen, London; Dr. Letheby, London; Dr. G. E. Shuttleworth, Earlwood; Mr. R. H. Hunter, Dartford; Mr. Nixen, London; The Rev. W. Stranger, London; T. Charters White, London; etc.

## BOOKS, ETC., RECEIVED.

The Philosophy of Rheumatism and Gout. By J. F. J. Caplin, M.D., F.A.S.L., etc. London: 1870.

A Pamphlet on the Repeal of the Contagious Diseases Act. London: 1870.

A Statement addressed by the Executive Committee of the General Medical Council to the Legislature of Her Majesty's Most Honourable Privy Council.

Medical Reform: the Present Crisis. By Sampson Gamgee, F.R.S. Edin. London: 1870.

The Fifth Annual Report of the Glamorgan County Lunatic Asylum, Bridgend, for 1869.

Selections from the Records of the Government of the Punjab and its Dependencies. No. 6. Punjab: 1870.



## REMARKS

ON

HYPERTROPHY OF THE MUSCULAR WALLS OF  
THE MINUTE ARTERIES IN CASES OF  
CHRONIC BRIGHT'S DISEASE.\*

By GEORGE JOHNSON, M.D., F.R.C.P.,

President of the Metropolitan Counties Branch of the British Medical Association.

In order to render intelligible the specimens which I am about to show you, I must refer to some well known anatomical facts and physiological doctrines.

The larger arteries, both pulmonary and systemic, have their walls mainly composed of yellow elastic tissue with but a small proportion of muscular tissue. The minute microscopic arteries, bordering on the capillaries, have their middle coat entirely composed of muscular tissue, the nuclei and fibres encircling the canal of the artery. The arterial trunks and their larger branches, by the elastic resiliency of their walls, convert the intermittent jet of blood from the heart into a continuous stream in the minute arteries and capillaries. The elasticity of the larger arteries acts as a propelling force in aid of the heart. The distending force of the ventricle is partly communicated to the walls of the arteries, where it is stored up as mechanical force, and it is imparted to the column of blood by the elastic resiliency of the arterial walls during the diastole of the ventricle. The whole of the propelling force which ordinarily acts upon the arterial blood is derived from the muscular contraction of the ventricle. We need not now take into consideration the influence of the respiratory movements upon the circulation. The muscular force of the heart acts upon the blood, directly during the systole of the ventricle, indirectly during the diastole, through the elastic resiliency of the arterial walls. The elastic force of the arterial walls is as obviously derived from the muscular power of the heart as the elastic force of an archer's bow is derived from the muscles which bend the bow. The minute arteries with their muscular walls have an entirely different function from the larger arteries. The minute arteries, under the influence of the vaso-motor nerves, regulate the blood-supply to the various organs and tissues. By their contraction the canals are narrowed, and the blood-stream is in a corresponding degree diminished; on the contrary, their relaxation enlarges the arterial canals, and a fuller stream of blood is permitted to pass. The minute muscular arteries perform the functions of stop-cocks. They do not drive on the blood by their contraction; on the contrary, the active contraction of the minute arteries is antagonistic to the active contraction of the ventricle. The narrowing of the arterial canals opposes an obstacle to the onward movement of the blood, and the heart then has to beat with increased force in order to carry on the circulation.

More than thirty years ago (in the 1st volume of *Guy's Hospital Reports*), Dr. Bright pointed out the fact that in a large proportion of cases of chronic Bright's Disease there is marked hypertrophy of the left ventricle of the heart, even when the valves and large arteries are free from disease; and he suggested, as a probable explanation of this, that "the altered quality of blood might so affect the minute and capillary circulation as to render greater action necessary to force the blood through the distant subdivisions of the vascular system."

Twenty years ago, in the 33rd volume of the *Medico-Chirurgical Transactions*, I described and figured hypertrophy of the muscular walls of the minute renal arteries as occurring almost constantly in cases of chronic Bright's Disease. At that time the function of the minute muscular arteries was more doubtful than it now is, and I erroneously supposed and suggested that this hypertrophy of the muscular walls of the minute renal arteries was the result of an effort on their part to help on the blood through the compressed and obstructed vessels in front.

Since the publication of that paper, physiological experiment and pathological research have thrown much light upon the influence of the small arteries upon the circulation both in the healthy and in the diseased states of the system.

About three years ago, it occurred to me that the hypertrophy of the left ventricle in cases of chronic Bright's disease might be a result of increased contraction of the small arteries, excited by the abnormal quality of the circulating blood; and I went on to argue that, if this were so, we should find evidence of the fact in the existence of hypertrophy of the muscular walls of the minute arteries in various tissues.

The next step was to search for this hypertrophy in cases of chronic Bright's disease associated with hypertrophy of the left ventricle. Accordingly, we sought for it, and found it unmistakably present, not only in the arteries of the kidney, but also in those of the pia mater, the skin, the intestines, and the muscles. It probably exists in the arteries of other tissues which we have not examined.

I have published an account of these observations in the fifty-first volume of the *Medico-Chirurgical Transactions*.

We have found this hypertrophy of the minute arteries in various tissues associated with hypertrophy of the left ventricle in every case that we have examined, amounting now to more than a dozen. In fact, it occurs with the constancy of a physical law. In some cases, the arterial hypertrophy appears to be about equal in all the tissues, the kidney excepted; while in other cases it seems to be greater in some tissues than in others. The amount of hypertrophy is ascertained by a comparison with normal arteries of the same size.



Fig. 1.—Normal artery from the kidney, showing the thickness of the walls in proportion to the canal. In the muscular wall there is an outer circular layer and a thin inner longitudinal layer.—X 200.

The arteries are more readily discovered when filled by a coloured injection, such as Prussian blue; and I am much indebted to my friend and colleague Dr. Kelly for the labour that he has bestowed on the investigation of this subject and the preparation of specimens.

There seems to be a direct relation between the hypertrophy of the left ventricle and that of the minute arteries in the various tissues; and in many specimens the walls of the arteries may be seen to have at least three times their normal thickness.

The minute *renal* arteries are usually more hypertrophied than those from other tissues; and the hypertrophied renal arteries present the peculiarity of having an inner longitudinal layer of fibres equal in thickness to the outer circular layer. (See Fig. 2.)

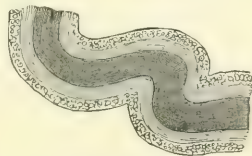


Fig. 2.—Artery with hypertrophied walls from the kidney. The inner longitudinal layer of fibres is equal in thickness to the outer circular layer. The canal of the vessel is filled with injection.—X 200.

This inner longitudinal layer of fibres is only just visible in the arteries from other tissues.

The thickening of the muscle walls is an undoubted instance of genuine hypertrophy. It is an increased growth of a normal tissue, without change of texture. The walls of the hypertrophied arteries have precisely the same structure and appearance as those of normal arteries; but their muscular tissue is increased in amount. This has been acknowledged by all who have taken the trouble to examine the

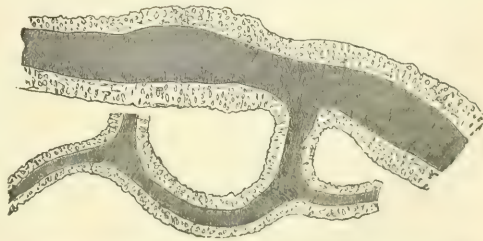


Fig. 3.—Artery with hypertrophied walls from the subcutaneous tissue, in a case of chronic Bright's disease. The canal of the artery is injected.—X 200.

specimens, including some of the most experienced microscopists and physiologists in London.

What is the explanation of this remarkable hypertrophy of the arterial walls? The theory which led me to search for, and to discover,

\* Read at an Ordinary Meeting of the Metropolitan Counties Branch of the British Medical Association, March 30th, 1870.



the anatomical facts, probably affords the true explanation of the phenomena.

In consequence of degeneration of the kidney, the blood is morbidly changed. It contains urinary excreta, and it is deficient in some of its own normal constituents. It is, therefore, more or less unsuited to nourish the tissues—more or less noxious to them. The minute arteries throughout the body resist the passage of this abnormal blood. The left ventricle, therefore, makes an increased effort to drive on the blood. The result of this antagonism of forces is, that the muscular walls of the arteries, and those of the left ventricle of the heart, become simultaneously and in an equal degree hypertrophied. The persistent overaction of the muscular tissue, both cardiac and arterial, is found registered after death in a conspicuous and unmistakable hypertrophy.

The hypertrophy of the minute arteries of the kidney is best explained by a reference to the analogous phenomena of apnoea. A ligature on the trachea of a dog destroys life in a few minutes. The immediate cause of death is the arrest of blood in the lungs. The left cavities of the heart are found after death nearly empty; the right cavities, the pulmonary artery with its branches, and the systemic veins, are much distended; the pulmonary capillaries are nearly bloodless; and the lungs, consequently, collapse to an extreme degree when the chest is opened.

The theory is, that, when the respiratory changes are suspended by the exclusion of air, the minute pulmonary arteries, under the influence of the vaso-motor nerves, by their contraction arrest the flow of blood. Similar phenomena occur during fits of spasmodic asthma. Bronchial spasm lessens the supply of air; then the contraction of the minute pulmonary arteries, in a corresponding degree, checks the circulation. The skin becomes cold and blue, the pulse small and feeble; and the patient is apparently at death's door. When the bronchial spasm relaxes, the air gets ready access to the pulmonary cells, then the arterial resistance ceases, and respiration and circulation again become free. In like manner, when the secreting tissue of the kidney is partially disorganised, the working power of the gland is lessened, and it requires less blood. The minute renal arteries regulate the blood-supply in accordance with the diminished requirements of the gland. This continues and increases month after month, year after year; and the result of the persistent overaction of the minute renal arteries is, that their muscular walls become hypertrophied. This hypertrophy of the muscular walls of the minute renal arteries occurs in all forms of chronic Bright's disease; in the small, red, granular kidney; and in the large, white, smooth kidney. The hypertrophy of the muscular walls is quite distinct from the degeneration of the arterial tunics which occurs during the progress of that form of disease of the kidney to which the term "lardaceous" is commonly applied.

In conclusion, I may mention some of the phenomena of chronic Bright's disease which are explained by the facts to which I have referred.

1. The hypertrophy of the left ventricle is explained. That which Dr. Bright long ago surmised is now a demonstrated fact. There is an impediment to the passage of the altered blood "through the distant subdivisions of the vascular system"; hence arise greater action of the heart, and hypertrophy of its walls.

2. The full, hard, radial pulse, and the increased pressure on the arterial walls indicated by the sphygmograph, are explained by the co-existence of excessive cardiac force with an equal, or more than equal, excess of arterial resistance.

3. The excessive dryness of the skin, and the difficulty of exciting diaphoresis even by the hot-air bath, are accounted for by overaction of the hypertrophied subcutaneous arteries resisting the relaxing effect of external warmth, which has so powerful an influence upon the healthy skin.

4. One result of excessive resistance throughout the whole systemic arterial system must be to impede the passage of blood from the venous system through the lungs, and thus to favour the occurrence of dropsy by an influence not unlike that of a defective valve on the left side of the heart. The influence of arterial resistance in retarding the circulation will mainly depend upon the extent to which this is counteracted by hypertrophy of the left ventricle of the heart.

5. Lastly, the not infrequent occurrence of cerebral hæmorrhage is explained. While the minute cerebral arteries resist the passage of the blood, the strong left ventricle is forcibly driving it onwards. In the struggle between the two contending forces an artery gives way, and the result is cerebral hæmorrhage and apoplexy.

POSTSCRIPT.—During the discussion which followed the reading of this paper, I was asked for an explanation of the thick inner layer of longitudinal fibres, which forms so conspicuous a feature of the hypertrophied renal arteries. (See Fig. 2.) I replied, that I had in vain sought for a satisfactory explanation. It has since occurred to me that

the following may be the physiological explanation of the anatomical fact. The renal arteries are of large size, and have a very short course from the aorta into the gland. During the progress of chronic Bright's disease, the circulation through the kidney is much obstructed; so that, with a large afflux of blood to the diseased organ, there is a much impeded outflow. The degree of impediment to the circulation through the kidney may be estimated by the hypertrophy of the arterial walls.

This usually appears to be greater in the renal arteries than in those of any other tissue. I have often seen the thickness of the arterial wall equal to the diameter of the canal of the artery. The tendency of the distending force of the hypertrophied left ventricle obviously is to elongate as well as to dilate the arteries. We have a good illustration of this in cases of incompetent aortic valves with a dilated and hypertrophied ventricle, when the subcutaneous arteries can be seen and felt to swell and lengthen, and so to move beneath the skin, at each systole of the ventricle. That the minute renal arteries, in cases of chronic Bright's disease, become elongated, is shown by their tortuous course, which is visible in some microscopic specimens. (See Fig. 2.) This elongation of the vessels would be checked by increasing the thickness and strength of the longitudinal fibres; and here probably we have the physiological interpretation of the hypertrophied longitudinal layer. This is more conspicuous in the renal arteries, because those vessels are subjected to greater strain and pressure than the arteries of other tissues, and because in them the general hypertrophy of the walls is excessive.

In confirmation of this view I may refer to some specimens in my possession from a case of chronic Bright's disease, in which, with only moderate hypertrophy of the circular fibres of the minute renal arteries, the inner longitudinal layer is scarcely visible. These arteries have their canals here and there irregularly dilated, and some of them have a course almost as tortuous as that of the convoluted uriniferous tubes. I infer that in this instance the arteries had become unusually elongated, tortuous, and dilated, in consequence of the absence, or rather the slight degree, of that protective hypertrophy which is so generally present in cases of chronic Bright's disease.

## FRACTURE OF BASE OF SKULL: LACERATION OF BRAIN.

By J. LEE JARDINE, Esq., Capel, Surrey.

THE following case is recorded as a good instance of the length of time which may elapse from the receipt of the injury to the occurrence of the more serious and fatal symptoms. S. K., aged 65, a farmer of intemperate habits, on his return from market, was thrown out of his cart between 5 and 6 p.m., when about eight miles from home. He was momentarily puzzled by the fall, but quickly helped to replace his market purchases in the cart. A friend drove his horse for four miles, during which time he vomited, but said he was very well, only cold. He then drove on by himself, and on his way left some goods at a friend's house about a mile from home, when he complained of his head. Near his house, he had to alight to open a gate; and a person living close by remarked that he had come home sober to-night, as he managed to open the gate more quickly than usual. Indoors, he complained of his head and of the cold, and sat down, but soon got up again, and lay down before the fire, and appeared to sleep; all this was his usual custom. At bedtime, they tried to rouse him, but found it impossible; and he died shortly afterwards, just at midnight. I saw the body an hour afterwards, and found only a slight contusion, with superficial punctiform lacerations over a space two inches in diameter, a little posterior to the vertex, as if caused by gravel. There was no discharge from the ears. There were slight bruises on the left hand and right leg. No one in the house was aware of his having met with an accident; but I found the cart scratched and the harness broken.

*Post Mortem Examination.*—A small effusion of blood was found under the brain-thecal sac. Both lateral lobes of the cerebrum were covered with a layer of semi-coagulated blood from a quarter to half an inch in thickness; on the right side, this clot extends back to the posterior lobe, and likewise over a great part of the base of the brain. This had escaped from a rent in the anterior edge of the right hemisphere, which communicated with a cavity about the size of a large walnut, situate a little anterior and external to the anterior cornu of the lateral ventricle. The ventricle itself was uninjured. Blood was effused also under the arachnoid as far back as the junction of the medulla oblongata with the pons Varolii. There was a fracture of the occipital bone, commencing just to the right of the tuberosity, passing down and to the left side of the foramen magnum, into which it entered; a branch fissure passed forwards from near the foramen, and ended in the petrous portion of the temporal bone. Altogether it was about four inches in length, and freely admitted the point of a scalpel.

## LECTURE

ON

## THE ACTION OF THE CHOLERA-POISON ON THE BODY; AND ITS NATURE AND HISTORY OUTSIDE THE BODY.\*

By JOHN MURRAY, M.D.,

Inspector-General of Hospitals, Bengal Medical Department.

(Concluded from page 337 of last number.)

HAVING described the action of the poison on the system, we shall now consider how it enters. This is one of the most important points of the inquiry, embracing, as it does, the contagious or non-contagious nature of the disease; on which there were formerly very opposite or antagonistic opinions. More extended observation has clearly demonstrated, by an accumulation of evidence from independent intelligent observers all over the world, that the disease is communicable, or transmissible, from a diseased person to a healthy one. There are, doubtless, many apparent exceptions to this law; but negative evidence may be merely darkness, or want of light, which prevents the object being seen. From what we have learnt of the action of the poison when under restraining influence, it is easy to conceive the poison entering the system, and being so held in check by natural processes, as to be passed off without inducing any marked symptoms. There are remedies which assist nature in this stage. There is also the curious fact that habitual contact renders the system less susceptible to the influence of this poison; in the same manner as, by habit, a man may enjoy swallowing doses of arsenic, corrosive sublimate, or opium, which would cause death to ordinary individuals. The exemption of physicians and hospital attendants, which is most marked in Calcutta, where the disease is endemic, and also elsewhere in cholera epidemics, may be explained by this theory, which is strengthened by the fact that visitors or strangers coming to a place where cholera is epidemic, are more liable to suffer than the residents who have been some time under the influence of the attack. This immunity should encourage those whose duty takes them to the bed-side of the sufferers; but to allow those to approach whose presence is not essential, is to expose them to needless danger.

In this disease the morbid symptoms are produced by the presence of a specific foreign body in the system; and, until that is removed, health cannot be restored. This implies the entrance of the foreign-body and its exit. The entrance may be through any of the natural channels of communication between the body and the outward world, viz., the skin, the lungs, or the bowels; and there is strong evidence that it may enter by any one of these. The handling or wearing the clothes of a person who suffered from the disease, has, in many instances, been followed by attack; this would indicate the skin as the channel. Visiting a cholera ward, attending cholera patients, or being present at funerals, are often followed by attacks. I have observed numerous illustrations of this, and suffered myself from the first two cases.

Many instances are recorded of attacks following visits to barracks, or camping grounds, previously occupied by cholera patients, or using privies which cholera cases had used. A peculiar smell has been noticed, and places situated in a line with certain drains have been observed to be liable to attack. These cases indicate the lungs as one channel of entrance.

But there is every reason to suppose that the most frequent channel is by the intestines, and that through the water that is drunk. We have seen how readily the ally of the cholera-germ propagates in tank-water; the rapidity with which this takes place, and the people become infected, was illustrated in two particular cases in village tanks in the Hurdwar epidemic. There are many instances of wells being contaminated, and the water-supply of towns, causing those who use the water to be attacked. Rivers, into which sewers are discharged during epidemics, are found to communicate the disease to the inhabitants of ships and houses in the vicinity. This has been illustrated in ships anchoring near the sewers in the Hooghly, when cholera is prevalent in Calcutta. The severe attack in the cantonment of Peshawar in 1867 may be explained in the same way. It is supplied with drinking water, from an open canal. A large party of Hurdwar pilgrims returning to Afghanistan, passed the station on the 18th and 19th June. The disease appeared on the 20th. The roads to the Khyber Pass and Kohat, and the canal, converge at the northern end of the cantonment. Cholera appeared at Jellalabad and Cabool, when this party reached these places, as also along the line of road before reaching Peshawar. The presence of the

disease with the party was not detected by the authorities at Peshawar; but their inquiries may have led those suffering to diverge from the line of road, and it would be in accordance with universal custom to go to the vicinity of water, for the purposes of nature. One of those affected pilgrims might thus have vitiated the stream, which would have affected the whole cantonment the following day. This view is strengthened by the fact that the Europeans in cantonments were attacked before the inhabitants of the city, which is very unusual in other stations, or in Peshawar in other attacks of the epidemic.

When the poison enters by the stomach through the food or drink, it may directly cause collapse without the preliminary stages of *malaise* or diarrhoea.

We come now to the investigation of the channels through which the poison escapes, or is eliminated from the system: and these are nearly identical with those by which it enters. In the stage which does not advance beyond *malaise* the poison is thrown off, without any marked symptoms, by the natural secretions and excretions of the body. I have noticed immediate relief in this stage, following a copious discharge of urine; and the same has been mentioned to me by others. As it enters through the lungs, so it may be passed off. It is reported that priests, in the performance of the last sacred duties of their profession, have on several occasions been affected: this may have been from the breath of those to whom they ministered. The disease spreading in crowded or ill-ventilated wards may arise also from tainted breath; but here there are other sources from which the poison may have emanated.

There is a characteristic discharge from the skin of profuse clammy perspiration, which has a peculiar sickly smell; and this may be considered one of the channels by which the poison escapes, especially as the clothes of diseased victims are a marked means of disseminating the disease.

The evacuations from the bowels contain the germ in all stages of the disease—from diarrhoea to collapse; in fact, the congee stools appear to be the last vital channel through which nature endeavours to throw off the poison. The presence of the poison in these evacuations is proved by the facts which have been observed from their having been communicated to water, and thence spreading the disease; by direct experiment of giving them to animals, either fresh, or in various stages of preparation; and also by inference, if not directly proved by observation with the microscope. On this latter point, I speak with reserve; the low minute vitalities which have been found associated with the discharges in this disease may merely be *allied genera*, and not the real cholera germ. I can conceive the existence of an active poison which is invisible. There is one direct test by which a blind man may detect its presence in the congee stools, the *small*—a peculiar, mawkish, sickening, odour, which it is difficult to describe, but which is easily recognised by any person who has seen much of the disease. This peculiar smell was remarked by Jameson, and many of the earliest writers; and though it has not been noticed in the recent European works on the disease, it was one of the subjects discussed in our meetings at Simla. Every one then allowed that there was a peculiar smell from cholera-patients; though some considered it as merely cadaverous, and some thought they had observed the same in other diseases. Since then I have frequently discussed this point, and I have always found that it has been perceived in the congee evacuations, whether from the mouth, or the bowels; and in the profuse perspiration of this disease. I have noticed it in some cases of diarrhoea, but I am not certain at what earlier stage it may be perceived. It would form a valuable aid in diagnosis, and I hope the subject will be carefully investigated.

The natural history of the poison, or germ, outside the body has now to be considered, and is a subject of deep interest and importance. As a preliminary step, it is advisable to ascertain how far the lower vitalities, associated with that of cholera, as found in cholera-stools, are influenced by the natural and artificial agents applied experimentally. These allied vitalities increase rapidly in water, especially if impure. This is also the history of the cholera-germ. Tanks or wells to which cholera evacuations have had access, have immediately produced the symptoms of the disease in those who used the water from them. It is evident in this case that the germ must have remained in a moist condition during its external existence, and that no modification of soil, as to porosity or dryness, could influence its course. Professor Pettenkofer imagines that the external life of the germ is dependent on the subsoil water, combined with a peculiar porous soil, and that both these are essential to the development of a certain stage of its existence, which renders it again capable of exciting the disease. This is a comprehensive theory, as there is subsoil water wherever there is soil or land; but the disease may spread where this remains unaffected by the rain-fall, from 30 to 300 feet below the surface. This is of daily occurrence. It is also difficult to connect this theory with the prevalence of cholera on ship-board, hundreds, if not thousands, of miles from land.

\* Delivered at a meeting of the Bengal Branch of the British Medical Association, on January 17th, 1870.



When these lower vitalities were dried, all motion ceased; but after an interval of some weeks, on being moistened, the germs immediately renewed their activity. There are many instances of the cholera-poison adhering to pilgrims or travellers across a dry and sandy country, and then communicating itself to the people at their homes; and there are instances when the disease appears to be contracted on the line of road, which had been contaminated by preceding affected parties. In these cases the germs may have continued active, if the place or season were moist, or they may have been dry and dormant till revived by water from the fresh arrivals. The epidemic disease has often broken out with intensity, after a fall of rain. The state of the temperature accelerated or retarded the growth of the animalcules under observation; they developed with great difficulty in a low temperature, and here is a marked analogy between them and the cholera-germ. A certain degree of moisture also appears necessary for its development, and this is always present in the human body, and in it the germ may be carried, and developed, at all seasons, and is capable of communication from it, in the hot dry winds of India as well as in the cold of a Russian winter. During the moist rainy season in India the disease spreads most readily. In Europe and America, autumn appears best suited to its propagation.

There appears to be some influence independent of, and more powerful than, moisture regulating the reproduction or diffusion of the disease. This is supposed by some theorists to consist of a peculiar epidemic state of the atmosphere; without explaining in what this peculiarity consists; but that it is very general—even extending from Ajmer to Kutch in 1845, and more recently all over India, Europe, and America, at the same time, in the epidemic of 1865. There is no difficulty in tracing the progress of an attack through this medium, whether by land or sea, and in any direction of the wind or compass. I confess I do not understand this vast inappreciable impregnation of the atmosphere of a place, country, or quarter of the globe; the local and partial manner in which individual buildings, ships, or towns, are constantly being affected or exempted, precludes the idea of the attack being general in the atmosphere. Personal communicability is allowed to be a fact by this theorist, but only secondary to the sublime epidemic wave in the atmosphere, about which no explanation is given, and which (if it exist) is completely beyond human control. It is highly objectionable to propound theories which would lead to the neglect of practices, or precautions, which have proved efficacious in warding off attacks of this epidemic. It is more profitable to pursue investigations which may lead to the perfection of those means which experience has proved to be useful, and to render their application more practical.

The disease is found to rage with great intensity in places where conservancy is neglected, and crowding, want of ventilation, and bad food

Some suppose that these alone are sufficient to cause cholera, and that their removal, by proper sanitary rules, would obviate the appearance of the disease. This fallacy is less dangerous than the theory just noticed, in so far as the removal of these defects tends considerably to diminish the virulence of the attack; but it cannot prevent its being, in many instances, very severe. Witness the severe attacks at Peshawar, Lahore, and Meerut, in 1867, and at Peshawar and Allahabad in 1869; where all practical sanitary measures have been carefully attended to and carried out at great expense, under the most intelligent medical officers in India. It is highly desirable that the most efficient sanitary rules should be carried out. I do not appreciate their advantage; but some people are inclined to over-estimate the value of conservancy.

The conclusions at which I have arrived are the following. The cholera-germ is an animalcule excessively minute, and probably invisible. It generally enters the system through the lungs, but often through the stomach, and sometimes through the skin. Whilst mixed with the blood, in the circulation, it acts on the sympathetic or ganglionic system of nerves, as a sedative, inducing, when in large quantities, paralysis of their functions, or suspension of the secretion of the organs supplied by them. This animalcule undergoes an active change in its existence in the mucous surface of the intestines, where it multiplies in excessive numbers, probably living or subsisting on the epithelium, and causing the congeal-like evacuations. In its most intense form there is total paralysis of the sympathetic. There are two natural agents by which this development of the germ in the intestines is retained: one before collapse, viz., the gastric juice; and the other after collapse, viz., the bile, which had been shut up or retained in the gall-bladder. The germ passes out of the system in its earlier stage through the lungs and skin, and in its developed stage through the intestines; when outside the body, it retains its vitality, and continues to pass through its various stages, multiplying and reproducing when in a suitable medium, of which moisture is an essential, and decaying animal or vegetable matter are important elements. It may be retained in the dry or dormant

stage for days or months, out of which it may be rendered active by the addition of moisture under certain circumstances, of which season forms an influential element. The reproduction of the germ may be restrained, or its vitality destroyed, by certain chemical agents, as fermentation and putrefaction are by antiseptics. I do not say what this specific germ is; but classify it with other lower vitalities, which possess properties very much analogous, and indicate the means by which its dissemination may be restricted and guarded against and its action on the body restrained.

I hope I have thus afforded a connected view of the action of the cholera-poison, and of the restraining influence of the *vis medicatrix nature*, which furnishes a guide to the treatment of the various stages of the disease. The uncertainty which now regulates the treatment, and the increasing and fearful mortality from the disease all over the world, shew the importance of the subject. I entreat all who now hear me—and I could not have a more experienced or intelligent audience—to aid me in elucidating this most difficult subject. The eyes of the profession in Europe are directed to India for information; and I have every confidence that our reply will be worthy of the old Indian Service, over which I have the honour to preside.

## CASE OF VOLUNTARY STARVATION: DEATH ON THE TENTH DAY.

By CHARLES LINGEN, Esq.,

Surgeon-Extraordinary to the Hereford General Infirmary.

AT the present moment, the facts contained in the following case appear to be of sufficient importance to warrant their publication.

I was sent for on Sunday morning, August 20th, 1854, to Mr. John Chard, aged 58, landlord of the "Ship", Hereford, who up to that time had been a stranger to me. He was a thin spare man, in fair health, and apparently little disposed to a paralytic seizure; but I learned that he had long indulged freely in spirits, and was rarely sober when he retired at night. He had risen that morning apparently well, and it was only when the family assembled at breakfast that anything remarkable about him was observed, since it was his ordinary habit to be silent and sulky in a morning. His wife and daughter remarked that he put his teacup to his mouth without even sipping any of its contents, presently repeating the act with a similar result. In vain they attempted to get the poor fellow to tell them what was the matter. To make short of it, Chard not only could not swallow, but was unable to perform the act of suction in the smallest degree; nor could he by any effort emit the feeblest sound; yet he was well, his mind was unaffected, and he clearly indicated to me, on my arrival, by signs, that he had no suffering of any kind, no headache, no giddiness, no loss of power, except in the organs affecting speech and deglutition.

Chard was ever a man remarkable in his way—taciturn, wilful, and obstinate. His relatives knew him well; and, having taken me aside, they informed me that he was rarely ailing, and had never condescended to take medicine; that it was likely he would not give his consent to the adoption of any means for his recovery on this occasion, however forcibly the subject might be pressed upon him; and such I soon found to be the case. I then returned to my patient and explained as clearly as I could the nature of his attack—that it was a rare and grave form of paralysis, and that some time and the use of certain means would be requisite before he could hope to speak or swallow again, but that his case was not a hopeless one; and that, meanwhile, he must be sustained by nourishment administered by the stomach-pump, and so forth. He listened to it all, and then, by energetic signs and angry gestures, showed unmistakably that he "would none of it"; and further proceeded to illustrate his meaning by delineating with his finger on the hearth-rug the outline of a coffin: he pointed to it with a shrug, shook his head significantly, and so gave me the *congé*. He kept his purpose, too; he never gave way to the last, spite of the cravings of nature, the entreaties day after day of his relatives, myself, and of his devoted clergyman, the late Rev. J. Hanbury. The next day (Monday) was brewing-day; he was up betimes as usual, signalled his orders, and overlooked the process with his usual care. The same occurred on the morrow; but he now began to be weak, and obliged to resort to his arm-chair by the fire. He was up dressed and in his business on Wednesday—I think on the Thursday and Friday also—when weakness compelled him to remain in bed, which he did till his death on the afternoon of Tuesday, the 29th, the tenth day.

Towards his end he seemed to be delirious; but as he was speechless it was difficult to appreciate the fact. His pulse increased in frequency as he became feebler; he appeared thirsty; and his animal heat was sustained with difficulty. I greatly regret that no examination of



the body was permitted, also that I have mislaid my notes of this remarkable case; but the leading facts cannot fail to be of interest just now, and their interest is much enhanced by the certainty we possess that nothing liquid or solid could have been received into the patient's system; also that there existed no motive for deception.

### CASE OF PERITYPHLITIC ABSCESS: WITH REMARKS.

By JOHN A. CAMPBELL, M.D.,

Assistant Medical Superintendent, Cumberland and Westmorland Asylum.

J. M., a female, aged 49, was admitted on July 27th, 1867. She was stated to have been insane seven months, and to have refused her food prior to admission. She laboured under melancholia, and seldom spoke. She was of average height, dark complexion, and stood in whatever attitude she was placed.

On examination, she was found in very feeble health; but no actual bodily disease was discovered. She took her food with the greatest reluctance. On July 30th, she was improved in appearance. On August 8th, for four days she had had pneumonia in both lungs, the lower lobes being affected. She was getting large quantities of stimulants and nourishing diet, but there was great difficulty in making her take them. She had oedema of both legs up to the knees, and of that side of the face on which she happened to lie. She continued in a very weak state up to August 17th, when she coughed up several teaspoonfuls of blood, became feebler, and died next day.

*Autopsy Fifty-five Hours after Death.*—There was considerable discoloration from commencing putrefaction over the abdomen, and on the right side it presented two protuberant portions, which on percussion were found resonant. With the exception of the brain-substance being paler and softer than natural, there was nothing abnormal in the brain or its membranes. The right lung was attached to the wall of the chest by recent adhesions; its external lower and posterior part was gangrenous to the extent of three inches—dark, shreddy, and bathed in purulent matter. On section, the gangrene was found to extend upwards in the part lying along the spine for about three inches. The rest of the lower lobe was in a state of red hepatisation, passing in some parts into grey infiltration; sections of it sank in water. The middle lobe was in a state of red hepatisation and oedematous, and the upper lobe was congested. The left lung was free in the cavity; the whole of its lower lobes was in a state of red hepatisation except some small portions where grey infiltration had taken place. The lower posterior portion of the upper lobe was also in a state of red softening. The heart-valves were competent; externally the fatty tissue of the heart was oedematous; the lining membrane of the heart and of the aorta for two inches was thickened and tinged red. On opening the abdomen, the whole of the right side of the cavity from the outer edge of the rectus muscle was cut off from the rest by peritoneal adhesions. The anterior and inferior parts of the right lobe of the liver formed the upper boundary of this cavity. The peritoneal covering of the liver in those parts was thick and rough, as also the peritoneal covering of the right kidney. The peritoneum was not acutely inflamed in any part. The cavity contained fetid air, and was lined with a coating of fecal matter, most abundant near the cæcum. On pressing the bowel, air passed into this cavity. The stomach was normal, and the intestine was so to the cæcum. In the outer side of the first part of the cæcum there was an opening about half an inch in diameter (the cæcum was adherent to the parietal walls round this opening). There was a smaller opening in the posterior part of the ascending colon about two inches from the valve; it communicated with the cavity. In both places the openings looked as if they had been punched clean through the gut, and there was no surrounding ulceration or thickening; the rest of the ascending and transverse colon was normal. The liver in structure was found normal, except under the thickened peritoneum, where its substance was almost black in colour to the extent of almost half an inch, and near the portal vein where there was a small abscess. The spleen was normal; the kidneys were both slightly fatty; the uterus was normal.

**REMARKS.**—In this case there were no signs that called attention to the abdominal lesion. The bowels were not in any way unusually irregular; there was no peculiarity about the tongue; the pulse was always feeble; but the small quantity of food that the patient took, and her hardly having taken any for some time prior to admission, accounted for its state. The decubitus was on the side. She hardly ever spoke, and never showed any symptoms of pain in the abdomen. No doubt the state of her nervous centres may have prevented her from feeling pain,

as is commonly seen in cases of insanity. The conditions found at the *post mortem* examination—viz., 1. The thickening, adhesions, and exudations of the peritoneum, with the absence of acute inflammation; 2. The injured part being completely shut off from the rest of the abdominal contents by firm adhesions, and the perfectly healthy appearance of the peritoneum and intestines outside these adhesions; 3. The adhesions between the cæcum and parietal walls outside and round the ulcer in the cæcum, the absence of ulceration or thickening round this opening, or the one in the ascending colon—lead me to think that the ulcerations had existed for some time; that the opening in the ascending colon had been agglutinated to some adjacent structure in the same way as the opening in the cæcum; and that this adhesion from some cause had given way, and the fecal matter and flatus passing out had given rise to the abscess.

I was unable to get a history of this case; but I think it probable that the ulcers were the sequelæ of enteric fever, as ulcers in the caput cæcum and ascending colon are rare, except those caused by dysentery, tubercular deposit, or enteric fever. The appearance of the ulcers in this case was unlike those of the two former diseases; and the ulcers of the latter disease have been found to attempt to heal by agglutination, and to present healthy edges.

### A PECULIAR CASE OF OVARIAN TUMOUR: OVARIOTOMY: DEATH.

By G. D. McREDDIE, Civil Surgeon, Hurdni, Oude.

THE patient, a Mussulman female about 35 years of age, a widow, who had had seven children, was admitted into the Government Charitable Dispensary at Hurdni on the 25th June, 1869, with ovarian dropsy. She stated that three years before she had felt her abdomen enlarging, but was unable to say whether or not the enlargement was at first lateral. At this time her menses stopped. On admission, she presented a greatly enlarged abdomen, as if far advanced in gestation. Her general health was very good. She was tapped on the 26th of June, and two gallons of a dark glutinous liquid were drawn off. After the tapping, a body simulating the liver by its narrow inferior edge, and to some extent by its position, if this organ were enlarged downwards, became perceptible. At the time the body was regarded either as an enlarged liver, or as the viscera retaining its usual size, but placed much below its natural site. The edge could be felt running in a curve in the right hypogastric and lumbar regions. I was inclined to the supposition that the body thus placed was the liver much enlarged; but against this the state of the general health seemed to argue. Against the supposition of displacement, there was the want of an adequate cause to account for the abnormal position. The impossibility of determining, with any precision, the superior boundaries of the body, added to the difficulty.

By the 20th August, the abdomen had regained its original size, its circumference being three feet five inches. As every circumstance seemed to warrant a favourable issue, and as it was useless to tap again, ovariotomy was determined on.

August 21st, 7.15 A.M.—Chloroform having been given, an incision was made from the umbilicus downwards, and was subsequently enlarged upwards also. The muscles having been divided, a dark mass suddenly started into the line of incision, and was cut into, though I used the knife cautiously in order to divide the peritoneum on a director, before coming on the ovarian tumour. Immediately on the occurrence of the accidental incision, a large quantity of liquid, of the same character as had been previously removed by tapping, spouted out, drenching the patient and running over the floor. The hand introduced into the cavity thus cut into and emptied, passed over a smooth surface; none of the viscera were perceptible. After some manipulation, the body previously regarded as the liver was felt; and, on examination, it proved to be the right ovary, greatly enlarged. It was eleven inches in diameter, with a thickness of two inches and a half in the centre. Its whole substance was hypertrophied; its cells were of the size of walnuts, containing glairy viscid matter. It was drawn out of the wound, and its attachment—upwards of two inches in diameter—had two ligatures put on, and then the mass was divided between the ligatures. No arteries were met with; but the ligatures slipped off, and the loose mass passed back through the wound. The intestines now came into view, through the opening made by the removal of the ovary. The walls of the sac were seen to be throughout adherent to the abdominal walls—hence nothing more could be done. The abdomen was sponged out; a few interrupted sutures were put in, skin-deep only, the deeper ones being deferred to a future time; lint soaked in carbolic acid solu-

tion was applied; and the patient was put into bed. The whole operation lasted half-an-hour. She did not rally after the operation. Spirits were given; the inhalation of ammonia was kept up for some hours; hot bottles were applied to the extremities. Vomiting occurred two or three times. Throughout the night of the 21st, she continued in a dangerous state. At 1 P.M. of the 22nd—twenty-nine hours after the operation—she died.

*Post Mortem Examination.*—The abdomen was laid open. No blood had been effused into the diseased sac. An examination of the walls of the sac showed that they were composed of peritoneum. That portion of the serous membrane constituting the broad ligament was greatly thickened and expanded. It appeared clear, on inspection, that the sac cut into was not a dilated ovarian cell, inasmuch as the membrane was attached circumferentially to the enlarged ovary. No peritoneum could be discovered on the abdominal walls. On separating the sac from its attachments, the muscles came into view; some blood was found effused between the walls of the sac and the muscles on the right side, caused by the stretching of the membrane in drawing out the ovary. The whole of the sac was greatly congested, being of a port-wine colour. All the viscera were pushed far back; the liver was discovered lying far against the posterior abdominal walls, and seemed atrophied from the pressure to which it had been subjected. All the other organs of the abdomen and those of the chest were natural. The uterus and left ovary were quite healthy. The great omentum was united to the superior and anterior aspect of the sac. The adhesions of the sac were strong anteriorly and inferiorly, but they were easily broken down posteriorly. It would have been impossible to remove it during life, without causing a dangerous amount of hæmorrhage and increasing the shock of the operation. Death was due to peritonitis and shock combined.

My idea of this extraordinary tumour is, that the sac was formed by the broad ligament of the right side becoming a detached sac—that is, as the ovary is situated in the posterior layer of the peritoneum of the broad ligament, it seemed to me that the anterior layer became firmly attached circumferentially to the ovary and formed a shut sac, which, as it increased in bulk by liquid poured into its cavity, kept on enlarging till it coalesced with the reflection of peritoneum which lines the abdominal walls anteriorly—and that these reflections, uniting, formed the anterior and lateral walls of the sac, while the posterior wall was formed by the broad ligament only.

It was impossible during life, to diagnose a tumour of the unique character revealed by the operation. Everything pointed out the case as one promising a successful issue; but, unfortunately, events belied these expectations.

The whole tumour has been forwarded for preservation to the Medical College Museum of Calcutta.

## OBSTETRIC MEMORANDA.

### MISSED LABOUR.

By MAURICE G. EVANS, M.D., Narberth.

The following case, unquestionably one of extrauterine foetation, may prove interesting, as analogous to one published in the *BRITISH MEDICAL JOURNAL*, 3rd March, 1866.

M. T., aged 33, married, became pregnant in July 1866. During the period of gestation she suffered much and continued pain in the right iliac region; still she enjoyed tolerable health. At the end of nine months she was supposed to be in labour for about twelve hours, when the labour-pains gradually diminished, and eventually ceased altogether, leaving her in a very weak and prostrated condition, her life being quite despaired of. But by great care and good nursing, after the expiration of many months she gradually recovered her health and strength, the abdominal tumour remaining about the same, which during the past two years has very sensibly diminished. I met her casually at one of my vaccination-stations, having accompanied a sister who wished to have my opinion of the case, when I learnt the foregoing particulars. She appears now to be in the best of health, strong and robust, the abdomen being about the size it was at the fifth month of pregnancy. On examination, a hard immovable tumour can be felt occupying the hypogastric and right iliac regions, slightly sensitive to the touch, the parietes of the abdomen gliding over it. I expressed an opinion that it was a case of extrauterine foetation, that the encysted remains of the foetus would gradually diminish, and that at so remote a period very little if any danger was to be apprehended unless she became again pregnant, a circumstance far from probable, considering her age and the time that has elapsed since the pregnancy in question.

## HISTORICAL NOTES.

OUR esteemed associate, Dr. McIntyre, of Odiham, has sent us an extract from a work published in 1776, which gives instances in proof that the manipulation method of reducing dislocations of the femur was then practised. The work in question is the third volume of *Medical and Philosophical Commentaries*, published by a Society in Edinburgh. It would appear that the discoverer of this method was Mr. Thomas Anderson, of Leith. The following is Mr. Anderson's published narrative of his case.

### "TWO CASES OF DISLOCATION OF THE FEMUR, WITH AN ACCOUNT OF THE METHOD OF REDUCTION."

"By MR. THOMAS ANDERSON, Surgeon in Leith (1776)."

"CASE I.—In September 1772, Mr. Bruce, Surgeon at Musselburgh, sent to me, desiring I would meet him at Lord Abercromby's coal-work, one of the colliers having dislocated his left thigh-bone. I there found Messrs. Bruce and Stewart, surgeons in Musselburgh, and Messrs. Simpson and Clarkson, surgeons in Dalkeith, who had just begun to attempt the reduction by pulleys. With these, several trials were made; but the lacque round the knee slipping, it was taken off. By this means I had an opportunity of examining it. I found the left knee protruding three or four inches further than the right, and the one could not be brought within eight or ten inches of the other, the foot being turned out. When it was moved upwards and downwards, if done gently, he found little pain; but I observed when it was nearly or altogether extended, the head of the bone became fixed; and he complained more, when it was in that situation, if any rotatory motion was attempted with the femur, which gave him no uneasiness when the thigh was brought up towards the abdomen. From the above appearance, it was certain the head of the bone was displaced from the acetabulum, and lodged downwards and inwards in the large foramen of the ischium and pubis. I was convinced that attempting the reduction, in the common method, with the thigh extended was improper, as the muscles were all put upon the stretch, the action of which is perhaps sufficient to overbalance any extension we can apply. But, by bringing the thigh to near a right angle with the trunk, by which the muscles would be greatly relaxed, I imagined that the reduction might more readily take place, and with much less extension. When I made this examination, he was lying on a table on his back. I raised the thigh to about a right angle with the trunk, and, with my right hand at the ham, laid hold of the thigh, and made what extension I could. From this trial, I found I could dislodge the head of the bone. And at the same time that I did this, with my left hand at the head and inside of the thigh, I pressed it towards the acetabulum, while my right hand gave the femur a little circular turn, so as to bring the rotula inwards to its natural situation; and, upon the second attempt, it went in with a snap, observable to the gentlemen standing round, but more so to the poor man, who instantly cried out he was well and free from pain. His knees could then be brought together; the legs were of the same length, and the foot in its natural situation. The knees were kept together for some time with a roller, to confine the motion of the thigh; and, in three weeks, he was at work, without the least stiffness in the joint."

"CASE II.—A boy, eight years old, of a strong healthy constitution, while he happened to be carried on his sister's back, lost the hold he had of her neck, and fell to the left side. She, however, held him by the legs, which were round her waist, so as to occasion considerable stress to the parts. He was carried home, and complained of the left thigh and hunch, which he said was from a fall from his sister's back. The parents being poor, and imagining it to be only bruised, were eighteen days before they called any assistance. At this time, I found him lying in bed on his back, the fore part of the femur turned quite in; the knee lying on the right thigh was fully four inches shorter, the leg turned out, and considerable swelling and tension on the hip. From the appearance, I suspected a fracture at the neck of the bone; but, on examining it, was soon convinced of the dislocation, and that the head of the bone was lodged upwards and backwards from the acetabulum, in the concave part of the ilium where it joins the ischium. The smallest attempt to carry the thigh outwards from the position in which it lay gave him the most exquisite pain; and he could only allow it to be gently moved upwards, if, at the same time, the knee was kept over to the right side. From the motion made to discover its situation, he complained so much, that the reduction was not attempted at that time. The hip was fomented, rubbed with camphorated oil, and a poultice applied for that night. Next forenoon, I called on him with two young gentlemen; he was placed across the bed, the thigh raised so as to



form an acute angle with the trunk. In this situation, the knee lay considerably over to the right side, and the leg was turned much outwards. He was kept down by an assistant, while I laid hold, with both my hands, above the knee, at the same time standing upon the side of the bed, and pulling upwards, I said I could move the head of the bone from the place where it was lodged; and, upon making considerable extension, with my left hand I laid hold of the middle of the leg, which I brought inwards. By this, the femur made a circular turn, which directed its head towards the acetabulum, into which it went with a sensible noise. The boy immediately cried out that he was well, and could allow the thigh to be moved gently in any direction. The thighs were kept together for two weeks with a bandage, and, in three weeks, he could walk; but he complained of stiffness in the joint for a week or two afterwards."

#### SEAMEN'S DIETARY IN THE SIXTEENTH CENTURY.

"The wages of an able seaman under Henry VIII had been sixpence a day, or, calculated in meat, drink, and clothing, according to the prices of the beginning of the sixteenth century, equal to six shillings of our money. Out of this he found his own living. As the value of money began to fall with the introduction of bullion from America, the Government altered the mode of payment, themselves supplying the ship's rations. In 1585 the sixpence tried by the same standard was worth but three shillings, and the sailor received in money six and eightpence a month; by food, 'of good and seasonable victuals,' his allowance for every flesh day, *i.e.*, for every Sunday, Monday, Tuesday, and Thursday, was a pound of biscuit or a pound and a half of bread, a gallon of beer, and two pounds of meat—salt beef, fresh beef, or mutton, as the case might be. On the three other days, he had the same quantity of beer and biscuit, with half a ling or a cod, and half a pound of butter or a pound of cheese. The diet was occasionally varied by substituting bacon for beef and mutton, reducing the salt fish, and increasing the butter and cheese; in all cases, however, the beer and bread remaining constant. These allowances were never altered, whatever might be the variation of price; the cost of each man's three daily meals ranging from fourpence to sevenpence, at which it had permanently settled by 1588. The pay had been raised three years before, at the intercession of Sir John Hawkins, from six shillings and eightpence a month to ten shillings. The increase, however, cost nothing to the Crown, a smaller crew better paid being found to do more effective service. Hawkins said he had observed that, with higher wages, men became more healthy and self-respecting, 'such as could make shift for themselves and keep themselves clean, without vermin'."

"The Spaniards, still more aware of the importance of change of diet at sea, varied the rations more frequently. A pound and a half of bread and a pint of Andalusian wine were allowed daily. Meat, fish, and cheese alternated in rather smaller quantities than in England, but with the addition of peas, beans, and garlic, made into soup. The rations of English soldiers in the field were on a yet more liberal scale. Sir Henry Sidney, when Lord Deputy, fixed the daily allowance for each English soldier in Ireland at two pounds and a half of beef, and a pound and a half of bread.—*MSS. Ireland, June 1575.*" *The above is extracted from Froude's History, vol. xii.*

#### FEIGNED DISEASE.

SIR,—*Apropos* of the recent papers in the *JOURNAL* on feigned diseases, may I call attention to the following extract from Sauvages, in proof that malingering was fully recognised by systematic authors of the eighteenth century?

I am, etc.,

W. B. MUSHET, M.B.

Colney Hatch, March 27th, 1870.

"*Nallus fere morbus est, qui simulari non possit, seu cujus symptomata voluntas non excitet, si vehementer saltem cupiverit, et impositor in hisce veterataris artibus rudis non fuerit; non solum etenim observante Paræo mendicis lepram, hydrocele, elephantiasim, auriginem, mutitatem, prociidentiam ani, uteri carcinoma, tibiarum ulcera, simulant; verum nova morborum genera multi vafri solertissime mentiuntur, ut colicam angue intra abdomen latitante, vampirismum, sagarum demonomaniam, observante Garidello, Gassendo, alisque; epilepsiam fanatici, convulsiones omnimodas alii fingunt: vidi infantulum, quæ ut matri suæ magnum merorem incuteret, per dies quindecim gravem morbum miris symptomatibus stipatum mentita est. Nobilis matrona, ut quid de se sentirent amice et emulæ comperiret, hemiplegiam per mensem dexterrime finxit. Sunt qui Medicos mentitâ asphyxiâ deludunt. Ancilla ex urbe cum suâ herâ excedere recussans, alio in podicem intruso febrem sibi conciliabat. Morbos vesanos, dolorificos, et quotquot ex agrorum relatu detegere consuevimus, pro habitu imitantur astuti. Hæmateme-*

*sim largius hausto crurore bubulo assimulabat puella, ut ex cenobio dimitteretur: tussim, singulum, nauseam, sternutationem ipsi pueruli norunt imitari; unde nisi vafriorem calliditate suâ detegat et retundat Medicus simulatos et fictitios morbos pro veris habebit.* (*Nosologia Methodica*, p. 53. Venetiis: 1764.)

## COMPARATIVE PATHOLOGY.

### MUSEUM OF THE ROYAL COLLEGE OF VETERINARY SURGEONS.

THE rooms of this College are in Red Lion Square, and are chiefly employed in connexion with examinations and meetings of Council. There is a small well-kept museum in connexion with the College. We regret to observe that the museum does not appear to be growing so rapidly as it should; it is but very small, and but few of the preparations are of recent acquisition. Anyone interested in comparative pathology will, however, be well repaid by a visit. There is no difficulty in obtaining admission; the courteous Secretary, Mr. Coates, resides in the College, and will, we believe, be glad to afford all facilities to members of the profession.

The museum contains a small case of instruments; but this appears to have been the gift of a single maker only, and has no pretensions to completeness. A catalogue is provided, but it is painfully meagre as to details. It is, indeed, little more than a list just naming the specimen and appending the donor's name, but giving no history of the case or description of the peculiarities displayed. The observer has consequently the advantage of being compelled to look for himself, but he is in many instances greatly disappointed at the entire absence of history. This brevity is, however, by no means peculiar to the catalogue in question. It is encountered in those of many more pretentious museums; and we should not mention it here, except in order to remark on the great additional value which donors of specimens attach to their gifts when they furnish also a good history and description.

Amongst the specimens which most interested us, were the following.

*Wax Casts of the Laryngeal Muscles from Roarers.*—The casts, two in number, show atrophy of the muscles of the larynx on the left side. Youatt was, we believe, the first to demonstrate the fact which these casts illustrate. Roaring, or, in other words, laryngeal difficulty of breathing on exertion, is now generally acknowledged to depend, in the majority of instances, upon this lesion. The curious point is that the atrophy is almost always of the muscles of the left side, a circumstance probably to be explained by the relations of the left recurrent laryngeal nerve with the arch of the aorta. The exact way in which the nerve-trunk is interfered with, requires, we believe, further investigation; some have conjectured that it is due in part to enlargement of the bronchial glands, as the affection is usually preceded by an inflammatory attack, and is common in young high-bred horses. The casts in question illustrate merely the fact of the muscular atrophy.

*United Fractures of Long Bones.*—There are no specimens of recent fractures. Those showing union are but few in number, and in each instance the line of fracture appears to have been very oblique. The specimens, so common in our museums of Human Pathology, showing overlapping and great deformity, have no representatives here. The explanation of this circumstance is, perhaps, chiefly to be found in the fact that animals with severe fractures are usually at once destroyed. In the cases in which the fracture is very oblique the displacement is often very slight, the fragments not unfrequently locking together. It is quite possible that in some of the specimens here collected the fracture may not have been diagnosed in the first instance. Almost all show very perfect repair, with but little thickening; in most of them, however, irregular spurs of bone have been developed near the line of fracture in connexion, no doubt, with stripping up of the periosteum. Probably it has not been thought worth while to preserve specimens of recent fractures; were such forthcoming, we may conjecture that transverse fractures would be much less frequently seen than in human bones: the great length and comparative slenderness of the latter, as compared with most of the bones of the lower animals, must render them much more liable to transverse fracture and the complete displacement which often attends it.

*Periostitis in Horses.*—Periostitis leading to irregular outgrowths of bone is very common in horses, especially in connexion with the metacarpal bones and those below them, and the small bones of the tarsus. These conditions differ considerably from what is commonly met with in the human subject. It would appear that acute periostitis leading to suppurative and necrosis is very rare; we did not find a single specimen of necrosis of any of the long bones of the limbs, but, in making this



statement, we must not forget that an animal suffering from suppurative periostitis would probably be destroyed whilst the disease was at its earliest stage. Museum specimens may thus be no fair test as to the relative frequency of this disease in animals and in man; we believe, however, that the relative infrequency referred to is proved by clinical observation also. The museum contains a single specimen of necrosis of a rib, in which the conditions remarkably resemble those frequently seen in the limb bones of man. Periostitis of the metacarpal bones is commonest on the inner side of the leg, somewhat less common on the outer side, and rare in front. It very often involves the interosseous ligament or membrane which, in the horse, unites the two lesser to the central large metacarpal. This form of ossification of membrane and periostitis is called a "splint;" it is caused chiefly by concussion. Outgrowths of bone about various parts of the phalanges and ossification of the lateral cartilages of the ungual phalanx receive the names of "ring-bones" and "side-bones." Spavin is the name given to outgrowth of bone, generally accompanied by more or less ossification of ligaments, and sometimes by ulceration of articular cartilage on the inner side of the tarsus; the disease generally begins about the inner cuneiform bone, and is caused chiefly by the straining and twisting to which the hock joint is liable. Outgrowth of bone from the front surface of the metatarsal bone receives the name of "sore-shin," and is commonest in young racers.

*Unreduced Dislocation at the Hip Joint.*—The only specimen relating to dislocation in the museum is one from a horse, showing an unreduced dislocation at the hip-joint. The animal had been allowed to live for a long period after the accident, and the head of the femur is deeply grooved by attrition on the edge of the acetabulum. The animal must have been very lame, and was probably kept alive for some special purpose.

*Rarity of Specimens of Joint-Disease.*—Although certain forms of joint-disease are common in the lower animals, yet we find that they are but scantily illustrated either at this museum or at that of the Royal Veterinary College, Camden Town, excepting in the case of "navicular disease" specimens of which are to be seen at both. In this disease there is ulceration of the cartilage on the under surface of the navicular bone, in most cases that of the fore foot being selected; the tendon which plays over this bone often participates in the disease by becoming inflamed, softened, and adherent to the bone, and it occasionally ruptures. In well-selected cases neurotomy gives more or less permanent relief to the lameness of navicular disease. (The navicular bone, if it existed in man, would be found underneath the flexor perforans tendon close to its insertion into the terminal phalanx, the phalanx on which the horse stands.)

## SELECTIONS FROM JOURNALS.

**NEW METHOD OF TREATING DILATATION OF THE STOMACH BY MEANS OF THE STOMACH-PUMP.**—Professor A. Kussmaul of Freiburg has lately published an important paper on this subject. He was first induced to try the effect of emptying and washing out the stomach by means of the stomach-pump in the following case. A peasant girl, aged 25, who for years had shown symptoms of dilatation of the stomach, due probably to an ulcer at the pylorus, was admitted into the University Hospital at Freiburg in April 1867. She was very much emaciated, and her abdomen was much enlarged, evidently from great distension of the stomach, the peristaltic movements of which could be seen. Every day she vomited, once or several times, two and a half or three and a half pints of the intensely acid contents of the stomach, containing sarcinae. When, after the vomiting, the stomach was more empty, a small tumour could several times be felt in the pyloric region. As no decisive improvement was obtained by careful treatment continued for several months, the pain, the vomiting, and the distress preceding it continuing unabated, and as palpation and percussion showed that, even after large quantities had been vomited, a considerable portion of the contents still remained in the stomach, it occurred to Professor Kussmaul to empty it by means of the stomach-pump. He thought this proceeding could not be accompanied by greater discomfort to the patient than the vomiting; that, by being repeated at regular intervals, it might give some chance to the muscular powers of the stomach to recover themselves; and that it would further give an opportunity of directly applying remedies to the mucous membrane, after the stomach had been emptied and washed out. On the first occasion, on July 22nd, more than five pints of acid contents were brought out by the stomach-pump, and the stomach was afterwards washed out with Vichy water. Great relief, lasting for several days, followed immediately upon this operation. It was then repeated whenever the symp-

toms called for it, which was less and less frequently the case; and the quantity which was pumped out became also less at every new operation. She now rapidly began to improve; the bowels again acted by themselves; and on December 12th, when she was discharged, she had, since the commencement of the pump-treatment, gained twenty-three pounds in weight. No signs of distension of the stomach could then be detected; and even ordinary food was borne. She came twice afterwards under observation in 1868 and 1869 for different complaints; but her stomach had continued well. Professor Kussmaul has since employed this method of treatment in a number of cases, and in several of them with the same striking results. Relief only, but no cure, can be expected—1, in cases of cancerous stricture of the pylorus; 2, if the pylorus be very considerably contracted by a cicatrix; 3, if, with even a moderate stricture, the walls of the stomach have, in consequence of the chronic gastritis, undergone a permanent degeneration. The paper contains many other points of great interest.—*Deutsches Archiv für Klinische Medizin*, vol. vi, p. 455.

**EXCISION OF THE SCAPULA.**—A case of this operation is related by Dr. M. Schuppert in the *New Orleans Journal of Medicine* for January. The patient, Theresa Bastian, a German woman, had a large tumour involving the right scapula. She had previously—in 1859, 1866, and 1867—undergone three operations in Germany for the removal of tumours in this part. The tumour returned; and when she came under Dr. Schuppert's care, the motions of the arm were much impeded, and she suffered much pain. The cicatrices of the former operations were bluish, smooth, thin, and freely moveable. Chloroform having been given, an incision was made from the acromion process over the most prominent part of the tumour to near the spinal column; and this incision was bisected by another over the middle of the tumour. The acromion was sawn across; the head of the humerus was dislocated inwards by rotation; and the scapula was dissected away, commencing at the glenoid cavity. All that remained in place of the subscapularis muscle was some cellular tissue. There was little hemorrhage; no arteries required ligature. The patient suffered for some days from nausea and vomiting, ascribed to the chloroform. In the course of the healing of the wound, there was much suppurating, and two abscesses formed in the arm. The wound was daily syringed with glycerine containing one-tenth of carbolic acid. The operation was performed on March 30th, 1868; and on June 10th the last secreting opening had closed. Eighteen months after the operation, there was no sign of re-appearance of the disease; and the woman could lift with the arm a weight of thirty pounds, and throw it to some distance. The tumour weighed nearly six pounds; it occupied the whole scapula except about a third of the spine, a small part of the coracoid process, and the glenoid cavity. It consisted of hyaline and fibro-cartilage, with deposits of carbonate of lime in the interstices.

## REVIEWS AND NOTICES.

**THE PATHOLOGY AND THERAPEUTICS OF MENTAL DISEASES.** By J. L. C. SCHROEDER VAN DER KOLK, Professor of Physiology in the University of Utrecht. Translated from the German by JAMES T. RUDALL, F.R.C.S.-Eng., Surgeon to the Melbourne Hospital. London: John Churchill and Sons. 1870.

THE fundamental idea of SCHROEDER VAN DER KOLK is, that psychical theories of insanity were not in themselves sufficient to lead to a correct understanding and treatment of mental disease; and, while insisting upon the necessity of psychical therapeutics in the management of the disorder, especially at the commencement of the malady, he urges the absolute importance of a searching investigation into the bodily condition of the patient. He says: "As many pathological changes are met with in the thoracic and abdominal organs in the bodies of the insane, the difficult question arises, Which of these alterations are only accidental or secondary, and what others stand in more direct causal connexion with the insanity?"

It is perfectly in accordance with daily observation that morbid perceptions, giving rise to illusion and hallucination, have their origin in physical conditions; and that insane patients are so accustomed to mix up morbid perceptions with confused ideas, that, unless the physician specially direct his attention to the comprehension and unravelling of incoherent jargon and seemingly illogical and irrational conversation, he may have no clue to any pathological change; and, on account of the slightness of the evidences of somatic lesions, he may fail altogether in discovering any. Hence it has arisen that some have considered insanity an injury of mind, rather than a somatic affection disturbing the brain, and through it the mental faculty. Schroeder van der Kolk

indicates, as the basis of medico-psychological study, the necessity of an accurate knowledge of the nervous system, and of the organisation of the brain, and not only a thorough familiarity with the different organic changes which may occur in it, but also in every organ and tissue through which the brain and its operations may be influenced; and the greater portion of the book is devoted to the physiological anatomy of the brain, together with some observations on cerebral pathology and the detail of cases.

It is impossible to read the book, especially the first chapter, without being struck with the incompleteness of some parts. This is explained in a preface by the Dutch editor, Dr. Hartsen, who states that, though the author had long intended to prepare a work on insanity, no special inducement to enter on the task presented itself until the autumn of 1861, only a few months before his death. He died, indeed, while engaged in his labour, but previously expressed a wish that the book should be published. Its completion and publication were thereon entrusted by the author's son to Dr. Hartsen, who says: "The work, indeed, was not entirely finished (for example, in the paragraph on the cerebellum, I found two empty pages, and the author manifestly intended to add something here); indeed, its therapeutical part was not even commenced. It was possible to supply this last want by two treatises of Schroeder van der Kolk's, of which one was published in the *Tijdschrift der Nederland. Maatschappij van Geneeskunde* (1852), and the other was found among the papers of the deceased." It is to be regretted that the work had not the advantage of passing through a refining process in the hands of the author before being presented to the world.

Professor Schroeder van der Kolk classified, or rather divided, the forms of insanity into two groups, which he respectively designated "idiopathic" and "sympathetic." This marked a stage in the advancement of the study of psychological medicine; though doubtless he would have considerably remodelled his groups had he lived to do so. The following passages are given as his cognate idea of each group. "In idiopathic insanity the brain suffers primarily; it may have for its origin unusual mental exertion and over-excitement of the brain, or may have been occasioned by some violent influence, such as a fall, a shock, or by a certain tendency, and not unfrequently by an hereditary predisposition. Sympathetic insanity exists when the brain suffers only secondarily, and the exciting cause lies in other parts of the body, especially in the abdomen, or in the sexual apparatus. By long continuance, idiopathic insanity may proceed therefrom; recovery may not occur unless the remote causes have been got rid of" (p. 96).

We wish the little book all success. It exhibits care on the part of the publishers, and testifies to the devotion of considerable labour on the part of Mr. Rudall. We have often seen translations from German authors rendered in more readable English, but we willingly make every allowance in consideration of the translator's preface.

## INVENTIONS, &c.,

IN

### MEDICINE, SURGERY, DIETETICS, AND THE ALLIED SCIENCES.

#### A PORTABLE LEG-CRADLE.

THIS cradle, invented by Mr. Blower of Liverpool, is made by Messrs. Coxeter and Son, of Grafton Street East. It is not intended to supplant the ordinary hospital cradle, but to supply the place of this when, from the want of portability, it cannot be readily obtained. The por-

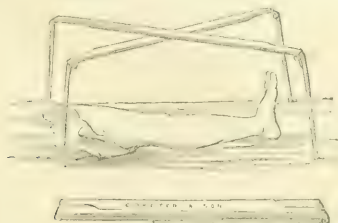
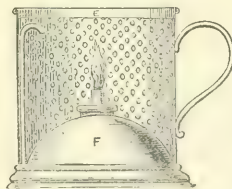
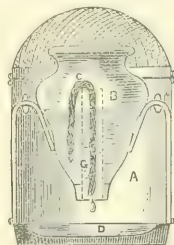


table cradle will be of great advantage in private practice, and more especially for exportation for the army and navy, a fifty or more may

be packed in the space occupied by the common cradle. Being without springs or bolts, it is not liable to get out of repair. When expanded, it is as large and as secure as the hospital-cradle; and yet, when closed, it is so compact that it may be put into an umbrella-case, or stowed away with the splints ready for emergencies. It will shield any part of the body. To test its capability, it must be tried on the bed and not on the table or floor.

#### NEW VAPORISER FOR DISINFECTANTS.

MESSRS. SAVORY and MOORE have brought out a new and very convenient form of apparatus for vaporising volatile disinfectants, such as carbolic acid. The apparatus has the shape of a flour-dredge, but is taller, and made in two pieces, the upper of which fits into the lower, as in the ordinary percolating coffee-pot. The sides of both divisions are perforated with small holes, and the lid of the upper portion is of coarse wire gauze. Inside, we find a small spirit-lamp fitting the bottom of the lower division, and so made that, while the spirit is slowly given up to the wick, none of it will spill if the apparatus be shaken. The upper division is closed below by a non-perforated, slightly cup-shaped tin plate. In the upper part of this division is suspended a small glass reservoir; and a piece of bibulous cotton wick dips into this vessel, and conveys fluid from it by capillary attraction.



For use, the glass vessel is filled with the required liquid; the cotton wick is dipped into it, and allowed to hang down outside, and convey the fluid drop by drop on to the centre of the slightly hollowed plate below, which is heated by the flame of the spirit-lamp in the lower division. If the flame be kept small, there is no danger of overheating the plate; and the apparatus may continue in action as long as liquid is supplied by the reservoir.

We have tried the apparatus, and can testify to the rapidity with which it diffuses a strong smell of carbolic acid through a moderately large room when only a few drops of dilute acid are used. It is portable and cleanly, and it stands firmly. There is, moreover, no practice required for its efficient use. For these reasons, we believe this vaporiser will have a considerable sale.

#### SCHWEITZER AND CO.'S COCOATINA.

THE manufacturers of this preparation guarantee it to contain nothing but cocoa of the finest quality. It is said to be free from sugar and from excess of fatty matter, and therefore to be of much greater strength than ordinary cocoa and chocolate, and consequently cheaper. An examination of a specimen enables us to say that the assertions of Messrs. Schweitzer and Co. are fully borne out; and that the cocoatina furnishes a pure wholesome drink, containing but a moderate amount of fatty matter, and readily procurable.

## NOTICE.

THE ANNUAL SUBSCRIPTIONS TO THE BRITISH MEDICAL ASSOCIATION FOR THE YEAR 1870 ARE NOW DUE: and it is a matter of great convenience to the Association, and conducive to the efficiency of its working, that they should be paid promptly.—Members of Branches, and all others who usually receive circulars at the beginning of the year from the local Secretaries, will greatly oblige, and will prevent trouble, by PAYING their SUBSCRIPTIONS TO THE LOCAL SECRETARIES, AND NOT TO THE GENERAL SECRETARY.—All other members should pay their Subscriptions without delay to the General Secretary, T. WATKIN WILLIAMS, Esq., 13, Newhall Street, Birmingham.

Members of the Association residing in the counties of Middlesex, Essex, and Hertfordshire (except those belonging to country Branches), should pay their Subscriptions to Dr. A. P. STEWART, 75, Grosvenor Street, W.; or Dr. ALEXANDER HENRY, 16, Great Cornam Street, W.C.

Gentlemen wishing to become members of the Association are requested to apply to the General Secretary, to the Branch Secretaries, or at the office of the JOURNAL, when forms of application and the rules of admission will be forwarded.

## BRITISH MEDICAL JOURNAL.

SATURDAY, APRIL 16TH, 1870.

## THE GOVERNMENT BILL.

THE new Medical Bill, as might have been expected, characterised by caution and by careful regard to existing interests. It is, we believe, sound as far as it goes, and will attain the wishes of the profession on the most important points to which reformers have given their attention. On several very important ones, however, its scheme does not go far enough.

It will, in the first place, give more power to the Medical Council. This, of course, was absolutely necessary. Whatever may have been the shortcomings and inefficiencies of the body now in existence under that name, no one can doubt that some similar organisation is essential to the proper management of our affairs. We must have our Parliament, and that Parliament must have power to make laws, and see that they are carried out. Under the proposed Bill, then, the Medical Council will have power to decide as to the curriculum of study to be pursued, as to the mode of conducting examinations, and as to the fees to be paid. It will have power, also, to compel the present examining bodies in each one of the three kingdoms to amalgamate and constitute a joint board, the license of which will be essential to registration. The diploma conferred by these joint boards will be that of Licentiate in Medicine and Surgery, and it will no doubt qualify for most public appointments. Thus far all had been foreseen, and the profession had made up its mind as to the absolute necessity of the measures proposed. When we add, however, that the provisions are somewhat vague as to uniformity of examination and of fees in the three kingdoms, we mention a feature which will surprise most who have thought on the matter. Although it may feasibly be urged that the cost of living is somewhat different in England, in Ireland, and in Scotland, and that the expense of education and also the average rate of expected income will differ, yet, inasmuch as a licence obtained in any one is intended to qualify for practice in either of the other two, it is clearly desirable that the examinations, fees, etc., should be uniform. If this point be not insisted on, a long existing grievance will be left standing, and, considering the greatly increased facilities for travelling, one which may very probably in the future grow in importance.

As regards the existing bodies possessing the right to grant diplomas, (hereafter to be known as "Medical Authorities") their privileges will be left undisturbed, with the single difference that they will not be able to confer the right to practise on any who have not already obtained the license from one of the central boards. This difference is, however, an enormous one, and those bodies whose diplomas

have hitherto been deemed useful rather than ornamental, will of necessity be deprived of their vocation. It is not proposed to attempt any reduction of the fees paid by successful candidates on entering the profession, and the principle will be fully acknowledged that it is right that a sum in excess of mere examination expenses should be paid, to be devoted to general purposes. These admission fees will probably remain at their former rates (subject, we trust, however, to strict equalisation in the three kingdoms), and the surplus which remains from them after payment of examiners and other expenses, will be employed as heretofore. The Medical Council will have power to arrange for its proper division amongst the corporate bodies already possessing rights in respect to it, by them to be devoted to the maintenance of libraries, museums, and other works of professional utility. There is a provision in the Bill which will enable any L.M.S. to claim the privileges of affiliation with any one of the corporate bodies deriving benefit from the fees paid for his examination. Thus the degree in question, if obtained in England, will enable its holder to claim from the College of Surgeons, or any other "Medical Authority" having a museum, library, etc., in part supported by the examination fees, admission to its lowest degree (M.R.C.S., etc.), with, of course, the right of attendance on its lectures and use of its library and museum. An L.M.S. can, however, claim no privileges from any Medical Authority not deriving pecuniary benefit in the way alluded to. Any "Medical Authority" may, at its pleasure, grant its degrees to those possessing the L.M.S., without further examination. It will be clear from these provisions, that there will no longer be any object in maintaining at the College of Surgeons, and institutions on a similar footing, examinations for their minor degrees. Access to higher degrees (the F.R.C.S. etc.) will, as formerly, be by special examination, with which the Act will in no way interfere.

It will be seen that all details as regards the appointment of Examiners, their duties, rate of payment, mode in which examinations shall be conducted, are left for arrangement in the "schemes" which are to be prepared. The "Medical Authorities" will have the first chance of exercising power in these matters, and if they fail the duty will next devolve on the Medical Council, or, lastly, on the Privy Council.

As a minor matter, it may be mentioned that no Medical Authority will, in future, be allowed to designate those holding its diplomas as "licentiates." The term licentiate will be kept for those who have obtained the license of one of the new Boards, and other bodies must employ some equivalent, such as "member," "associate," etc.

All degrees obtained in addition to the minimum qualification to practise (L.M.S.) will, subject to the approval of the Medical Council, be recorded in the *Register*. The fee for registration of the license will be payable before examination, and those who are successful will be registered forthwith without further trouble on their part.

All arrangements made by the Medical Council respecting education or examinations will be subject to the approval of the Privy Council. To this provision there is probably no great objection, and, under some circumstances, it may possibly impose wholesome restraint. The Privy Council will thus possess the power of procuring reconsideration of doubtful propositions, or even of putting its veto on those which are unacceptable. It is probable that this power will, in working, strengthen rather than otherwise the hands of the Medical Council or of its more energetic section. We may perhaps assume that, as the rule, the proposals likely to be objected to will be those of the character of inadequate compromises.

In addition, however, to the power of veto, the Privy Council will also reserve to itself the right of introducing modifications. Of all such proposed modifications of plans, due notice must be given to all concerned, and their opinions heard; but after this has been done, the ultimate power of confirming them or otherwise rests with the Privy Council alone. It is not difficult to conceive circumstances under which this power may become dangerous to the free action of the profession; but, on the whole, the advantages will counterbalance any probable risk in this direction.

The Bill, if passed, is to come into operation without delay. The



existing Medical Authorities are allowed till the first of October next to prepare schemes to be submitted to the Medical Council; and the latter body is permitted three months to examine them.

Should the Medical Authorities fail to agree as to a scheme within the allotted time, the Medical Council has power to take the matter into its own hands. At each stage of progress of the "scheme", alterations may be introduced.

Thus, then, we think it may be said that the Government Bill deserves the support of the profession in that it will secure the one grand object of putting an end to competition in the granting of diplomas, and that it will confer power and responsibility upon one central body, instead of leaving it in the hands of a large number of minor corporations. We have noted one defect in its provisions; and we have now to allude to another so great that, unless facilities should be afforded for correcting it, we should almost be reconciled to the delay of the Bill to another session. Whilst it exalts the functions of the Medical Council, the Bill makes no provision whatever for reform in the constitution of the Council itself. This body, now made an all-important power, is to be left, as heretofore, to consist, in addition to the Crown nominees, of members elected for the most part by small sections of the old corporations. There is no provision whatever for the direct representation of the profession itself; nor are the corporations to be required to adopt uniform methods of electing their representatives. We cannot but regard this omission as a needless sop to Cerberus, and an ill-advised attempt to conciliate the Medical Council and those in authority in the different corporations at the expense of total disregard of the wishes of the profession. Those wishes have, we believe, been expressed with remarkable unanimity by reformers of all grades. Even the Medical Council itself has admitted that, when additional powers should be conferred upon it, some reform in its organisation would be desirable; and, with the exception of some of those who now possess seats in it, we question whether there is a single member of the profession who has thought on the subject who does not hold such reform as of the very first importance. The profession must at once devote its energies to the amendment of this unaccountable omission. It is, we think, greatly to be regretted that the advisers of the Government should have left this work to be done by others. There will be work enough in minor points for the energies of outside reformers; and one so fundamental as this ought certainly to have been cared for in the original draft.

### THE MEDICAL COUNCIL AND REFORM.

ALTHOUGH the Medical Council has had no direct action in the matter, it must of course take a large share of responsibility in reference to the provisions of the Government Bill. There is no doubt that it has been consulted by the Privy Council, and equally little that any hearty representation proceeding from such a body would have commanded attention. To assert otherwise would be to admit a hopeless debility of character and repute. A short time ago, the Council, which had hitherto shelved the question of its own reform, admitted that some changes in its constitution might be necessary if larger responsibilities were given to it. We shall now have an opportunity for observing what degree of zeal it may feel in this matter, since the new Bill has appeared, and proposes to give great increase of power without any reform of constitution. Will the Medical Council at once set itself right with the profession, and prove its own sincerity, by protesting against the grand omission in the Government measure? Should it not do so, and do so, too, without loss of time and in unmistakable terms, the profession will know what to think, and will certainly believe that the framers of the new Bill have proceeded with advice and sanction. In the belief that the Medical Council has had hard measure dealt to it in some matters, we have done what we could to set its reputation in a fair light, and to show that, after all, its slowness of action has been in many instances the result of want of power. We shall regret exceedingly if the Council now puts another weapon into the hands of its

enemies by making, in some sort, a protest of belief in its own perfection. It could give no surer sign of decrepitude. It is a matter not to be concealed that a large section of the profession regard the Council with feelings the very reverse of confidence, and believe that its organisation provides far too dexterously for the representation of the interests of the bodies which we are henceforth to know as "medical authorities." The friends of the Council have protested, on the other hand, that, by whomsoever elected, the members of the Council are honourable and high-minded men, who regard first the interests of the profession and of medical science, and only in a very secondary place those of the corporations. When, however, during its recent sitting, several of the members of Council wished to defer the decision of a most important matter, one, too, in which the interests of the profession were perfectly plain, in order that they might go home and ascertain the wishes of their constituents, the confidence of the Council's friends received a shock. It will receive a far greater one should the Council now show itself averse to its own reorganisation. By a little ingenuity the representative principle might be widely extended without increasing the numbers of a body which already includes too many voices. No one can really believe that, if the power of electing its representative were vested in the whole of the licentiates of the Apothecaries' Company, or that of electing its members of Council in the whole of the fellows and members of the College of Surgeons, less efficient men would be returned. Without reflecting in the least upon the product of the present system, we may assert that it is a matter of the merest justice to the licentiates and members of these bodies that their wishes should be consulted. The present plan, which allows a small Council to appoint, and which restricts eligibility yet more closely, is alike an injustice and almost an insult. The profession had looked with confidence to some attempt being made in the present juncture to remedy this anomaly, and we trust that it will resent inaction in the manner which it deserves.

HER MAJESTY has forwarded a donation of one hundred guineas to the Ventnor Hospital for Consumption.

DR. WILTSHIRE has been appointed Junior Assistant-Physician to the West London Hospital.

MR. II. H. CUNNINGHAM, late of the Charterhouse School, has been elected to the Scholarship for Natural Science at Clare College, Cambridge.

THE Middlesex Hospital has received a second donation of £1,000 from "D. T. S.," and the London Fever Hospital has also been presented with a similar donation, for the second time, from "C. R. W."

THE *Scientific Opinion* says that the Secretary of State has authorised Mr. Broughton, the Government Quinologist at Madras, to investigate the properties of the indigenous medicinal plants of India.

### THE LONDON HOSPITAL.

THE anniversary dinner of the London Hospital will take place at the London Tavern on Wednesday, May 4th—H.R.H. the Duke of Cambridge, K.G., in the Chair.

### THE NEWCASTLE INFIRMARY.

SIR WILLIAM ARMSTRONG has presented £2,500 to the Infirmary towards carrying out the erection of a new wing, which will probably be named the Armstrong.

### RELAPSING FEVER.

It is satisfactory to know that relapsing fever has been rapidly diminishing in the metropolis during the last month. There are only fifty-two cases at present in the London Fever Hospital, and we believe a still smaller number in the new Hospital at Hampstead. It is to be hoped that the advent of warm weather may in some measure at least be effectual in keeping down the large amount of typhus fever which experience has shown usually takes the place of relapsing fever as the latter declines.

## KING'S COLLEGE.

The Demonstratorship of Anatomy at King's College, rendered vacant by the appointment of Mr. Wood to the Professorship of Systematic Surgery, is likely to undergo some change. There will probably be two demonstrators in future instead of one, although no definite arrangement has, up to this time, been agreed upon.

## PATHOLOGICAL INSTITUTE IN LONDON.

We are glad to learn that Government has given an additional grant of money, in connection with the Medical Department of the Privy Council, for the more systematic prosecution of researches already undertaken with reference to infectious diseases and other pathological questions bearing on State Medicine. For this purpose, a laboratory in Howland Street has been secured, and is now being furnished with the necessary means for carrying out researches on these subjects. When we say that Dr. Burdon Sanderson has been appointed to carry out the observations, there can be no difference of opinion as to how the work will be done. Dr. Sanderson is one of our most original thinkers and best workers, and has proved himself preeminently fitted to conduct physiological and pathological research. The detailed arrangements have not been completed; but Dr. Sanderson will probably have valuable assistance in his work. It is much to be regretted that the Pathological Institutes which exist in each of the great schools in Germany, and which have contributed so enormously to the advancement of pathology, are altogether unrepresented in this country. From our present information, we are afraid that the Howland Street laboratory can hardly be compared to the admirable institutions in Munich, Berlin, and Vienna; but we venture to hope that the arrangements which have now been made will be at least placed on so permanent and efficient a footing as not to be subject to the caprice of any future Chancellor of the Exchequer who may happen to entertain less enlightened views than Mr. Lowe with regard to scientific research.

## POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

The quarterly meeting of this Association will be held at the Freemasons' Tavern, Great Queen Street, Lincoln's Inn Fields, on Wednesday, April 27th, at half-past 7 P.M. precisely, when important matters relating to the establishment of dispensaries in the metropolis, provincial medical relief, and Dr. Brady's Bill for the superannuation of Poor-law medical officers, will be brought before the meeting for consideration. As the subjects to be discussed will be found to be unusually interesting, it is hoped that the profession generally will attend.

## THE MEDICAL ARRANGEMENTS AT BRIGHTON.

BRIGADE-SURGEON CORDY BURROWS, Sussex Volunteer Artillery, has been officially appointed to take charge of the Field-hospitals during the review. Mr. Burrows will be assisted by Mr. Mayo, Assistant-Surgeon 23rd Middlesex Rifle Volunteers. Field-hospitals will be established at the gravel-pits on Red Hill, and an ambulance-wagon will be attached to each force for the conveyance of volunteers to hospital.

## BEAUMONT MEDICAL SOCIETY.

The monthly meeting of this Society was held at the Beaumont Institution, on April 7th. Dr. Andrew Clark, the President of the Society, read a paper on the Management of Constipation. In the majority of such cases, when uncomplicated by dyspepsia, he deprecated the use of medicines in purgative doses. A larger diet of both liquid and solid food would frequently produce the desired effect, especially when combined with the regular and daily "solicitation of nature." To this last he attached great importance; and he advised that in uncomplicated cases of constipation no medicine should be given at first, but that the attempt to evacuate the bowels should be made daily, and always at the same time. Should no grave symptoms arise, these efforts might be continued for six or seven days; after which, if no satisfactory result be obtained, a small cold injection, or a suppository of hard soap not less in size than a pigeon's egg, should be used; and in the event of none of these measures proving successful, an aloetic or oleaginous

purgative might be given. But, above all other remedies as a natural laxative, Dr. Clark preferred podophyllin, to be given in doses of from one-eighth to one-quarter of a grain, combined as circumstances may require with either *nux vomica*, *belladonna*, or *ipecaacuanha*, the result of the administration of this remedy in small doses being not actual purgation, but the quiet evacuation of naturally formed stools, thus avoiding the effects of the drastic purgatives, which by completely emptying the large intestine, left no *débris* to excite the next day's vermicular action.

## THE DENTAL EXAMINERS AT THE COLLEGE OF SURGEONS.

MR. IBBETSON, MR. SERCOMBE, and MR. SALTER, are the probable candidates for appointment at the College of Surgeons.

## TESTIMONIAL TO DR. MURCHISON.

A VERY handsome timepiece, with an appropriate inscription, has been presented to Dr. Murchison by the Committee of the London Fever Hospital, as a mark of their appreciation for valuable services rendered by him to the Hospital during a period of fourteen years.

## THE BRISTOL NURSES' TRAINING INSTITUTION.

THE Seventh Annual Report of this Institution gives a favourable account of the utility and prosperity of this institution. Since it was opened in March 1863, twenty-eight skilled nurses have been sent out; and there are now fourteen nurses and six pupils on the home-staff. One hundred and ten private cases were attended by the nurses during the past year; but the supply has not been equal to the demand. The Committee appeal to the public for support in enabling them to further develop their plan of training women for the duties of attendance on the sick; and we hope that they will not fail to receive, from the wealthy inhabitants of Bristol and the neighbourhood, solid assistance in carrying out their laudable efforts.

## THE CONVICT RUTTERFORD.

We think the Home Secretary has acted wisely in commuting the sentence on Rutterford. From the condition of the prisoner's neck, any attempt to carry out the sentence would have been attended with great risk. The prisoner had been the subject of a severe burn in childhood, which resulted in extensive cicatrization, and great contraction of the skin of the neck and front part of the chest. The chin is now, in consequence, pulled downwards upon the chest, and the skin of the neck greatly thickened, in such a way as to render it a matter of considerable doubt whether sentence could have been carried out in the ordinary way. Mr. Kilner and Mr. Coe, in concert with Dr. MacNab, Surgeon to the Gaol, examined the prisoner at the request of Mr. Bruce, and reported that it would be necessary, to secure against the risk of failure and a prolongation of suffering, to use considerable and an unusual amount of constricting force before the rope could be adjusted in such a manner as to sustain the weight of the prisoner's body. Under these circumstances, Mr. Bruce had no alternative but to represent to Her Majesty the desirability of relieving the prisoner.

## SYME TESTIMONIAL.

THE subscriptions to found a Fellowship in the Edinburgh University now amount to nearly £1,600. Considerable additions to this sum are still expected from India and the colonies; but it is feared that there will be some difficulty in raising the sum originally contemplated—viz., £2,500—unless increased exertions be made by the many members of the profession who have profited by Mr. Syme's surgical teaching. The subscribers of the above mentioned sum number only 575—but a small fraction of the many former pupils of Mr. Syme who are now practising in every part of the world. It is very desirable that the Fellowship should be instituted during Mr. Syme's lifetime. To ensure this, the Honorary Secretary, Dr. Murchison, 79, Wimpole Street, London, will be glad to receive notice of fresh subscriptions, and will also be obliged by those who have already subscribed forwarding their subscriptions to him, in order that the money may be invested.

## THE ACCIDENTS AT THE BOAT RACE.

WE have received a number of letters since we noticed this subject last week in corroboration of our statement regarding the shameful overcrowding on Hammersmith Bridge. Most of these contain lists of injuries received during the boat race which came under the observation of the writers, including a good many fractures, dislocations, and severe wounds. The information sent us is, in many cases, too meagre, and not sufficiently accurate to draw any conclusions as to the place in which the injuries were sustained; but of this there can be no doubt, that a very considerable number of severe injuries resulted from the great overcrowding on the day in question.

## THE MEETING AT THE COLLEGE OF SURGEONS.

THE adjourned meeting of the Fellows and Members of the Royal College of Surgeons has been fixed for Friday, the 22nd instant, at 3 P.M.

## THE ST. PANCRAS GUARDIANS.

DR. EDMUNDS has failed in securing his re-election as a member of the St. Pancras Board of Guardians. The majority of the new Board is said to entertain opinions on the subject of relief of the poor very different from those of their predecessors. One of the last acts of the outgoing Board was to declare their incompetency to pay the claim made on them by Dr. Ellis for the expenses incurred in defending himself against the charges made against him, and of which he was acquitted by the Poor-law Board.

## THE ROYAL SOCIETY OF MEDICINE.

AT the termination of the ordinary business at the Royal Medical and Chirurgical Society on Monday evening, the meeting was made special for the purpose of confirming the resolutions recently passed by the Society respecting the formation of the Royal Society of Medicine. The proceedings were very brief and simple. Mr. Holmes moved, and Mr. Pollock seconded, that the resolutions be confirmed. No remarks were made by any member. The motion was then carried *nem. con.*; and the Secretaries were desired to communicate the resolutions to the other societies concerned in the scheme of amalgamation. The opposition to the scheme is, we are glad to observe, not likely to interfere seriously with its adoption by the Pathological, Clinical, and Epidemiological Societies. Should the Obstetrical Society think fit to oppose the scheme, an Obstetrical Section will be formed.

## ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AT the meeting of the Comitia of the College, on Monday, Sir James Alderson was re-elected President for the ensuing year. On this day, according to ancient custom, each Fellow of the College present at the election receives a half-crown direct from the Mint; but, as this coin is no longer issued, a new florin and a sixpence are delivered to each.

## HEALTH AND DISEASE.

THE first of a series of four lectures, by Dr. Guy, on "Health and Disease in their Economic Relations", was delivered on Tuesday evening at the rooms of the Society of Arts, John Street, Adelphi. The Chair was occupied by Mr. W. H. Smith, M.P.

## THE GERM-THEORY OF DISEASE.

DR. CHARLTON BASTIAN, in a long letter to the *Times* of Wednesday, takes exception to the statements made by Professor Tyndall in support of the germ-theory of disease. He has been engaged for some time in the investigation of the subject, and soon came to the conclusion that organisms were to be met with in hermetically sealed vessels from which all air had been removed, and after the contained fluids had been raised to a very high temperature. He observed other facts opposed to the conclusions drawn by Professor Lister, Professor Tyndall, and others, in favour of the germ-theory. Assisted by Professor Frankland, solutions containing organic matter and other ingredients were prepared in the following manner. After a perfect vacuum above the level of the fluid had been procured in the glass-vessel, by means of Sprengel's air-

pump, the drawn-out necks of the flasks were closed by means of the blow-pipe flame. The airless flasks containing then the fluid itself, as the only possible germ-containing material, were submitted in a suitable apparatus by Professor Frankland to a temperature varying from 148 deg. C. to 152 deg. C. for four hours, and yet, after having been placed under the influence of suitable conditions, in the course of a few weeks living organisms—many of them altogether new and strange—were found in these fluids. He abstains from mentioning all details as to the nature of the materials used, and many interesting facts observed by him in his experiments, as he hopes soon to lay a full account of his researches on the subject before the Royal Society. In the meantime, he asks Professor Tyndall to suspend his judgment on the germ-theory of disease, and not to inspire the public generally with a belief in such theories when these are dependent upon very doubtful evidence.

## THE LOCK HOSPITAL AT YOKOHAMA.

THE second medical report of the Lock Hospital at Yokohama in Japan, drawn up by Mr. George Newton, Surgeon R.N., contains some interesting information regarding prostitution in that country, and the results of medical interference in preventing the spread of venereal diseases. It is satisfactory to learn that the Hospital has become a recognised institution, and is warmly supported by some who were formerly its greatest opponents. Its expenses are defrayed by the Saibansho or Government office; and the native officers and doctors have shown themselves ready to carry out suggestions. Prostitutes in Japan are obliged by law to live in certain quarters of the towns, which are surrounded by high fences or deep canals. In the brothel quarter of Yokohama there are 101 brothels, containing a daily average number of 1020 prostitutes, of ages varying from under 15 to above 26; there are also a nearly equal number of other inmates, comprising girls from six years old upwards, intended ultimately for prostitution, and retired prostitutes who remain attached as servants. No prostitute is allowed to reside out of the quarter unless as a mistress: for this she pays a monthly fee, and is presented with a permit, which she is obliged to carry about with her. No prostitute can pass out without registering her errand and destination and obtaining a permit. These regulations, however, do not prevent street-walking prostitution, being defeated by the readiness of the ill-paid officials to take the fees charged for the permits. In fact, vagrant prostitutes are said to be a very pest, producing much venereal disorder. Compulsory medical inspection of the inmates of the Yoshiwara or brothel quarter is carried on daily; each woman being expected to attend the Lock Hospital for the purpose once a week, unless prevented by illness. The regulations for the enforcement of inspection are, however, evaded by a large proportion of the brothel-keepers, who retain the women until their disease disables them entirely, and then send them to their parents. The number of women examined during the year was 42,625, of whom 807 were found to have syphilitic sores, and were detained for treatment. Notwithstanding the drawbacks above mentioned, it is stated that the result of the system has been beneficial to the community, as has also been the medical inspection of ships' crews before coming ashore, which is carried out in the English, French, American, and Dutch men-of-war. Mr. Newton states in his report that syphilis existed in Japan in all its forms before the sixteenth century; hence Europeans are not chargeable with its introduction. The origin of the disease in the empire, however, cannot be ascertained.

## SCOTLAND.

## UNIVERSITY OF EDINBURGH: THE HOPE SCHOLARSHIP.

THE Senatus has, by a small majority, confirmed Professor Crum Brown's decision with regard to Miss Pechey and the Hope Scholarship, on the grounds previously proposed by us. But these grounds, if so they may be called, are in our opinion insufficient to deprive Miss Pechey of the scholarship. Whatever may be our views regarding the



advisability of ladies studying medicine, the University of Edinburgh professed to open its gates to them on equal terms with the other students; and, unless some better excuse be forthcoming in explanation of the decision of the Senatus, we cannot help thinking that the University has done no less an injustice to itself than to one of its most distinguished students.

SIR JAMES Y. SIMPSON.

We regret to hear that the state of Sir James Simpson's health is such as to cause some anxiety to his friends. An improvement for the better has, however, taken place during the last few days.

#### THE EDINBURGH ROYAL HOSPITAL FOR CHILDREN.

There are probably no hospitals which lend to such a degree that air of positive comfort in disease as those devoted to the maladies of children; and it is not difficult to understand this. Children are more under control; their diseases are probably of a less severe character; and they receive most attention of all classes of patients from lady visitors. Moreover, a hospital for children receives more than the usual share of the sympathy and support of the public. Somehow or other, a good site in a cheerful part of the town is nearly always forthcoming; and, whatever happens to be going at New Year's time, the hospital for children comes in for the lion's share—toys, pictures, books, and such-like. But what, indeed, impresses the visitor most, is the remarkable appearance of ward after ward full of clean children, polished with soap, many from the lowest and dirtiest parts of the town. Features such as these, so peculiar to such an extent to every hospital for children, we never remember to have seen more prominent than in the Edinburgh Royal Hospital for Children. The situation is excellent, in a mild part of the town, immediately overlooking the Meadows, and with a fine view of the Pentland Hills from the wards; and, did gardening become popular with the Committee, no doubt the piece of ground surrounding the building might be made to lend a still greater aspect of cheerfulness to the view. The wards are well lighted and cheerful, well furnished, scrupulously clean and tidy, and resplendent with toys innumerable, many without the pale of description; illustrated scriptural texts, and pictures of all sorts, including some excellent engravings presented by a well known kind friend of hospitals, Mr. Graves of London. The picture is completed by the small patients—a pattern of good order and cleanliness. We cannot help remarking that the state of the patients and the wards reflects the highest credit on the management of Miss Greenhill, the matron of the hospital. Quite recently, an additional wing for fever-cases has been opened. It is situated on the west side, and is kept strictly separate from the rest of the hospital, in case of infection. It contains three wards, two at present in use, containing sixteen beds each; that on the first floor being set apart for the treatment of typhus and typhoid fever; the other, on the second floor, for cases of scarlatina. The remaining room, on the third floor, is intended for six to nine beds, and will be used as a reserve ward. The practice of placing cases of typhoid in the same ward with patients suffering from typhus fever is to be deprecated. It is beyond dispute that the patients admitted for typhoid not infrequently contract typhus fever in the hospital in this way; whereas by classification this may, in large measure at least, be prevented. The reserve ward might be employed for this purpose. The fever wards are necessarily more sparingly furnished, and less extravagant in their ornaments, than the others. The wards are large and cheerful, but have been rather shabbily treated in the way of ventilation. The great fault in the fever wing is the bath-accommodation, which is at the top of the house, in a closet, in which also is the open cistern for the supply of water to the wing. This place is used for a variety of purposes, provision for some of which might have been very properly found elsewhere. On the same floor are the day and night nurses' dormitories and scrubbers' rooms. Altogether, the hospital is in excellent condition, and merits well the name for efficiency which it obtains.

## THE GOVERNMENT MEDICAL BILL.

THE Bill is intitled "An Act to amend the Law relating to the Qualification of Practitioners in Medicine and Surgery, and otherwise to amend the Medical Act of 1858." It first defines the terms "British Possession", "General Medical Council", and "medical authorities", the latter term being held to include the nineteen bodies at present entitled to grant diplomas. It then proceeds to state the qualification for registry, making it compulsory upon all not previously qualified to submit to the examination provided for in the new Act, so soon as it shall have been constituted. We next come to the clauses relating to the Medical Examining Board.

#### *Medical Examining Board.*

4. For the purpose of conducting the said examinations and granting the said licences, there shall be established in each part of the United Kingdom—that is to say, England, Scotland, and Ireland respectively—a medical examining board, by means of a scheme confirmed by the Privy Council in manner provided by this Act.

5. The medical authorities of each part of the United Kingdom may, before the first day of October next, submit to the General Medical Council a scheme for the establishment of the medical examining board of that part; and the General Medical Council, before the first day of January next, may approve such scheme, with or without any alterations made with the consent of the said medical authorities, and propose the scheme so approved by them to the Privy Council.

6. If, in the case of any part of the United Kingdom, a medical examining board has not been established in that part on the thirty-first day of January, 1871, or if at any time there is no examining board for any part of the United Kingdom, the General Medical Council shall themselves forthwith frame and propose to the Privy Council a scheme for the establishment of the medical examining board for that part of the United Kingdom.

7. The Privy Council shall cause notice of any proposed scheme to be sent, as soon as may be, to all the medical authorities of that part of the United Kingdom to which that scheme relates, and during one month after such notices are sent, the Privy Council shall receive and consider any objections and representations made to them respecting the scheme by any medical authority to whom such notice is required by this section to be sent, or by any three or more members of the General Medical Council. After the expiration of the said month, the Privy Council may make an order confirming the scheme, with or without any modifications therein, as they may think fit. The Privy Council shall give to the General Medical Council, and to all the medical authorities of that part of the United Kingdom to which the scheme relates, due notice of any modifications they may propose to make in the scheme, and an opportunity to be heard with respect to such modifications. The scheme confirmed by such order shall come into operation on the day in that behalf in the order mentioned, or if no day is mentioned, on the day of the date of the order, and shall have effect as if it were enacted in this Act.

8. A scheme for amending any previous scheme in force under this Act in any part of the United Kingdom may from time to time be submitted by the medical authorities of that part of the United Kingdom to the General Medical Council, and, whether so submitted or not, may be proposed by the General Medical Council to the Privy Council, and may be confirmed by the Privy Council, and the provisions of this Act respecting the notice of, and objections and representations respecting, and the confirmation and effect of an original scheme, shall apply in the case of an amending scheme.

9. A scheme for the establishment of a medical examining board may provide, amongst other matters, for all or any of the following things; that is to say—1. The number, appointment, duration of office, and qualification of the members of the board, and generally the constitution of the board. 2. The powers and duties of the board and the members thereof. 3. The quorum and proceedings of the board, and the mode of certifying and attesting documents required to be certified or attested by the board. 4. The relations between the General Medical Council and the board. 5. The fees to be paid on admission to the examination conducted by the board, and the repayment of any income derived from such fees in paying the expenses of the examination (including the remuneration of the members of the board) and the other expenses of the board; the application of all or any part of the surplus for the support of museums, libraries, or lectureships, under

the control of any of the medical authorities, or in contributions to the public purposes of any of the medical authorities; and the application of the residue (if any) to any public purposes connected with the profession, or for the promotion of education in medicine or surgery; and the conditions, if any, to be complied with by any such medical authority or by every authority under whose control such residue is applied. 7. The date at which the board are to commence their examinations under this Act. 8. The duration of the scheme.

#### *Examinations and Licences.*

10. The General Medical Council shall, from time to time, propose to the Privy Council rules (in this Act referred to as examination rules) for regulating the examinations under this Act, and in particular for all or any of the following purposes; that is to say—1. Determining the conditions of admission of persons to the said examinations, and, in particular, their age, general knowledge, and course of professional study. 2. Providing for the admission to such examinations, on special terms, of persons who hold medical diplomas, degrees, or titles, granted by any university, college, or body, in any British possession or any foreign country, or who have studied in any British possession or foreign country. 3. Determining the subjects of and method of conducting the examinations, whether practical or theoretical. 4. Providing for the superintendence by the General Medical Council of the examinations, either by themselves or by persons appointed by them. 5. Securing the equally strict application of the rules, so that a licence under this Act may be granted on like terms throughout the whole of the United Kingdom. 6. Altering any rules for the time being in force. The General Medical Council shall prepare the first examination rules at some date not later than one month after the confirmation of the original schemes for establishing medical examining boards in each part of the United Kingdom, or at such later date as may be allowed by the Privy Council.

11. The Privy Council shall cause notice of any proposed examination rules to be sent, as soon as may be, to all the medical examining boards and to all the medical authorities of each part of the United Kingdom. During one month after the rules are so sent, the Privy Council shall receive and consider any objections and representations made to them respecting such rules by any medical examining board or any of the medical authorities, or any three or more members of the General Medical Council. After the expiration of the said month, the Privy Council may confirm such rules with or without any modification, as they think fit. The Privy Council shall give to the General Medical Council due notice of any modifications they may propose to make in the rules, and an opportunity to be heard with respect to such modifications.

12. Each medical examining board shall, in the part of the United Kingdom for which they act, hold examinations according to the scheme and rules made under the provisions of this Act.

Sections 18, 20, 21, 22, and 23 of the principal Act (which relate to the powers exercised by the General Medical Council and Privy Council over the medical authorities with respect to examinations) shall apply in the like manner as if the medical examining boards were mentioned in those sections instead of the several colleges and bodies therein mentioned; and where, under those sections, any order of the Privy Council is made to the effect that any qualification granted by a medical examining board shall not confer any right to be registered, that medical examining board shall be dissolved by such order, and a scheme for a new board in its place shall be made under the provisions of this Act.

13. Each medical examining board shall license every person who passes the examination of that board in medicine and surgery, and not any other person, to practise in medicine and surgery, and the person so licensed shall be called a Licentiate in Medicine and Surgery, and shall be entitled to be registered under the principal Act.

#### *Registration.*

14. Requires each medical examining board to send to the Registrar lists of those who have passed its examinations, and the Registrars of the branch Councils to transmit a copy of the same to the Registrar of the General Council.

15. Requires every person who is registered to pay such fee, not exceeding £5, as the General Medical Council may fix, and enacts that no person shall be admitted to examination without prepayment of the registration fee. This fee is to be repaid to unsuccessful candidates.

16. Enacts that any person already registered as a licentiate who may obtain any higher medical diploma, degree, or title, shall be entitled to have it recorded in the *General Register* on payment of a fee not exceeding five shillings. The General Medical Council is to draw up a list of the diplomas, etc., which may be thus registered.

17. Deals with erasure by the General Medical Council and correction of the *Register*.

18. Enacts that the medical authorities shall not in future grant their qualifications except to persons registered or qualified to be registered under the new Act.

19. Prevents the medical authorities from granting to any person the special title of "licentiate," reserving it for the use of the new boards.

20. Any of the medical authorities may confer on a licentiate under this Act, without requiring him to pay any fee or pass any further examination in medicine and surgery, the lowest medical or surgical degree granted by such authority, or the membership of such authority, or (in lieu of any license granted by such authority before the passing of this Act) the title of Associate, or other title determined with the approval of the Privy Council by such authority, and may give to the person on whom such title is conferred the like rights and privileges, so far as relates to members of that body among themselves, as he would have had if such license had been conferred on him. Where any scheme under this Act provides that all or any part of the surplus of income derived from fees shall be applied for the support of any museum, library, or lectureship under the control of any of the medical authorities in any part of the United Kingdom, such medical authority, if required by the scheme, shall, subject to the provisions of the scheme, confer such degree, membership, or title as aforesaid (in this Act referred to as minor medical titles) upon any licentiate who has obtained his license in the same part of the United Kingdom and claims the same, without requiring him to pay any fee or to pass any further examination; and shall, subject to the provisions of the scheme, give to the person on whom the title of associate or other title is conferred the like rights and privileges as aforesaid. Any of the medical authorities may send a list of the persons on whom any minor medical title is conferred as aforesaid to the registrar, who shall thereupon enter in the register, in the column (if any) provided for that purpose the name of such medical authority opposite to the name of each recipient of such title.

21. Refers to foreign and colonial practitioners.

22. Deals with unregistered persons, and imposes a penalty not exceeding £20 for every offence, upon all who, being unregistered, practise medicine or surgery for gain, or assume any designation used to distinguish duly qualified practitioners. The General Medical Council, and also any branch Medical Council, may take proceedings against any person for the contravention of this section, and no prosecution for the contravention of this section shall be instituted by any private person, except with the consent of the General Medical Council or some branch Medical Council.

Clause 23 to 31 are miscellaneous, and do not contain anything essential to the scheme. They refer to those possessing partial qualifications before the Act; to the methods in which notices, documents, etc., may be forwarded; to the payment of fees, form of register, repeal of certain Acts, etc.

## MEDICO-PARLIAMENTARY.

### *HOUSE OF LORDS.—Friday, April 8th.*

MEDICAL REGISTRATION.—Earl De Grey, on presenting a Bill for the amendment of the law as to the registration of the medical profession, remarked that at present no less than nineteen bodies existed in the three kingdoms which were entitled to confer medical licenses, authorising the placing of their names in the medical register. There were, moreover, considerable differences in the terms on which they admitted licentiates, and in their examinations, and some gave qualifications for surgery or medicine only, while the insertion of any name in the register enabled such a person to practise in both branches. It was proposed, therefore, to substitute one examining body in each of the three kingdoms, and to insure an uniform mode of examination. The present licensing bodies, which were entitled to fair consideration on account of the services they had rendered to the profession, were to propose to the General Medical Council a scheme for the constitution of this one body; and if within a certain time they did not do so, the Council would propose a scheme, which in either case would be submitted to the Privy Council for confirmation. The Council would also have authority to frame regulations for the conduct of the examinations and as to the course of study to be previously pursued, which would also require the confirmation of the Privy Council, thus securing the responsibility of a department of the Government. He hoped this measure would not be unacceptable to the existing corporations or to the profession at large, and he proposed to fix the second reading for the 2nd of May, so as to give ample time for the consideration of it. The Bill was thereupon read a first time.



## SPECIAL CORRESPONDENCE.

## PARIS.

[FROM OUR OWN CORRESPONDENT.]

Paris, Monday, April 11th, 1870.

1. *Closing of the School of Medicine by the Government.*—2. *Parallel to the Case of Professor Tardieu.*—3. *Small-pox, Vaccination, and Vaccinomania.*—4. *Serious Illness of Professor Dolbeau.*—5. *Lunacy Physicians and the Concours.*

CLOSING OF THE SCHOOL OF MEDICINE BY THE GOVERNMENT.—The postscript to my last letter announced the fact that on Wednesday, the 6th instant, the School of Medicine was closed in consequence of the manifestations of the students, a full and circumstantial account of which I gave in my last (BRIT. MED. JOUR., April 9th, p. 374).

The following is a transcript of the official decree which has scattered the medical students of Paris for the time being. It is signed by M. Segris, the Minister of Public Instruction.

“Vu la délibération de la Faculté de Médecine de Paris, en date du 5 Avril, 1870;

“Considérant que des faits regrettables se sont produits à la Faculté de Médecine dans les journées des 28 et 30 Mars, 1 et 4 Avril, 1870;

“Qu’un Professeur a été violemment empêché de faire son cours, et que la Faculté a été gravement outragée dans la personne de l’un de ses membres;

“Considérant qu’il y a lieu de faire cesser et de réprimer de tels désordres,

“Arrête :—Les cours et les examens sont suspendus à la Faculté de Médecine de Paris jusqu’au 1 Mai prochain.

“Fait à Paris, le 6 Avril, 1870.

“SEGRIS.”

During Wednesday and Thursday this decree was keenly discussed by groups of students in the Place de l’Ecole de Médecine, at the various hospital visits in the morning, and in all places where students congregate. Notices were put up on Wednesday intimating that a general meeting of students of the medical school would be held at 2 P.M. on Thursday to consider their position. The following is a translation of the notice to which I refer.

“Let us meet without fail to-morrow at two o’clock in the court of the School of Medicine. Let us keep out all strangers, particularly students-in-law, and let us settle by vote whether upon the opening of the School on the 1st of May we ought to continue to demand the resignation of Professor Tardieu, or whether we ought to be satisfied with simply passing a resolution condemnatory of his evidence in the *affaire d’Autueil*. There ought to be an understanding that all are pledged to concur in the decision adopted by a majority of votes.”

Another poster was to the following effect: “We propose to MM. les internes des hôpitaux that they go out on strike (*se mettre en grève*); and that with a view to give effect to this proposal they meet to-morrow (Thursday) in the court of the School.” These notices were written with the pen, and were not signed. Most of them were torn down by the police on Wednesday evening. It was fully expected by the students that mass meetings would take place on Thursday, at which a great deal of pent-up turbulent steam would be let off. It was otherwise arranged, however, by the authorities. By order of M. Wurtz, Dean of the Faculty, the court was kept clear; and no one was allowed to enter within the iron gates on Thursday. The students were like wise, by order of the Dean, excluded from the neighbouring courts of the Clinique de la Faculté and of the Ecole Pratique. Some deliberative groups formed in the Place de l’Ecole about two o’clock; but, from the assemblage increasing and causing an obstruction to the traffic in an important thoroughfare, it was necessarily dispersed by the police. Ten *sergents-de-ville* performed this duty without being molested. They simply ordered orators and audiences to move on and leave the Place free for the usual circulation of the public. It was, however, somehow and somewhere managed to obtain numerous adhesions to a document of which the following is a translation.

“The students wish to give their moral support to the four professors who declared themselves as opposed to the interruption of the lectures; and they express a desire that measures be taken to adjust their difference with M. Tardieu.”

It was also somehow resolved that the above document should be communicated by a deputation of students to M. Jules Ferry, Deputy to the Corps Législatif for the sixth *arrondissement* of Paris; and that that honourable member should be requested to interpellate the Government in the Chamber regarding the manifestations at the School of Medicine, and the suspension of the lectures and examinations at

the School, inasmuch as the measures taken must occasion much inconvenience and pecuniary loss, particularly to those who were just about to go up for examination. M. Ferry received the deputation at eleven o’clock on Friday. It is said that he spoke with courtesy and caution, refusing, however, to say whether he would or would not ask the Government any question about the recent proceedings. It has been said that the examinations may perhaps be resumed before the 1st of May. Some of the professors are reported to consider it unjust that it should be otherwise, and allege that the decree presses more on the industrious and innocent than on the idle and turbulent. Possibly it may be so; but there are peculiarities in the arrangements of the School which make it impossible to separate the general mass of pupils into the attendants at this or that course of lectures. Every student who at the beginning of the trimestre takes out his inscription is free to attend all and any of the classes; moreover, he need never, unless he so please, attend any lectures. The attendance on lectures is purely voluntary. In Paris, the good teachers draw crowds of students; in different teachers have small audiences. No student goes to a single lecture merely that he may render that bodily presence which British boards demand. When he goes, he has an object, which in nineteen cases out of twenty is to learn. No doubt, on the occasions I have described, fun and love of mischief may attract many; but, as a rule, the benches are filled by diligent students.

It is a pity that smoking is allowed at lectures. It imparts an air of “free and easy” to the proceedings which is very prejudicial to the maintenance of that wholesome respect for the Professor which is for every reason much to be desired, and the want of which may at any time cause grave disorders to arise from slight causes. Being an occasional attendant at some of the lectures at the Ecole and hospitals, I should be very pleased were M. Wurtz to command a better quality of tobacco to be used if there must be a tolerance of smoking. Surely this is a question which ought to be taken up by the “Association Française contre l’Abus du Tabac,” the President of which is M. Jules Guérin, an eminent surgeon and a member of the Academy of Medicine. The influence of this Society is all the more likely to prevail, that its operations have hitherto been directed against the abuse and not against the use of tobacco. I may end this little digression by stating that one of the Vice-Presidents of the Society is Dr. Vernou, Physician to the Emperor, and that the Society has some successes to boast of.

Let me add that there are some elements of mildness in the present shutting up of the School. The library is open daily at the usual hours, which on former similar occasions never was the case. Some of the clinical lectures at the hospitals are continued. La Clinique de la Faculté, opposite the Ecole de Médecine, is mute; but Professor Gosselin, who has his clinic at La Charité, gave his lecture after-visit on Saturday morning, to the great delight of his numerous class, who loudly cheered him. M. Gosselin is deservedly a great favourite.

PARALLEL TO THE CASE OF PROFESSOR TARDIEU.—*La Presse* has in one of its recent impressions recalled attention to the fact that Orfila (Professor Tardieu’s illustrious predecessor in the Chair of Forensic Medicine) was treated in a manner very similar to that to which Professor Tardieu has been subjected. Orfila had been nominated by Louis Philippe a peer of France. The medical students, wishing in their way to protest against the political opinions of the great toxicologist, which, to use the phraseology of the day, were *juste-milieu*, went to his lecture in a mass, and made such a kick-up that Orfila was unable to address them. The same conduct was repeated on several successive occasions, after which the Professor quietly remained at home or went on conducting private researches in his laboratory. A notice was put up at the School simply intimating that the lectures on Forensic Medicine were “temporarily suspended.” This suspension was prolonged for several months. The approach of the examinations made the students recollect that they had to answer questions upon subjects regarding which their turbulence had prevented their receiving the needed instruction. They repented of their misconduct, and requested the eloquent Professor to resume his lectures; but he told them that he declined to submit to the risk of having again to encounter the hootings of those by whom he had been silenced. The students, who exceedingly prized Orfila’s instruction, made another and a more urgently expressed appeal to him in a petition which was signed by a majority of the inscribed pupils. The result was favourable. Orfila again took his place in the Chair of Forensic Medicine; and on his first appearance after the suspension of his class he was received with unanimous applause.

SMALL-POX, VACCINATION, AND VACCINOMANIA.—Small-pox is, I fear, not abating; but more reasonable views are prevailing, both in and out of the profession, on the subject of vaccination. The worship of the heifer is getting into discredit, and will, no doubt, soon be



brought within the very narrow limits which legitimately belong to it. Let me chronicle some facts.

The mortality in Paris from small-pox in the week ending April 2nd was 103; in the week ending April 8th, it was 118. This is the greatest mortality in any one week since the epidemic began. The next highest figure was 112, as recorded in one of my previous letters.

The medical officers of the Bureau de Bienfaisance of the Seventh Arrondissement have unanimously adopted and signed the following declaration in favour of arm-to-arm vaccination.

"We, the undersigned medical officers of the Bureau de Bienfaisance of the Seventh Arrondissement, after examining, watching, and comparing the results of the vaccination service established at the *mairie* of the Seventh Arrondissement with vaccine lymph taken from the heifer, are of opinion that the results are most unsatisfactory, even in the case of infants; and that this system ought to be discontinued; and request that Jennerian lymph be placed at their disposal, upon condition that the subject from whom it has been taken be examined by one of their number."

This looks like a return to sobriety and common sense. At the same time, it must be clearly kept in mind that the *absurd manner* in which a great part of the heiferian vaccination has been carried on during the late and still existing panic is not an inherent part of the heiferian system; and that, if the arrangements had been better, the failure might have been less complete. I believe that, in thousands of cases, persons have been revaccinated only nominally; that not only has no vaccine lymph in many cases been introduced in the operation, but that none even has been used—the supposed vaccine lymph being merely a serous and non-specific exudation from a sore on the animal. In several cases I have obtained, within the last few days, most perfect specimens of the cowpock in persons who had had only a little irritation produced in the arm and axilla by misnamed "revaccination". Some of the lymph which I used in these cases was obtained from London, and some of it from infants whom I had vaccinated with London lymph.

Dr. Lanox and others, I see, continue to advertise their days and hours of vaccinating from the heifer. In many cases, the lymph, the serum, or whatever it may be, is transferred direct, and in presence of the person operated on, from the sore on the animal to the scratches or pricks on the arm. This is the *ne plus ultra* of the present Parisian fashion in vaccination—that for which the highest fees are charged. I gave you, in a former letter, some specimens of vaccination-advertising in French. I now add one in English. It appeared in *Galignani's Messenger*.

"Vaccination will take place on every Tuesday, at 3 P.M., at the office of Dr. Thierry-Mieg, 57, Boulevard Haussmann, Paris."

You will observe that the heifer is not named as the attraction. **SERIOUS ILLNESS OF PROFESSOR DOLBEAU.**—Since the beginning of the March *trimestre*, for which date the opening of Professor Dolbeau's course on Surgery was announced at the School of Medicine, he has been confined by a dangerous illness. His duties at the Hôpital Beaujon have been performed by a substitute, but no one has lectured for him on Surgery at the School. On Wednesday, the 6th, *Figaro* announced that the professor was in imminent danger, alleging at the same time that he was suffering from "diaphragmatic pleurisy, pericarditis, and pneumonia." The effect of this statement was to send crowds of inquirers to Professor Dolbeau's residence. On the following morning—chiefly, I believe, to allay the anxieties evoked by *Figaro*—the following bulletin, signed by Professor Béhier and Dr. Millard, appeared in the newspapers: "M. Dolbeau has passed a better night. Some of his symptoms have assumed a more favourable character." In reply to my inquiries yesterday, I was told that he was somewhat in an improving state, though still in a condition of considerable danger.

**LUNACY PHYSICIANS AND THE CONCOURS.**—The Ministry are favourable to a proposal, recently pressed upon them, to make the future appointments of the physicians to the hospitals for lunatics be decided by *Concours*, as is the case at present in those of all hospitals except lunatic hospitals. It is said that the decree is ready for the Emperor's signature.

**BIRTH ON THE ROAD.**—A young woman, whilst walking between Falmouth and the Union Workhouse on Friday afternoon, gave birth to a child in the public road. The child was wrapped up in a piece of cloth, and the mother, carrying it in her arms, walked to the Union Workhouse, a mile distant, where she was received and taken care of. Her parents, who are said to be "respectable," live at Falmouth; but, on ascertaining her condition, they dismissed her from their house when on the eve of being confined, and she was on the road leading to the workhouse—(we presume on the same day)—when the child was born. —*Devon Weekly Times*.

## ASSOCIATION INTELLIGENCE.

### CUMBERLAND AND WESTMORLAND BRANCH.

THE spring meeting of the above Branch will be held at the County Hotel, Carlisle, on Wednesday, April 20th, at 12.30 P.M. President: M. W. TAYLOR, M.D.; President-elect: T. F. ANSON, M.D.

Gentlemen intending to read papers or cases, are requested to communicate with the Honorary Secretary.

The dinner will take place at 4 o'clock. Members can introduce friends. HENRY BARNES, M.D., *Honorary Secretary*.

Carlisle, March 24th, 1870.

### METROPOLITAN COUNTIES BRANCH.

A SPECIAL GENERAL MEETING of this Branch will be held at the office of the Royal Medical Benevolent College, 37, Soho Square, on Thursday, April 21st, at 4 P.M., to consider the question of Medical Reform. The following resolutions will be submitted to the meeting.

1. That this meeting strongly approves of those parts of the Government Bill which concern the establishment of single Examining Boards in each of the three kingdoms, and the enlargement of the powers of the Medical Council in reference to the compulsory formation of such Boards, and the supervision of the curriculum of students and of the details of examinations.

2. That this meeting is, however, of opinion that it is unwise to confer additional powers on the Medical Council, without at the same time taking measures to improve the method of electing its members and of securing a wider representation of the profession; and it greatly regrets the omission from the proposed Bill of all provision for this object.

3. This meeting is also of opinion that the fees for examination at the three national Boards proposed to be established should be uniform; and that every means possible should be taken for making the examinations uniform also.

N.B.—In consequence of the adjourned meeting of the Fellows and Members of the Royal College of Surgeons having been fixed for Friday the 22nd, it has been necessary to alter the day of meeting of the Branch from that of which notice was given last week.

AN ORDINARY MEETING of the Branch will be held at the rooms of the Medical Society of London on Friday, April 29th, at 8 P.M., when Dr. J. FORD ANDERSON will read a paper on the working of Provident Dispensaries.

A. P. STEWART, M.D. } *Honorary Secretaries*.  
ALEXANDER HENRY, M.D. }

### SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

THE next meeting of the above Branch is appointed to be held at the Union House, Dartford, on Tuesday, April 26th, at 4.30 P.M.

Dinner will be provided at the Bull Hotel at 6 P.M.

FREDERICK JAMES BROWN, M.D., *Hon. Secretary*.  
Rochester, April 12th, 1870.

### METROPOLITAN COUNTIES BRANCH: GENERAL MEETING.

A GENERAL meeting of this Branch was held at the rooms of the Medical Society of London, on March 30th, at 8 P.M.; GEORGE JOHNSON, M.D., President, in the Chair.

**Hypertrophy of Small Arteries.**—The PRESIDENT read a paper on Hypertrophy of the Arteries in cases of Chronic Bright's Disease, and exhibited under microscopes specimens of the changes undergone in the arteries of the kidneys, skin, muscles, and pia mater. The paper is published at p. 351.—In reply to a question from Dr. ARMSTRONG (Gravesend), as to treatment, Dr. JOHNSON said that he had found packing in wet sheets to be more effectual than the hot-air bath in producing diaphoresis, and much less distressing to the patients.—Surgeon-Major FARQUHAR referred to the evident fulness of the cutaneous vessels in the hot stage of ague, and asked for an explanation of the reason why sweating did not then occur.—Dr. JOHNSON said that with over-filled vessels there might be a retarded flow of blood. Fulness of the vessels was often accompanied by scanty secretion.—Dr. STEWART had at first been sceptical as to the correctness of Dr. Johnson's observations; but, after examination, he found his objections untenable, and he now considered that a new fact had been added to medical science.

He had for many years been struck with the peculiar character of the pulse in cases of chronic Bright's disease, and had been puzzled with the difficulty of producing diaphoresis in some cases. In not a few instances, it was impossible to produce perspiration, and the patients came out of the hot-air bath with a burning dry skin—worse, indeed, than when they entered it. Dr. JOHNSON'S explanation of this seemed very satisfactory.—Surgeon-major FARQUHAR referred to the successful treatment of heat-apoplexy by pouring cold water on the patient.—Mr. SEDGWICK asked as to the hypertrophy of the longitudinal fibres in the vessels of the kidney. Was it intended to allow a more continued flow of blood?—Dr. JOHNSON said that he could not explain the presence of this. Referring to the so-called "amyloid" or waxy degeneration, he said that he had found the hypertrophy of the arteries in the early stage, before degeneration appeared.—Mr. HUTCHINSON asked whether any aneurismal dilatation, or obstruction, of the small arteries, had been observed.—Dr. JOHNSON said that the condition appeared to be genuine hypertrophy; there was no aneurismal dilatation. He had seen the arteries in the kidney obstructed with fatty particles, probably arising from changes in blood which had become stagnant. In reply to a question from Dr. CHOLMELEY, he said that, although the blood was morbid, it was not so far so as to interfere with the formation of healthy tissue.

**Medical Reform.**—Mr. HUTCHINSON asked whether it was not advisable that the Association should take an active part with reference to medical reform. Much good might be done by the discussion of certain questions; and a permanent Committee might be appointed to watch the course of proposed legislation. He suggested that a special meeting should be held at an early date.—Mr. LORD said that the suggestion was no doubt an important one, but he did not think that members would attend the meeting.—Dr. HENRY said that, formerly, the medical reform question was fully discussed in the Branch; and a Committee was appointed, which acted for some years. He proposed—"That the Council be requested to take the necessary steps for holding a special general meeting of the Branch at an early date, for the purpose of considering the present aspect of medical reform."—Dr. STEWART seconded the motion, which was carried.

**Hospital Reform.**—A discussion, in which Mr. Hutchinson, Dr. Stewart, Dr. Cholmeley, Mr. Lord, Mr. Rivington, Dr. John Murray, and Dr. Henry joined, took place as to the Committee on Hospitals which was formed at a general meeting of the Branch in 1869. Mr. RIVINGTON proposed, Dr. HENRY seconded, and it was resolved—"That the Committee on Hospitals, appointed at the general meeting on March 17th, 1869, be reappointed, with power to add to their number; and that the Secretaries call a meeting of the Committee at an early period."

A vote of thanks to the President having been passed, the meeting separated.

#### SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT MEETING.

THE March meeting of members of the East Sussex district, was held at the "Sussex," Tunbridge Wells, on March 16th; J. MILNER BARRY, M.D., in the Chair. There were present seventeen members, and two visitors, Mr. Frederick Manser (Tunbridge Wells), and Mr. Alfred Charlton (Southborough), who were nominated as members.

**Next Meeting.**—Dr. WARDELL proposed, and Mr. W. WALLIS seconded, that the meeting in May take place at Hastings, and that Dr. Underwood be requested to take the chair.

**Papers.**—The following papers were read. 1. On Simple Gastric Ulcer, by J. R. Wardell, M.D. The causes of simple ulceration of the stomach, he believed, were not unfrequently emboli, which were followed by local destruction of the tunics, precisely as when an embolus blocks up an arterial branch in the brain, the liver, or the spleen. The case of a man was given, and the stomach exhibited, where perforation had occurred. The opening was in the greater curvature, and towards the pyloric end. The patient died in a few hours, from hæmatemesis. Dr. Wardell observed that the place of rupture was uncommon, and that such sudden death by hæmorrhage, in this disease, was very rare.

2. Dr. Wardell narrated some cases of Uremic Poisoning, in which the typhoid phenomena were marked. He compared the symptoms of these examples with the symptoms of typhus in the advanced stage, and showed how difficult it is in certain instances to distinguish the two diseases. The conclusion arrived at was, that in uremic toxæmia the degree of animal heat is, as the rule, below, not above, the physiological standard; but that in fever the temperature is always higher than 98 deg., and that the employment of the thermometer is a most valuable aid in arriving at a correct diagnosis, when there is doubt in deciding, between these complaints.

3. On Rubiella or Epidemic Roseola, by J. Milner Barry, M.D. The author made some preliminary remarks on the occurrence of anomalous exanthematous affections. He referred to the epidemics described by Dr. Copland and Dr. Aitken, under the title of "Rubeola," and expressed his disbelief in the existence of a hybrid of scarlet fever and measles, attributing such irregular forms of eruptive fevers to the coetaneous presence of contagion from both diseases. The author then related the particulars of a group of cases of contagious roseola, which came under his notice in May 1869. From a consideration of these cases, and others which had occurred in his practice, he came to the conclusion that this roseola had the characteristics of a special eruptive fever, having affinities with measles, but not to be confounded with that disease. He was of opinion that epidemic roseola bears the same analogy to measles that chicken-pox does to small-pox. As varicella is suggestive of affinity with variola, he had adopted the name of "rubiella," as a diminutive to denote the relationship of contagious roseola to rubeola vulgaris, and yet to keep the diseases apart. He considered rubiella to be identical with rubeola sine catarrho; and had gradually arrived at the conviction, that rubeola sine catarrho ought to be eliminated altogether from the category of measles, and transferred to the domain of rubiella. He thought it probable that, in many instances, roseola infantilis and roseola æstiva are cases of rubiella in a sporadic form. The best accounts of the complaint which he has lately met with were those contained in the article on "Rougeole," in Trousseau's *Clinique Médicale*; in the excellent essay on *Epidemic Roseola*, by Mr. Squire, in the *BRITISH MEDICAL JOURNAL* for January 29th, 1870; and in the leading article on undiscovered exanthems in that *JOURNAL* for January 15th. There was some discussion as to the contagious nature of rubiella, in which several gentlemen took part.

4. Encephaloid Disease of the Testicle in an Infant, by G. F. Hodgson, Esq. On June 1st, Mr. Hodgson was asked to see a child, aged 16 months, who had a swelling in the scrotum, much the size and shape of a goose's egg, smooth, tense, semi-fluctuating, and not translucent. The boy was enormously fat, and was still at the breast. His parents appeared healthy, and there was no family history of malignant disease. A trocar let out only a little blood. Chloroform was given, and the testicle was excised. On section, it was found to be encephaloid. It was forwarded to Mr. Paget, who in a day or two wrote: "He thought it a remarkably good specimen of medullary disease of the testicle; and, at so early an age, it was certainly very rare. The present want of family history did not tell much, as either parent, or both (being young), might yet have cancer." The child quickly recovered from the operation, the wound being healed by the sixteenth day. It continued fat and hearty as usual for nearly five months, when the appetite failed, and it quickly became thinner; a thickening was detectable in the inguinal canal, and a small tumour in the corresponding side of the abdomen. This increased rapidly, until it occupied all that side of the abdomen; the child wasted, and died five and a half months after the operation. On a *post mortem* examination, the thickening of the canal and the abdominal tumour were found connected. The mass, on removal, weighed a little over a pound, and presented the same characters as the diseased testicle had done.

5. Mr. Hodgson related a case of Medullary Disease of an Undescended Testicle in the groin, and showed plates of the same.

6. Mr. Fenn (Fletching) read some notes on a case of Intestinal Obstruction, which he had under treatment at the time. The patient, a carrier, aged 48, was first seen February 9th, 1870, when he stated that there had been no action of the bowels since February 5th, although he had taken aperient medicine. Croton oil was administered, and afterwards injections. No relief being obtained, a grain of opium with colocynth pill was given every four hours. The magneto-electric apparatus was also tried, and the hypodermic injection of solution of atropia. Latterly, the treatment employed was soap and water injections in the morning, which brought away a very little fluid evacuation with occasionally some scybæ, and a beef-tee injection with a drachm of tincture of opium at night, which generally procured a good night's rest. The abdomen was much distended, but not very tender on pressure. The pain was sometimes severe; sometimes he was tolerably easy. On some days he was sick once only, and at other times everything taken by the stomach has been rejected. He continued in the same state when the case was related (March 16th). On March 19th, he had more pain. A tobacco-injection was administered, which he only retained a few minutes. He was then easier and had a good night. He continued about the same till the morning of the 22nd, when, having had a very good night, he expressed himself as feeling much better, and thought he was getting well. Between 9 and 10 o'clock, P.M., however, severe pain came on, which increased till the time of his death, at 2 o'clock, P.M., of the same day. A *post mortem* examination was made forty-two hours after death. The whole of the intestines were very much dis-



tended with flatus, particularly the colon which exhibited patches of congestion in several parts. A little above the sigmoid flexure a firm unyielding stricture was found, caused by a thickening of the coats of the bowel to the extent of about one inch, and leaving a passage scarcely large enough to admit a small tobacco-pipe. The thickened portion, when cut into, was of a greyish colour and very firm, probably malignant. Immediately above the stricture, a perforation of the bowel had taken place, the aperture being about the size of a shilling, and the mucous membrane around being much congested and thickened.

Dinner was provided at 5.30, at which nineteen gentlemen were present.

## REPORTS OF SOCIETIES.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MARCH 22ND.

GEORGE BURROWS, M.D., F.R.S., President, in the Chair.

ON IDIOPATHIC GENERAL CEREBRITIS. BY CHARLES ELAM, M.D.

The object of the paper was to indicate the existence of a special inflammatory affection of the substance of the brain, not complicated by any altered condition of the meninges, and differing widely in most of its essential characters from any form of cerebritis or encephalitis hitherto described in systematic works on the subject. This was called "General Acute Idiopathic Cerebritis." Its principal phenomena, positive and negative, were these: uniformity in its commencement, beginning with vomiting; uniformity in its termination, ending with death. Its duration was from thirty-six hours to twelve days. Its progress was remarkable from the absence of the striking phenomena that generally characterise compound cerebritis—that is, the form that is accompanied by meningitis. There was no convulsion, no paralysis, but little delirium, and that mild and transitory, and coma only supervened shortly before death, as it might do in many general affections. Three cases were selected from a number as illustrations, with brief details of the *post mortem* examinations. This sketch was intended to supply a link in our nosological system, which, as it appeared to the author, had been in great measure, if not altogether, hitherto missing.

Dr. CLIFFORD ALBUTT remarked that, although in one of Dr. Elam's cases there was much disintegration of the brain, this was not found in the other two; and therefore he was in a difficulty as to the nature of the change. He supposed that in the terms brain and cerebrum the author included the hemispheres only, and that the mesencephalon was healthy. He doubted whether the disease in all the cases could be described as cerebritis. Supposing that inflammation were defined as consisting in proliferation of the cellular tissue, he did not know whether Dr. Elam meant to imply the presence of this. He had never met with partial cerebritis unless in the neuroglia at the margins of morbid growths; in other states, he had not found true proliferation.

The paper was of interest in connection with his own researches on optic neuritis in brain-disease.—Dr. BASTIAN considered that the presence of acute cerebritis was not demonstrated in Dr. Elam's cases. The three cases did not agree; in one there was hyperæmia in the second, general softening; and in the third, induration. In the second case, which perhaps was most in favour of the author's view, the only point of importance was the presence of exudation-corpuses; these, however, were not evidences of inflammation only, but also of other morbid states, and were found in cases of non-inflammatory softening. We must look on inflammation with reference to its causes, and according to the changes in the organs induced by affections of the tissue-elements, of the nerves, or of the bloodvessels. Dr. Elam appeared to him to describe the disease as if the brain were a single organ; but surely affections of different parts of the brain must produce different symptoms.—Dr. RADCLIFFE said that all physicians had seen cases where the brain was much injected, and which were therefore described as examples of cerebritis. The symptoms in the cases described by Dr. Elam were not peculiar; sickness and general dullness were met with in other grave brain-diseases.—Dr. WYNN WILLIAMS had occasionally seen cases of the kind occurring from blood-poisoning after confinement.—Dr. HANFSTADT had seen several cases at Guy's Hospital which were supposed during life to be examples of tubercular meningitis, but where there was found much softening, without any tubercle or deposition of lymph on the surface. In a case under Mr. Aston Key, which somewhat resembled the third of those related by Dr. Elam, there was considerable dullness, and death occurred in forty-eight hours. The brain presented many minute vascular points; and a number of the minute capillaries had given way, evidently from ob-

struction. In the present day, embolism would no doubt have been found. He doubted whether any of the cases related as instances of inflammation of the brain occurred independently of a strumous or some other condition affecting the general system.—Dr. BASTIAN had frequently found an increased number of red points to arise from obstruction of capillaries, in cases where death occurred with obscure cerebral symptoms. The obstruction apparently arose from an albuminoid deposit during life; similar obstructions were found in other parts of the body, and were accompanied by a growth of fibroid tissue around the vessels. There seemed to be a greater tendency to the deposition of solid matter from the blood in some organs than in others. This was probably connected with the nutritional changes in the various parts.—Dr. ELAM, in reply, said that the morbid appearances described were met with through the whole brain, the ganglia included. The amount of softening was very great in the second case, which had lasted twelve days; and it might have been as great in the first case if the patient had lived sufficiently long. He could scarcely conceive what the disease in his cases was, if it were not inflammation; he thought, however, that he had given reasons for placing them in a distinct nosological category.

### PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, MARCH 15TH, 1870.

RICHARD QUAIN, M.D., President, in the Chair.

A REPORT, by Dr. Hilton Fagge and Dr. Tilbury Fox, on Mr. Squire's case of Ichthyosis, was read. The appearances were mostly produced by epidermal scales.

Dr. BRISTOWE read a report on the Concretions from the Appendix Vermiformis exhibited by Dr. Ferguson. He had found them to consist of a very indistinct matter.

A report was read by Dr. Murchison and Dr. Bristowe on Dr. Payne's specimen of Pulmonary Obstruction. They considered he case one of thrombosis.

Dr. PAYNE brought forward several specimens of Tumours from the Liver, supposed to be syphilitic, and read notes of a third case. The tumours were hard, dry, white masses, which were surrounded by fibrous tissue, forming a kind of capsule. They were quite different from any form of cancer, tubercle, or lymphatic growths. Their structure was found, on microscopical examination, to be almost amorphous, the masses being composed of granular matter, with some indistinct fibrillation. The capsule was composed of dense connective tissue, and there was in all cases some extension of connective tissue growth into the neighbouring parts. The first case, that of a man, presented during life all the symptoms of ordinary cirrhosis. In his case, the liver was generally granular and hard. There was constitutional syphilis. In the second case, the patient died of large fatty kidney. The general structure of the liver was found to be unaffected. There was no history of syphilis. In the third case, there was more contraction and puckering of the liver than in the other two, but the appearance of the tumours was equally characteristic. The patient had died from the effects of an accident complicated with disease of the kidneys. No history of syphilis was obtained. There were no essential differences in the appearance of all these tumours, which were precisely what have been described by Dittrich, Wilks, and many other pathologists, as syphilitic growths. The peculiarities of their minute structure were regarded (in accordance with the views of Virchow) as depending upon the formation and early decay of a fibrous structure, the homogeneous and amorphous character of the central parts being considered as evidence of degeneration rather than of incomplete organisation.—Dr. MURCHISON considered them to be undoubted specimens of syphilitic nodule.—Mr. HENRY ARNOTT had found early syphilitic growths to be very vascular. The appearance of these nodules were various. He had observed in one case a strong resemblance to lymphoma.—Referred to Mr. Arnott and Dr. Fagge.

Mr. HENRY MORRIS exhibited a specimen of Syphilitic Disease of the Liver, from a female aged 20, who had been under the care of Mr. De Morgan in the Middlesex Hospital. The history led to the inference that the syphilis was congenital, and not acquired. There was general peritonitis, amyloid disease of the spleen and kidneys, and several gummy nodules, which presented many cornicular elements. There was albinoid change in the organs. The mal bones were destroyed from disease of two years' standing.—Referred.

Mr. NUNN brought forward a specimen of Molluscum Contagiosum. It was composed of a cellular and a fibrous element. He considered it to be due to the contact of the secretion in subacute inflammation of persons suffering from secondary syphilis with some soft part of the skin, as the thigh. He differed from those who supposed it to be hypertrophy



of the skin. Mr. Hulke, Dr. Bristowe, and Dr. Payne, had been unable to connect the disease with syphilis. Mr. Nunn guarded himself against the idea that it was purely the result of syphilis, but of the transplanted corporcular discharge of subacute inflammation.

Mr. NUNN also exhibited a remarkable case of Cancer of the Lung in which there was a cystiform development in the scar three years after operation, and a second growth in the axilla. The lung became afterwards affected by a similar growth.

Dr. MOXON exhibited a specimen of Syphilitic Disease of the Heart from a man who died suddenly in the street. There were fibroid deposits in the wall of the left ventricle. The left lobe of the liver was transformed into a shrivelled mass, and the diaphragm was in a bacony condition. There were several nodes in the tibia, but no cicatrices on the penis.

Dr. MOXON exhibited an extreme case of Ulcerative Endocarditis taken from the body of a woman who died a month after delivery. There were purpuric spots over the body, and some pyæmic abscesses in the lungs.

Dr. C. T. WILLIAMS brought forward a specimen of Disease of the Aortic Valves. One of the valves was attached lower down than the others, and hung down like a tongue. There was aortic regurgitation, and a peculiar musical murmur was heard during life, the musical character being probably due to the vibration of the smooth valve.

Mr. HOLMES exhibited for Mr. Williams of Norwich a cast of a Vesical Calculus of great size, which had been removed from the body of Sir Thomas Adams, an alderman in the time of Charles II. He was able to move about until the day of his death in 1667, when he was killed by an accident in his 81st year. The stone was presented to St. Thomas's Hospital. It weighed twenty-five ounces, was ten and a half inches in its long, and eight and a half inches in its short, circumference; its length was four and a half, and its breadth three and a half inches. It had been examined by Mr. Stewart, and found to consist of uric acid, with urate of lime, but there were no phosphates, showing that the bladder had been healthy.—Mr. DE MOXON had seen at Canterbury two enormous calculi, which had overlapped each other and filled up the bladder, removed from the body of a patient who had died of fever. The patient had complained of no symptoms during life.

Mr. HOLMES showed a specimen illustrating the results of Potassa cum Calce in the treatment of carious bones in a boy, as recommended by Mr. Fitzpatrick. A large cavity had been made after the fourth application, but fatal pyæmia ensued after using the remedy a fifth time. The disease was found to have been nothing like removed. Osteomyelitis had not been produced, and Mr. Holmes had been unable to account for the mechanism of the pyæmia.

## PATHOLOGICAL SOCIETY OF DUBLIN.

SATURDAY, MARCH 26TH.

MR. TUFNELL reported a case of Embolism of the Popliteal Artery, which occurred as a consequence of aortic valve disease. The history was that of acute rheumatism, cardiac complication, and subsequent valvular lesion. The patient, about 25 years of age, one day complained of excessive pain in the leg, accompanied by a feeling of coldness. No pulsation could be detected in the large arteries of the limb; and a tumour of the size of a small hen's egg was discovered in the ham. The non-aneurismal nature of this swelling was demonstrated by the absence of *bruit*, and by the fact that, though there was a strong pulsation which disappeared when the femoral vessel was compressed, yet this cessation of impulse was unattended by any diminution in the size of the tumour. A collateral circulation was gradually established in the affected limb, and the popliteal tumour, at the same time, disappeared. After death, an obstruction was found at the lower termination of the popliteal artery.

Mr. WHITE detailed the particulars of a fatal case of Cerebral Haemorrhage occurring in a middle-aged man. He was admitted to hospital suffering from extreme epistaxis—a symptom which was with difficulty controlled by plugging. Shortly after, he fell down in a fit, at first of a convulsive character; and from this he never rallied. His pupils remained much contracted up to the time of his death: he was completely paralysed, and his breathing was of a tracheal or bronchial nature. On *post mortem* examination, a large quantity of blood was found effused into the substance of the pons Varoli, into the fourth ventricle, and into the neighbouring portion of the cerebellum.

Dr. BENNETT presented an interesting example of Fatty Degeneration of the Heart, the patient being a woman about 24 years of age. During life, many of the symptoms of mitral valve disease were present, but the only physical signs to be noticed were visible pulsation of the jugular veins, and, at times, a soft murmur, most audible over the

right apex. After death, all the valves of the heart were determined to be healthy. Neither hypertrophy nor dilatation of any of the cardiac chambers was present. The left ventricle was, however, evidently buff-coloured, and the endocardial surface, as also that of the right ventricle, showed a peculiar streaked marking. This appearance was explained by a careful microscopic examination of the muscular structures. The internal layers of the muscular wall were found to consist of mere fibrous tissue; then came a stratum in which the fatty degenerative process was still in action, while the most external layers were for the most part healthy. The deposition of fat had plainly occurred within the sarcolemma of the muscular fibres. The existence of the murmur heard during life was probably due to regurgitation through the tricuspid and mitral openings, a mechanical phenomenon depending on the degenerate condition of the muscular papillae of the valves in question.

## MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in anatomy and physiology, at a meeting of the Court of Examiners, on April 11th; and, when eligible, will be admitted to the pass examination on the 15th inst.

Messrs. G. Wilson Dunn, R. E. Wormald, Brewer, John Adams, and W. Allison Dunn (Students of St. Bartholomew's Hospital); Henry J. Benham, Arthur P. Turnbull, C. Lamb Taylor, and Edward A. Spencer of University College; William A. Braxley, Charles H. Augustus Stone, and G. J. Llewellyn (of Guy's Hospital); E. Lawson Smithard, Hugh P. J. Price, and Robert E. Hammond (of the Manchester School); F. G. Morris Britton and Charles J. W. Stocker (of the London Hospital); William H. Hepworth and George Wilkins (of the Toronto School); W. Harrison Woodburn and Lewis Evans (of the Glasgow School); John Lewis and E. J. Montague Phillips (of the Liverpool School); Russick Laul Dutt (of Calcutta and University College); Gopal Chunder Roy (of Calcutta); E. Spurr Frost (of Pennsylvania); Leslie Royle (of the Edinburgh School); Samuel Wilson (of the Newcastle School); J. Hanbury Bonser (of St. Thomas's Hospital); R. Hall Woodhouse (of the Middlesex Hospital); and C. D. Bowditch Hale (of St. George's Hospital).

The following gentlemen passed on April 12th:—

Messrs. H. Ward Stuart, Thomas Dawson, George W. Graham, J. Ireland Rowes, and E. C. Rogers (Students of Guy's Hospital); W. Elms Fikington, Alfred R. Lee, W. Eugene Jay, Leon M. Finzi, and Arthur E. Davies (of University College); J. J. Eardley Willmott, Amiraux Godfrey, Clement F. Kaurrell, J. Delprat Harris, and Gerald C. Farnell (of St. Bartholomew's Hospital); John W. Taylor, Henry Parkhouse, G. E. C. Jackson, and C. P. D. Chittenden (of the Charing Cross Hospital); James G. Thrupp, and W. Wilson Collart (of St. George's Hospital); George J. Scale and E. Knox Davies (of the Middlesex Hospital); Samuel Hurry Ryott and F. Parlett Ransom (of King's College); J. Howell Thomas (of the London Hospital); and James Jackson (of St. Thomas's Hospital).

The following gentlemen passed on April 13th:—

Messrs. B. Harvey Williams, H. Marmaduke Langdale, D. M. B. Wheeler, Walter E. Hacon, J. McDougall Tudge, and Frederick F. Maiese (Students of Guy's Hospital); Herbert Taylor, Alfred Baldock, Sidney T. Steele, and R. Maxwell Boodle (of St. Bartholomew's Hospital); Robert Withers, P. Wakeham Halmested, and H. Oakley Chislett (of the London Hospital); Thomas J. Jeakes, George J. Eady, and Joseph H. Philpot (of King's College); Gilbert W. Kornbey, John W. Measures, and H. Mansel Maybury (of St. Thomas's Hospital); Arthur Curtis and Arthur Blackburn (of University College); George Middlemiss and Henry W. Jones (of the Glasgow School); James Liddell (of the Edinburgh School); and W. Mansel Maybury (of St. George's Hospital); and Joseph Bellingham (of the Birmingham School).

It is stated that 26 candidates, out of the 109 examined, failed to acquire themselves to the satisfaction of the Court of Examiners, and were consequently referred to their anatomical and physiological studies for three months.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, April 7th, 1870.

Cable, George Hughes, Poole, Dorset  
Gravel, David Lloyd, Ruthin, North Wales  
Harvey, Thomas, Stonehouse, Devon  
Perkins, Charles Edward Steele, Exeter  
Ray, William Joseph Richard, West Square, Southwark  
Roper, William Robert, Cambridge

The following gentlemen also on the same day passed their first professional examination.

Atkinson, John Charles, King's College  
Wagstaff, Thomas Henry, Middlesex Hospital  
White, Edmund, St. Mary's Hospital

As an Assistant in compounding and dispensing medicines,  
Squire, Frank Robert, Horncastle

## MEDICAL VACANCIES.

THE following vacancies are declared:—  
BALLINASLOE UNION, Co. Galway.—Medical Officer for the Kiltormer Dispensary District, 29th; Medical Officer for the Killan Dispensary District, May 9th.

**BIRMINGHAM GENERAL DISPENSARY**—Resident Surgeon: applications, 16th.  
**CARNARVONSHIRE AND ANGLESEY INFIRMARY**, Bangor—House-Surgeon: applications, 20th.  
**DERBYSHIRE GENERAL INFIRMARY**, Derby—Surgeon: applications, 18th; election, 25th.  
**DULLEY DISPENSARY**—Visiting Surgeon.  
**EARLSWOOD ASYLUM FOR IDIOTS**—Assistant Medical Officer: applications, 20th.  
**GLASGOW OPHTHALMIC INSTITUTION**—Two Assistant Surgeons: applications, 25th.  
**GUESTLING, PETT, and FAIRLIGHT**, Sussex—Medical Attendant for the families of poor labouring men in parishes of, under the Bradshaw Charity: duties, May 1st.  
**HONITON UNION**, Devon—Medical Officer for District No. 4.  
**KINGSTON DISPENSARY**—Resident Medical Officer: applications, 16th.  
**LONDON FEVER HOSPITAL**—Assistant Physician: applications, May 6th.  
**MIDDLESEX LUNATIC ASYLUM**, Hanwell—Additional Assistant Medical Officer: applications, 21st.  
**NEWCASTLE-UPON-TYNE INFIRMARY**—Junior House-Surgeon: applications, April 20th; election, May 5th.  
**NORTH LONDON CONSUMPTION HOSPITAL**—Physician: applications, 18th.  
**NORTH RIDING OF YORKSHIRE INFIRMARY**, Middlesbrough-on-Tees—Two Surgeons.  
**OUTERDRAND UNION**, co. Galway—Medical Officer for the Clonbrony Dispensary District, 26th.  
**PARSONSTOWN UNION**, King's County—Medical Officer for the Kenmitty Dispensary District: applications, 25th; election, 26th.  
**PLOMESGATE UNION**, Suffolk—Medical Officer for the Saxmundham District: applications, 16th; election, 18th.  
**RETFOED (Nottinghamshire) GENERAL DISPENSARY**—House-Surgeon and Apothecary: applications, May 1st; election, early in May; duties, end of June.  
**ST. PANCRAS AND NORTHERN DISPENSARY**, Euston Road—Physician: applications, 20th.  
**SUNDERLAND GENERAL INFIRMARY**—House-Surgeon.  
**TEIGNMOUTH, DAWLISH, and NEWTON INFIRMARY and DISPENSARY**—applications, 18th.  
**TRALEE UNION**, co. Kerry—Medical Officer for the Ardirt Dispensary District: 20th.  
**WESTPORT UNION**, co. Mayo—Medical Officer for the Bundoragher and Erris Dispensary District.  
**WEST LONDON HOSPITAL**, Hammersmith—House Surgeon: applications, 20th.  
**WORCESTER COUNTY and CITY LUNATIC ASYLUM**, Powick—Assistant Medical Officer: applications, 16th.

### MEDICAL APPOINTMENTS.

*Names marked with an asterisk are those of Members of the Association.*

\***SHUTTWORTH**, G. E., M.D., appointed Medical Superintendent of the Royal Albert Asylum for Idiots and Imbeciles at Lancaster.  
 \***WILTSHIRE**, Alfred, M.D., appointed Physician to the Samaritan Free Hospital.

### BIRTHS.

**COLLUM**.—On April 1st, at Croy, Surbiton, the wife of R. Collum, M.D., of a son.  
**GRANT**.—On March 31st, at Westbury-on-Severn, the wife of Henry S. Grant, Esq., Surgeon, of a son, stillborn.  
**PAUL**.—On April 1st, at Burton Crescent, the wife of James T. Paul, L.R.C.P. Ed., of a daughter, stillborn.  
**PAYNE**.—On April 4th, at Wimbledon, the wife of C. H. Payne, M.D., of a son.  
**PENNELL**.—On April 4th, at Powis Square, Kensington Park, the wife of John W. C. Pennell, M.B., of a daughter.

### DEATHS.

**ALLISON**, William W., Esq., Surgeon, at Woolwich, aged 37, on April 3rd.  
**BURTON**, William W. C., Esq., Surgeon, at Loch Carron, Koss-shire, aged 37, on April 6th.  
**EDMONDS**, John, Esq., Surgeon, of Chirk, Denbighshire, at Cloughton, Birkenhead, aged 40, on April 2nd.  
**GRAVING**.—On April 3rd, at Forest Hill, aged 73, George, second son of George Grayling, M.D.  
**MERRIMAN**, Charles A., Esq., Surgeon, at Knutsford, aged 55, on March 30th.  
**RAYNER**.—On March 30th, at Swaledale House, Highbury New Park, Frances Sarah, wife of John Rayner, M.D.

**THE EAST LONDON HOSPITAL FOR CHILDREN**.—A fancy bazaar will be held, under distinguished patronage, on the 13th and 14th of June, at the Hanover Square Rooms, in aid of the Building Fund of the East London Hospital for Children.

**MR. BAXTER LANGLEY**.—The University of Philadelphia has conferred on Mr. Baxter Langley the honorary degree of LL.D., in appreciation of the value of his volume entitled *Via Medica*.

**CASE OF CÆSAREAN SECTION**.—The operation of Cæsarean section was performed at the London Hospital, on Tuesday last, by Dr. Head. The patient was a married woman, whose pelvis was greatly deformed by osteomalacia and a large osteoid growth. She had, on a former occasion, been delivered by craniotomy, and her deformity had since increased. Dr. Head extracted, on Tuesday, a living child at nearly full time. The mother unfortunately sank next day. We shall give details next week.

### OPERATION DAYS AT THE HOSPITALS.

**MONDAY**.....Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.  
**TUESDAY**.....Guy's, 1.30 P.M.—Westminster, 2 P.M.—National Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.  
**WEDNESDAY**.....St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.15 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—St. Thomas's, 1.30 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Cancer Hospital, Brompton, 3 P.M.  
**THURSDAY**.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopaedic, 2 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.—East London Hospital for Children, 2 P.M.—Hospital for Women, 9.30 A.M.  
**FRIDAY**.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.  
**SATURDAY**.....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.—East London Hospital for Children, 2 P.M.—Hospital for Women, 9.30 A.M.

### MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

**MONDAY**.—Medical Society of London, 8 P.M.  
**TUESDAY**.—Pathological Society of London, 8 P.M. The following specimens will be exhibited: Dr. Kelly, "Malformed Heart—Mittal Disease"; Dr. C. T. Williams, "Disease of Mitral and Aortic Valves"; Dr. Cayley, "Kidney from Case of Scarlattina Dropsy without Albuminuria"; Dr. Fagge, "Abscess of Liver—Cancer of Kidney—Varix of Pulmonary Vein"; Dr. Peacock, "Aneurism of Aorta—Perforation of Appendix Vermiformis"; Dr. J. T. Dickson, "Brittle Bones in a Subject of General Paralysis"; Dr. Morell Mackenzie, "Aneurism of Aorta involving Recurrent and Laryngeal Nerve"; Mr. C. Heath, "Aneurism for which the Carotid and Subclavian Arteries had been Ligatured"; Mr. Maunder, "Larynx after Croup—Myeloid Tumour of Jaw"; Mr. Fairlie Clarke, "Opacity of the Cornea."—Anthropological Society.  
**THURSDAY**.—Harveian Society of London, 8 P.M. Dr. W. H. Day, "Introductory Remarks on the Study of the Children's Diseases."—Linnæan Society.—Chemical Society.—Royal Society.  
**FRIDAY**.—Clinical Society, 8.30 P.M. Dr. Anstie, "Cases of Local Paralysis treated by Electricity"; Dr. Buzzard, "Case of supposed Lepa Anæsthesia"; Report upon Dr. Buzzard's case by Dr. Hilton Fagge and Mr. Callender; Mr. T. Smith, "Idiopathic Necrosis of Skull"; Mr. Kesteven, "Case of Epileptiform Stupor treated by Bromide of Potassium."

### NOTICES TO CORRESPONDENTS.

*All Letters and Communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen Street, Lincoln's Inn Fields, W.C.*

**CORRESPONDENTS** not answered, are requested to look to the Notices to Correspondents of the following week.

**TO PURCHASERS**.—To insure attention, it is requested that all orders sent to the Office for extra copies of the JOURNAL, be accompanied with stamps for the amount.

**WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS** not used.  
**CORRESPONDENTS**, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

**THE SINS OF CHLORFORM**.—A recent Boston paper relates the case of two ladies who were found lying in an unconscious state on the ground, having been robbed of all their jewellery. "They were," says the paper, "evidently drugged with chloroform." The *Boston Medical and Surgical Journal*, noticing the absurdity of this assumption, says that houses are now and then reported to have been entered and robbed, the inmates being rendered insensible by chloroform—and yet no one seems to remember the occurrence or the smell of the drug; and farther, that the air in a store said to be so impregnated with chloroform, that pockets are picked—the victims neither seeing the thieves nor smelling the chloroform! Our contemporary rightly asks: "Can chloroform be deodorised? Can the subject be put under its influence without knowing it?"

#### HALLUCINATION OR CRIME?

**SIR**.—As a companion to the case published under the above heading in the JOURNAL of March 26th, I offer you the following. I give the facts entirely from memory; but, although scanty, they are accurate as far as they go.

**LONDON, March 28th, 1870.**  
 About nine years ago, I was called one evening to attend a young man about 28 years of age. He belonged to a quiet respectable family. He was thin, and of nervous temperament. I found him in a state of violent excitement, held down by several strong persons, whom he managed occasionally to get the smell of the drug; and farther, that the air in a store said to be so impregnated with chloroform, that pockets are picked—the victims neither seeing the thieves nor smelling the chloroform! Our contemporary rightly asks: "Can chloroform be deodorised? Can the subject be put under its influence without knowing it?"  
 I saw, etc.  
 I was then, and of nervous temperament. I found him in a state of violent excitement, held down by several strong persons, whom he managed occasionally to get the smell of the drug; and farther, that the air in a store said to be so impregnated with chloroform, that pockets are picked—the victims neither seeing the thieves nor smelling the chloroform! Our contemporary rightly asks: "Can chloroform be deodorised? Can the subject be put under its influence without knowing it?"  
 He was at once removed to a private asylum, the medical superintendent of which confirmed our diagnosis of acute mania. He was at first put into a waiting-room while the necessary papers were being signed, and he made attempts to break the furniture. He was then put under treatment. The following day, however, he made his escape in a very crafty manner. When he returned to his friends, his manner and conduct were quite rational; and they have continued so ever since until the present time.



**NOTICE TO ADVERTISERS.**—Advertisements should be forwarded direct to the Printing-Office, 37, Great Queen Street, W.C., addressed to Mr. RICHARDS, not later than *Thursday*, twelve o'clock.

#### THE SEWAGE COMMITTEE.

**SIR.**—From a list of seaside watering-places which have contributed to the Association Committee on Sewage Disposal, I have the honor to permit me to state that a sum for the purpose was named in our Town Council, and, at my suggestion, doubled, and voted a month ago.

The Mount, 35, Lord Street, Southport, April 11th, 1870. J. LANG, M.D.

#### INFLUENCE OF MATERNAL IMPRESSIONS ON THE FETUS.

**SIR.**—I have for some time been desirous of seeing a corrected account of a number of cases, which are thought to have had their origin in this. Permit me to say that you can inform me of a work in which the connection between maternal impressions and mothers' marks is clearly pointed out in a number of cases, I shall feel obliged.

I have under my care a child which is suffering from scarlatina. On examining the child, my attention was directed to some patches which were projecting, rugose and dingy in colour, some of them being partly covered with hair—these were situated upon the front part of the left leg; surrounding the ankle of the leg, and also extending to the under surface of the foot, was a similar rugose dusky patch, but without any hair. On examining the leg, I at once suspected that the cause of its production was some strong impression upon the mind of the mother during her pregnancy.

In reply to my inquiries, the mother informed me that, when about three months advanced in pregnancy, whilst standing upon a window-sill which was about one yard from the ground-floor, she fell, and grazed the front part of the left leg; the leg was also badly and distally injured, and the mother rubbed the leg to ease the pain. She then looked upon the fall, etc., of the mother and the mark upon the child, as merely a remarkable coincidence? or shall we place them in the relative position of cause and effect? If the latter, let us ask what portion of the brain is affected by the fall, or the shock, and what physiological explanation can be afforded of its influence upon the impregnated uterus, ovaries, etc.? What influence would partial removal of the brain—say in pigeons—have in modifying the development of the ovum?

Dewsbury, March 28th, 1870. C. A. HEMINGWAY.

#### "A MEDICAL VIEW OF THE BOAT RACE."

**SIR.**—Seeing in to-day's *Daily News* a paragraph taken from your JOURNAL concerning the crushing on the different bridges and at other places on the return from the boat race, I cannot refrain from adding my testimony in corroboration of the correspondence of the utterances of the police, and the fact that the foot, in the crush on Hammersmith Bridge. They were of no more use than so many dummies; and, during the whole of the time I was crossing the bridge (nearly three-quarters of an hour), I did not hear one of them speak (excepting when crushed). I saw only one of them attempt to restrain the crowd, or help a single woman or child in the extremely dangerous position in which they were placed. Instead of so doing, they actually took shelter behind carriages, omnibuses, and cabs. I am certain there must have been many persons more or less injured, and I am sure I got over as well as any pole. I felt the crowd, and the crushing all the next day. I can only say, I would not cross the bridge again under similar circumstances for fifty pounds. There was a large body of police present, apparently to be looked at; but certainly not to do any good.

Yours, etc., SOBE RIBS.

**BEST TOBACCO.**—A correspondent assures us, that not only do the kinds of tobacco differ much, but that the articles sold under the same name at different shops often vary greatly. He defends the use of a good article, in moderation; but records his experience to the effect that, by too free use of it, he has sometimes brought on great unsteadiness of head, etc. He thinks that it increases his languor in hot summer weather, and agrees best in winter.

#### THE LATE DR. F. W. GIBSON.

**SIR.**—My letter, which you were so good as to publish in the JOURNAL of March 9th, and on which Dr. Edmunds has commented in this day's number, was occasioned by a speech from that gentleman before Mr. Commissioner Berr, at the recent St. George's Hospital investigation, as reported in the *Times* of January 28th. Dr. Edmunds will hardly venture, I think, to stigmatise that report as one of the "silly falsifications of newspapers."

In dwelling on other topics, he is reported to have said: "During six months of the time Dr. Ellis had been Medical Officer of the Infirmary, there had been two thousand more patients in the Infirmary than during the corresponding six months that Dr. Gibson was medical officer; while the aggregate number of deaths was the same. Now show me either that the number of cases was less than during the former period, or that the alleged over-crowding was beneficial." Mr. Berr here interposed a query: "Might it not show that Dr. Ellis was the better medical officer?"

Dr. Edmunds states that the Commissioner's remark was understood by every one as a "mere joke"; and he is sorry that I undertook the "needless task of vindicating Dr. Gibson's memory." But outsiders, who had no means of testing his statistics, and might not be aware how elastic are such data, would be not unlikely to take the Commissioner's suggestion, and conclude that the cases and the death-rate were relatively so largely in excess, he could not have been an efficient officer. It was to remove this unmerited blot on the fair fame of my lamented pupil, that I took the liberty of inserting a truly and fairly stated account of the case, as mentioned in my former letter. It was obvious indeed that Dr. Edmunds must have made a grave mistake, as it was simply impossible that two thousand additional patients could have been received into the Infirmary during Dr. Ellis's six months of office, and Dr. Edmunds himself now admits his error, and tells a different story. He says: "Other returns demonstrate that the over-crowding of the Infirmary was due, not to the severity of the cases, but to increased numbers admitted, but to a systematic diminution of the discharges."

It is not needful to say the name of my informant, or to trust your readers. The information cannot be gained; and it has enabled me to elicit the truth, so far as it concerns Dr. Gibson.

Bristol, April 2nd, 1870. W. F. MORGAN.

**EXPOSURE OF WOMEN IN CLASSES.**—The *New York Medical Gazette* strongly disapproves of the practice of the great majority of the medical schools, of exposing women before a large class for the purpose of instruction. We quote a letter that much more would be learnt by small classes frequently held, and the patient would suffer far less.

#### ON THE TREATMENT OF CERTAIN FORMS OF UTERINE CANCER.

**SIR.**—My colleague Dr. Wynn Williams, in his letter published in the JOURNAL of March 19th, has referred to my having wrongly reported his original experiments with bromine, as he never used glycerine with that agent. I do not doubt the honesty of Dr. Williams' convictions, but I assuredly so under the name. My first experiments, suggested by Dr. Williams, were certainly made with glycerine and bromine, and stated as failures in my paper on Epithelial Cancer in the *Obstetrical Transactions*, 1867, page 297. If I did misinterpret him, I regret it; but I cannot but regret it.

This, however, is a small matter. But Dr. Williams states I forestalled him by that paper. It would have been more accurate to say that Landolfi and the French Commission of 1855 forestalled us both in 1867. In my erriest humanity honesty, I gave Dr. Williams the credit of the discovery of using bromine in cancer. In one respect, however, I must admit I did forestall him. Every man has a right to test any mode of practice recommended to him; and, in doing so, to publish his own results. Now, as Dr. Williams' convictions, that what he thought the same might my paper was read by Dr. Palfrey, he did not adduce a single case in reply, spoke only in general terms, and thanked me for my paper and cases.

But Dr. Williams has given me another rap on the knuckles. He asks what practical improvement is suggested by my last paper published in the JOURNAL, which his own pamphlet on Cancer, published in 1868, did not give. Now, although I might say a good deal on that paper, I will try to answer his question very succinctly. Dr. Williams' pamphlet is equivalent to a lecture, as subject is a large and fully epitomised, no doubt. His own, and the opinions of others (not, however, accredited by their names), are stated theoretically. True, Landolfi's method is referred to, but in terms rather of slight. Dr. Broadbent's method is also referred to, but to share in the credit due to him. With Dr. Williams' large views of cancer, it is necessarily necessary to do so. Now, I do not mention cases in my papers. Here is an important practical difference. Secondly, in Dr. Williams' highly suggestive pamphlet, the names of authors whose views are adopted are omitted. That of the very colleague myself, whose experiments in 1867 and 1868 he saw, and to whom he kindly refers, in cases, so that both might profit by each other's experience, is excluded. Now, I did mention authors whose views I quoted, Dr. Williams' in particular. I respectfully suggest that my paper was an improvement, because more concise and practical.

I am, etc., C. H. F. ROUTH, M.D.  
52, Montagu Square, March 22nd, 1870.

#### A DIFFICULT CASE.

**SIR.**—Mr. ——— some time presented himself to me for examination and advice. He was 43 years of age, well developed, and of a very muscular and athletic frame, and an extraordinary enjoyment of good health. He has never had syphilis or gonorrhoea. He is married, and has a family of five children. The history of his ailment is as follows.

Some time ago, he noticed a small callosity in the left corpus cavernosum of the penis, about two inches below the corona glandis. This gave him no uneasiness in general, but produced a sense of uneasiness and constriction at times of erection. It went on gradually but slowly increasing in extent and discomfort, until it had become a large, firm, and somewhat painful swelling.

On examination, there is a well defined ring of hardness surrounding the penis at the part where the callosity was first observed. The stream of urine is beginning to be impeded, and is small and forked. As if there had been exudation of lymph into the lymphatic spaces at the point of the urethra, the distal circulation of the organ is hindered, and there is very little erectile faculty beyond the point of constriction. When the penis is erect, there is a well marked circle of depression at the point of the constriction, and the distal part of the penis is depressed. There is no predisposition to gout; but several of the family, in common with my patient, have been subject to an unexplainable contraction of the palmar fascia, hampering and contracting some of the fingers. That this last is not attributable to their handiwork (carpentry), is plain, from the fact that two sisters are also affected in the same way.

He has been taking iodide of potassium, applying locally the iodide of lead ointment, and passing a bougie occasionally, without the slightest benefit.

Can any of your readers suggest a remedy for so strange and annoying a malady?

I am, etc., THOMAS Q. COUCH, M.R.C.S., &c.

April 1870.  
We are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Indian Medical Gazette, Feb. 25th; The British Medical Journal, March 12th; The Medical Critic, April 13th; The New York Medical Record, March 20th; The Boston Medical and Surgical Journal, March 26th; The Madras Mail, Feb. 1st; The Gardeners' Chronicle, April 3rd; The Bristol Daily Post, April 5th; The Croydon Chronicle, April 9th; &c.

#### COMMUNICATIONS, LETTERS, ETC., have been received from:—

Mr. J. C. Skinner, Tunstall; A Member; Dr. Shaw, London; Mr. J. De Courcy Young, Liverpool; Mr. D. H. Monckton, Rugeley; Dr. Oppert, London; Mr. Thomas Flower, Guildford; Mr. Cordy Burrows, Brighton; Mr. W. R. Cheyne, London; Mr. Maclean, Glasgow; Mr. Whitfield, London; &c.

#### LETTERS, ETC. (with enclosures) from:—

Dr. Andrew Clark, London; Dr. James Russell, Birmingham; Dr. Shaw, London; Dr. George Johnson, London; Dr. Alfred Walker, London; Dr. Joseph Bell, Edinburgh; The Secretary of the Obstetrical Society; P. L.; Dr. J. Rogers, London; Sore Ribs; One of the Public; Dr. G. M. Humphry, Cambridge; Dr. J. Moore, Dublin; Messrs. Savory and Moore, London; Mr. T. Wakin Williams, Birmingham; Messrs. Coates and Sons, London; Mr. E. B. Bower, Liverpool; The Registrar-General of England; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; Mr. T. M. Stone, London; The Registrar of the Medical Society of London; Dr. T. W. Thursfield, Leamington; The House-Surgeon of St. George's Hospital; The Secretary of Pathological Society; The Secretary of the Harveian Society; Mr. W. H. Morris, Darlington; The Junior House-Surgeon of the Preston and County of Lancaster Royal Infirmary; Dr. F. P. Atkinson, London; The Secretary of the Clinical Society; The Secretary of the Royal Medical and Chirurgical Society; Mr. T. J. Sabine, Brighton; Mr. J. A. Nunneley, Leeds; Dr. F. J. Brown, Rochester; Mr. Heckford, London; Mr. Heaton, Leeds; Mr. W. C. Worley, London; &c.



## CLINICAL LECTURE

ON

THE IMPORTANCE OF THE DIAGNOSIS  
BETWEEN LEUCODERMA AND  
WHITE LEPROSY.

By JONATHAN HUTCHINSON, F.R.C.S.,

Senior Surgeon to the London Hospital; Surgeon to the Royal London Ophthalmic Hospital, and to the Hospital for Skin Diseases.

WHEN, a few years ago, I thought the subject of leucoderma deserving of careful clinical study, the only points of practical importance respecting it with which I was acquainted were, its diagnosis from "bronzed skin" and from tinea versicolor. Quite recently, I have become aware that the differential diagnosis of this disease has yet another and far more important bearing. The disease known as "white leprosy" from time immemorial in the East, is no other than leucoderma. Of this fact I shall hope to convince you by the citation of a considerable amount of modern evidence from Indian sources. Before quoting this evidence I will, however, ask your attention to the patient before us. He is an excellent example of a white leper, and would certainly in many countries have incurred the penalties attaching to that class; exclusion from society, imprisonment for life in a lazaretto, or even burial alive. You will see, then, that the precise diagnosis is to him a matter of some consequence. He presents the most extreme condition of leucoderma, or piebald skin, that I have ever seen, though not, I suspect, nearly so extreme as is not unfrequently witnessed in the natives of hot climates. Leucoderma is common enough amongst English people. In a person of fair skin, however, the distinction between the pigmented patch and the blanched patch is not great, and in many instances it needs careful examination to be convinced of its existence. In still colder climates it is probably scarcely ever noticed. On the swarthy skin of one who has been exposed to a tropical sun, white patches would be so conspicuous that they would arrest the attention of the most superficial observer; hence it is that leucoderma is said to be common in Spain and Portugal, in the northern parts of Africa, and in some parts of South America; hence also that it is so conspicuous in India that it has been long known, even by the natives themselves, under a distinctive name. We must stop here for a moment to note a circumstance of some interest which, I believe, is true concerning this remarkable change in the pigmentation of the skin. The members of deeply coloured races (Negroes, etc.) appear to be less prone to it than those of fairer ones. Although piebald Negroes are now and then seen, there is every reason to believe that they are infrequent, since it is not possible that the change in them could escape observation. The fact of its occurrence, supposing it to be at all common, would certainly have attracted much attention from travellers and others.

Some facts which have come under my notice would favour the belief that leucodermic changes are especially likely to happen in those who have experienced great physiological changes in the pigmentation of the skin: thus, for instance, if a member of one of the fair races has been exposed to the influence of the sun, and has become very much bronzed, under such circumstances, leucoderma would, I think, be especially likely to happen. Our present patient is an example of this. He is a Russian by birth, but has lived in India, where, as he says, he first became burnt brown and then afterwards whitened. He is at present, as you see, of an extremely deep brown hue on his neck and face, and on those parts of his extremities and trunk which the leucodermic patches have not as yet invaded. In all the following points his condition coincides exactly with what is common in leucoderma.

1. The white patches are very white; absolutely devoid of pigment, with, at places, a bluish tinge, and at others, in connection with the state of the circulation, a light pink hue.

2. Everywhere the patches are abruptly defined, there being no shading off whatever between their edges and those of the brown skin in which they are developed.

3. Excepting in the change of colour from brown to dead white, the patches shew no peculiarity whatever. They are not scurfy, and they are neither swollen nor depressed. If hairs grow on them, they, like the integument, become blanched; but they do not fall out, nor exhibit any tendency to other disease.

4. The patches of white occur with tolerably accurate symmetry on the two halves of the body and on the limbs. The symmetry of leucoderma is never exact, but it is always sufficiently so to prove that the disease depends upon some influence affecting the whole body, and not upon either local or accidental causes. I have never seen an example of unilateral leucoderma, or of anything in the least approaching to it.

5. The parts affected are precisely those which are most often attacked; the backs of the hands, the trunk, and large portions of the limbs. The face and neck have, as is often the case, almost escaped. You will notice on his neck that the pigment remains on those parts which would be exposed to the sun when wearing a low collar, as sailors do. The inference suggested that the influence of the sun has been sufficient to retain the pigment is, however, contradicted by the fact that the backs of his hands are quite white. We may note also, as of interest in the same direction, that almost the whole of his penis remains pigmented, almost to blackness. The pubic region and the root of the penis are quite white. The margin, where the white and brown join at the root of the penis, is just as abrupt as that at the root of his neck.

6. Lastly, we may add that the man considers his change of colour of no sort of consequence, and states that it has not in the least influenced his general health.

The point to which we ought next to direct our attention, is to show that leucoderma, as we know it in England, is not really a form of leprosy. You will, I think, readily excuse me from entering into any detailed proof of this point. We have of late years seen case after case of leucoderma, in all stages of development, and we have never met with a single one in which there was any reason to believe that it influenced the patient's health. The subjects of it have come under our observation quite accidentally, being often those who had been admitted into our wards on account of accidents, or for some internal and totally distinct disease. Leucodermic patients never consult us on account of that symptom, and its discovery usually depends upon their being compelled, for some other cause, to strip in the presence of a surgeon. It is quite certain that in England, what we know as leucoderma is a mere pigment peculiarity, not in connection with any special diathesis or dyscrasia. In this conclusion, all who have written on it are unanimous. I should not have thought it necessary to occupy your attention, even to this extent, with the discussion, were it not in order to show that leucoderma is quite different from true leprosy, which is, from the beginning, attended by symptoms of nerve-lesion or of disturbance in general health, and which inevitably tends to a fatal termination within from seven to twenty years of its commencement. My next point is to prove to you that in countries where true leprosy occurs, and especially in the East Indies, the disease known as white leprosy (Baras, Berat, Noona) is no other than the leucoderma with which we are familiar. This is the condition which, in all probability, suggested the expression, "a leper as white as snow." We have already mentioned certain circumstances which make the differential diagnosis of considerable importance to the subject of this peculiar change. The distinction is also one which it is absolutely necessary to make in order to arrive at clear opinions as to the conditions under which true leprosy prevails. Leprosy is an endemic disease, and due, without doubt, to local peculiarities. Leucoderma, as far as we know, occurs everywhere; and is not in the least influenced by climatic peculiarities, excepting in so far as they make it less or more conspicuous. If leucoderma is confused with leprosy, we may have the latter disease reported as prevalent in localities which are in reality free from it. It is only quite of late years that we have had any chance of assigning the true limits to the prevalence of leprosy, and the step which I now propose to take is, I trust, about the last which will be necessary. In the old time, common psoriasis and lepra, lupus, morbus pedicularis, when unusually persistent and severe; scabies; occasionally, when under similar conditions; and tertiary syphilis, very often were, when doubtfully confused with true leprosy; and their subjects were allowed to claim a share of the benefits provided for the latter, or, as the case might be, were forced to submit to its penalties. Hence, probably arose the very prevalent idea that leprosy was contagious; and, hence, also, the explanation of the degree of repute which many remedies gained for being able to cure an absolutely incurable malady. The quotations which I am about to bring before you, are selected from the very valuable "Report on Leprosy," published three years ago by Her Majesty's Secretary of State for the Colonies, under the supervision of

a Committee appointed by the College of Physicians. They establish, I think, very clearly the following facts.

1. That, what is called "Baras," or "white leprosy," is really leucoderma.

2. That it runs in India precisely the same course that leucoderma does with us.

3. That the natives still count it a true form of leprosy, and have always done so.

4. That many of the medical men who furnished information to the compilers of the Report refused to allow it a place as true leprosy, whilst others recognised clearly enough the great differences which distinguish it from that disease. Others, however, confuse the two.

The confusion has been helped, and chiefly caused, by the fact that in the anæsthetic form of leprosy there are large patches which are more or less blanched. These may, however, be distinguished from those of leucoderma by very noticeable peculiarities. They are usually those of leucoderma, and the skin involved in them has become dry and harsh, and is surrounded by a dusky red edge, which is tender and hyperæsthetic. These patches are never so white as those of leucoderma, nor are they usually so large, nor would they certainly ever suggest a comparison with snow. The confusion has been yet made more difficult to escape from, by the circumstance that, in hot climates the blanching is of real detriment to the patient. In our own climate, it subjects him to no inconvenience; beneath an Indian sun, however, the decolorised skin is apt to scorch, to smart and tingle, and to become temporarily numb, or even, in extreme cases, to vesicate. These lesions of nutrition will of course seem to confirm the suspicion as to leprosy, which the alteration in colour had suggested.

At various parts of the Report, we find the following statements. "*Lepra Hebræorum*, or the white Jewish leprosy.—This form of disease is extensively prevalent in the island, particularly so in the north-western Province. It is characterised by a peculiar marbled appearance of the skin. It generally makes its first appearance on the hands and lower extremities, and, occasionally, on other parts of the body, in the form of small white dots, which gradually enlarge and extend over the whole surface. It not unfrequently first shows itself on the lower lip, whence it spreads to the face. The hair on the affected parts becomes quite white from the very beginning of the disease. The spots are sometimes of a grey or dusky hue, and often remain stationary for some time; but when they once begin to assume an active development, they rapidly extend so as to cover the person's whole body with large irregular white spots, which deface the person very much. This disease appears to answer the description given in the Mosaic writings more than any other with which we are acquainted: the '*berat lebena*,' or white leprosy of the Jews, and the '*berat cecia*,' or the '*dusky berat*.' Although this disease produces a striking singularity of appearance in its advanced stage, yet it does not cause any inconvenience to the patient. It is seldom attended with ulcers or other physical suffering or disability." (p. 91.)

"Besides this, and the anæsthetic forms of the disease, there is the white or the Jewish leprosy, the *berat* of Moses. Of this I have seen instances of both the '*berat lebena*' and the '*berat cecia*,' or the bright white and the dusky lepra. The *berat lebena* occurs in the form of one or more pearly spots. The white patches are the same as the healthy skin, except in colour, and that they are either free from hairs, or that the hairs turn white and silky. Sensibility is not affected in pure cases. I have seen the disease coexisting with the *lepra anæsthetica*, as well as with the true (tubercular) leprosy. The natives consider albinos to be lepers, the disease being supposed to be '*berat lebena*,' and, indeed, the white leprosy appears to me to be physiologically indistinguishable from albinism, except in the fact of the latter being congenital, and affecting the whole body; and the former not congenital, and affecting only parts of the body. Both consist of an absence of pigment, and do not of themselves affect the general health." (*Punjab*, p. 169.)

"In the simple discoloration of the skin, the disease will remain passive for years, and most probably not pass beyond this first stage. I have known individuals for five and six years to observe no change in the disease, and not to suffer from any constitutional symptom." (Dr. Jackson, p. 201.)

"White leprosy, as most generally seen, consists of snowy white spots, of various sizes and shapes, over different parts of the body and extremities. The inside of the lips also often turns white, and occasionally the whole surface of the body becomes affected." (Dr. Cockburn, p. 150.)

*Bullous Leucoderma*.—"White lepers suffer, like albinos, much from sunburning; their skin getting readily scorched and blistered by exposure to the sun's rays. Sensation remains unimpaired in the parts of the skin which are decolorised." (P. 188.)

The following quotation is from an extract from the Medical Report

of the Madras Dispensary, by Thomas Hogg, Esq. "The bright white leprosy of *Leviticus*, chap. xiii, in some cases affects the palm of the hands; in others, it is seen in patches on various parts of the body. The hair becomes changed to white or grey on the diseased parts. Very frequently these patches are seen on the genitals, at the back of the head, on the under part of the female breast, etc. The disease in this form prevails in Madras to a greater extent than I think is generally known or credited; hence the necessity of examining domestic servants." (See p. 226. Leucodermic patches are especially common on the genitals.)

Mr. Hogg does not hint at any difference between the disease which he is describing and true leprosy.

I quote the following from p. 115: "Those observers who write from sufficient experience of the disease distinguish two forms of leprosy; and Dr. H. V. Carter (whose replies are much fuller than any others) speaks of three varieties; viz., *first*, white leprosy, or *shvet kusta*, probably a variety of the leuke of the Greeks, the *baras* or *beres* of the Arabs; it is also called *khoor* by the Sindees: *second*, *guleet khusta*, sunbahir of the Hindoos; it corresponds with anæsthetic leprosy, articular leprosy: *third*, tubercular leprosy, elephantiasis, *leontiasis*, etc., of the Greeks." "The first and second forms are commonly confounded under the name white leprosy; the third all agree in naming black leprosy."

Dr. Bell, reporting from the same locality, gives the following interesting fragment of evidence. "I had always been of opinion that there were two forms of the disease—viz., white and black leprosy; but, from careful investigation, I now find that there is no affinity between them. That which I regarded as white leprosy is a distinct disease, never passing into the *jumam* or leprosy proper of the natives. The Mussulman name for it is *baras* (baras)."

At p. 154, we find four forms of leprosy mentioned, and amongst them the '*lepra ceratoph*' or chalky whitening of the skin, without tubercle or lesion of sensibility (*baras*). It is added: "There is a variety of the *baras* known as *bobaq*, in which the skin, instead of turning white, takes a red or brownish tint." Is it possible that "*bobaq*" is *tinea versicolor*? In a long paragraph following the expressions which I have quoted, both *bobaq* and *baras* (leucoderma) are inextricably confused with true leprosy.

At p. 151, it is stated that "the white leprosy (*sufaid korhor baras*), to external or outward appearance, is less offensive, and, I believe, does not undermine the health so speedily as the black form. On parts affected, the hair becomes white." Other expressions in this description indicate that the writer was confusing leucoderma and anæsthetic leprosy together. The same remark applies to a description on the next page, where we are informed that white leprosy first appears on the face, hands, legs, and arms, in white smooth patches; and that the affected surface is neither itchy, swollen, nor painful.

From Seharumpore, four forms of leprosy are reported; and here again "white leprosy" is clearly leucoderma. "The white spots of the third variety are of a silvery hue, rather depressed than elevated; appear on any part of the body, vary in size from that of a pea to the palm of the hand, often coalesce, retaining at the same time their crescentic form, and are unattended by any uneasiness."

In the answers from Calcutta, we are informed that "*saithburn*" is white leprosy; "the body being covered with white patches, or the skin being almost entirely changed in colour." (P. 121.)

At British Burmah, white leprosy is said to be distinguishable by the white smooth patches of apparently healthy skin, which discolour its naturally dark hue in the races most liable to it. It is added: "The subjects of this disease have a picebal appearance, the white patches appearing white by contrast; or, as happens in some not very numerous cases, the whole skin is denuded of its dark pigment, and presents a similar appearance to that of Europeans." (P. 194.)

Another reporter from the same district writes: "The obvious and distinguishing characteristics of the leprosy called '*noona*' or '*the benign*' are simply white patches, without any sores or ulcers, lasting to the end of life, without any great discomfort or suffering of the general health in the person afflicted."

Both these reporters clearly confused leucoderma with anæsthetic leprosy.

After mentioning two forms, one in which the fingers and toes are destroyed, and the second characterised by local anæsthesia, we have, "third, that distinguished by pale rose-pink spots, called, in Hindee, *phool ajetburn*, or, in Persian, *bars*. The first two forms are constantly met with in the same person, and are varieties of one common morbid state. The third form is a distinct disease." (Dr. Jackson, p. 149.)

[To be concluded.]



# A CASE OF ARRESTED DEVELOPMENT IN ONE ARM, THE RESULT OF INFANTILE PARALYSIS: GROUPING OF THE AFFECTED MUSCLES.

By JAMES RUSSELL, M.D., Birmingham.

I AM indebted to my friend Mr. Manley of West Bromwich for an opportunity of examining the following case. It possesses a twofold interest. In the first place, it exemplifies one of the multimorph varieties of that singular disease—infantile paralysis—a disease which is distinguished by the variety it exhibits in its manifestations. This variety seems to be mainly derived from the tendency of the malady to affect a smaller tract of the nervous centres than is the case in the paralysis of later years, and thus to paralyse a more limited number of muscles, often only a single group, although it is by no means incapable of giving rise to hemiplegia or paraplegia, as met with at any age of life. Whatever be the means by which infantile paralysis is produced, it appears to possess the faculty of mapping out particular districts of the nervous centres with remarkable precision, and thus enables us to picture to ourselves these same districts as possibly existing in the adult brain or cord; in this particular, the disease has special interest in relation to nervous disease in general. Moreover, as the disease happens during the time when the body is forming, it is liable to exert a very injurious influence over the process of development in the injured muscles; and when an important district of the body is affected—as, for instance, some one of the limbs—it may leave that part stunted in its growth. In my present case, this evil consequence is displayed very manifestly; not only the muscles, but the bony tissues also, having suffered materially. But there is also another point of interest in the case: it exemplifies a tendency, which is noted in certain instances of nervous disease, to affect particular parts of the body not so much according to anatomical connection as according to functional association. This tendency is, indeed, but a copy of what is observed in many of the normal acts of the body; but in disease we occasionally meet with interesting exemplifications which bring into clearer light certain functional relations perhaps not always fully recognised. Such is the case in that remarkable disease labio-glossal-laryngeal paralysis; in wry neck also, and in certain choreas and epilepsies. There are some very interesting remarks upon this subject by Dr. Wilks in the present number of *Guy's Hospital Reports*, suggested by the first of the diseases I have just cited in illustration. In this disease, moreover, the grouping to which I have referred is indicated not only by the arrangement of positive symptoms, but also by the occurrence of certain negative symptoms; for, whilst the muscles of the glottis are paralysed in all efforts at vocalising, together with the muscles of the tongue and lips which minister to vocalisation, these same muscles yet retain their power in those movements of the glottis which are subservient to respiration, the other respiratory muscles not being implicated in the morbid process. In my present case something of the same kind had also occurred.

In this case, the arrest of development affected to a proportionate extent the upper arm and all the parts, both muscles and bones, which are associated in office with that portion of the upper extremity; but, as regards the forearm, its structures are comparatively spared. So far as the forearm has a certain association in function with the upper arm, so has it shared to a certain degree in its misfortune; but inasmuch as it is employed about totally different work, in performing the complicated movements of the hands, it has escaped to a very considerable degree. The contrast between these two portions of the limb was most striking. Whilst the upper arm was reduced to a mere rod, the forearm was plump and perfectly useful; no one, indeed, would have suspected its development to be otherwise than complete until he had compared it with the corresponding member on the other side, which had probably undergone hypernutrition from extra work thrown upon it.

M. D., aged 24, a very healthy, well-made young woman, with healthy front teeth, who had always enjoyed good health, had a fit when nine months old, and the right shoulder has remained partially paralysed ever since. No other information is attainable respecting the origin of the disease. The right upper arm presents the utmost amount of attenuation; the muscles of the shoulder, the deltoid, and the scapular muscles are very small. The great pectoral and the latissimus dorsi participate to a full extent. The degree to which these latter muscles have suffered is very apparent in the boundaries of the axillary cavity. The tendon of the great pectoral is greatly attenuated; those of the teres major and latissimus can hardly be said to exist; and the outline of the head of the humerus is so clearly mapped out beneath the skin, posteriorly, as to suggest the fear of spontaneous luxation, an accident, however, which has never occurred. The right scapula seems not more than half the size of its fellow, though it has preserved its normal shape and the proportion

of its different parts; the clavicle is shortened, but I cannot make out that it is thinner than the opposite bone; the humerus has its natural length, but in thickness is a mere rod. I have not made a note of the state of sensation, but I am confident I found it natural. The forearm is plump and well nourished, though I found it one inch less in circumference than the opposite arm, which is remarkably muscular. The fingers of the hand are more slender than their opposite brethren. I took the following measurements. A tape carried round the upper part of the chest, so as to include the tendons of the pectoral and teres, gave a diminished girth on the right side of two inches-and-a-half; at the base of the chest the two sides were equal. The right scapula, from spine to apex, was one inch short; from the base to the top of the acromion, also, one inch short. The clavicle was short by three-quarters of an inch. The length of the humerus was normal; the breadth of the condyles less by five-eighths of an inch; the girth of the wrists less by three-quarters of an inch. The breadth of the hands was alike, but the right fingers were more slender than the left. The lower extremity is perfectly healthy. She uses the arm for simple purposes, but cannot raise a weight. The forearm, however, is perfectly useful for every purpose for which it is required. She sews well, but has never learned to write.

## ON CERTAIN POINTS IN THE PATHOLOGY AND TREATMENT OF GONORRHOEA.

By D. CAMPBELL BLACK, M.D., L.R.C.S. Edin., Glasgow.

Of what might be termed, in point of importance, the secondary diseases of the human body, there are few, if any, whose complications and sequences occasion so much trouble to the practitioner, and so much mental worry to the patient, as the one under consideration. The speed and effectual cure of this malady is, therefore, much desiderated.

In contradiction to one of the most recent writers on this subject—viz., Dr. Watson of Edinburgh—I submit what I always understood till recently to be the generally received opinion, that, like all other mucous surfaces of the body, the urethra is at times the seat of a specific, and at times of a non-specific, inflammation; and this is a point which in practice it is neither charitable nor expedient to overlook or ignore. This error, however, as I conceive it to be, frequently misleads; and a purulent discharge from the urethra, because it comes from the urethra, is unhesitatingly pronounced to be specific gonorrhoea. Of the non-specific forms of superficial inflammation of the penis, may be mentioned, in the first place, balanitis simplex, due to irritation of sebaceous matter, usually under a long prepuce, or to any other irritation, and frequently found in boys, in whose case the suspicion of a specific element could not be entertained. While non-specific inflammation may thus exist upon the glans, we find that it may spread by contiguity to the urethra, and give rise to blennorrhoea simplex,\* on the one hand; or this may be occasioned, on the other, by venereal excesses, inordinate indulgence in spirits, violent exercise, or urinary irritation, in conjunction with the rheumatic or gouty diathesis; or, what it is of much moment to bear in mind, by leucorrhoea in a perfectly chaste and virtuous female.

I admit the extreme difficulty—nay, perhaps, the impossibility—of distinguishing between a specific gonorrhoea and this condition, when the existence of leucorrhoea in the female is admitted or discovered; and, under ordinary circumstances, the benefit of the doubt should be extended to the accused.

With these preliminary remarks, I return to some of the views reproduced by Dr. Watson—for his pamphlet is professedly a review—and, lest I should be supposed to have misunderstood him, I quote the following: "The next question requiring solution was, whether or not a gonorrhoeal discharge required a specific virus for its production, as we have seen was maintained by Benjamin Bell. Investigation and observation have served to prove that any irritant which suffices to set up inflammation of any other mucous membrane is quite capable, when introduced into the urethra, of exciting a gonorrhoeal discharge; that in fact any irritant, whether chemical, physical, or vital, is quite sufficient to give rise to a gonorrhoea, and that the majority of females who communicate gonorrhoea do not suffer from it themselves." I opine that the majority of readers will be likely to adhere to the view of Benjamin Bell. What Dr. Watson can mean by a *vital* irritant to the urethral surface, I confess my inability to comprehend. It is perfectly clear, however, from the foregoing passage, that, apart from what is generally understood by a specific gonorrhoea, simple urethritis can have no existence, according to Dr. Watson; and to reconcile this peculiarity on

\* The term blennorrhoea (*βλεννορροία*) is decidedly preferable to gonorrhoea, which is a misnomer (*γορροία*), synonymous with spermatorrhoea.



the part of the mucous membrane of the urethra, the remarkable dogma is submitted, "that the majority of females who communicate a gonorrhoea do not suffer from it themselves." That gonorrhoea has ramified throughout the world from some parent stem, and has been disseminated in this manner through individual contagion, few will maintain. In common with the zymotic diseases, venereal diseases do undoubtedly originate under certain combination of circumstances *de novo*. Even as the poison of typhus is ascribed to some oedetic cause, so are gonorrhoea and syphilis engendered by promiscuous sexual intercourse. There are two considerations, in my opinion, which militate against the above theory: 1. That married men have never been known to contract gonorrhoea from their wives—of course assuming the chastity of the latter; and 2. That in remote country districts, and in islands, where there is no prostitution, gonorrhoea is never seen, save as an importation. While, by Dr. Watson's own showing, the female is the *fons et origo mali*, his proposition seems to me to involve a transparent contradiction, that females communicate a gonorrhoea from which they do not suffer themselves. *Ex nihilo nihil fit*. How can they communicate that which they have not to communicate?

Like most other diseases, the course of gonorrhoea observes certain stages, each definable by certain pathological manifestations. The first stage, which may be designated the incubative or prodromic, dates from the period of actual contagion, until inflammatory action and its consequences are established. Here, again, I join issue with Dr. Watson. "Gonorrhoea," then, having no specific cause (as Dr. Watson thinks he has demonstrated), "has no specific progress. It has no period of incubation, properly so called, between the application of its cause" (whence this cause? I would ask Dr. Watson; and can the cause exist in the female without the disease or its manifestation?) "and the commencement of the symptoms. A period of time certainly elapses, but it has no approach to being a definite one; it may be hours, it may be days." It is apparent that to merit the application of the term "period of incubation," in Dr. Watson's eyes, the period must be definite. Now it so happens that in no disease is the period of incubation absolutely definite, any more than in gonorrhoea. It is that interval during which the poison lies apparently dormant, though not actually so, and ceases with physical or visual manifestations of the affection. This period in gonorrhoea, as Dr. Watson remarks, may be hours—generally a good many of them—or days; as a rule, from four to five days, though sometimes weeks may elapse. This, then, the period of incubation, may be designated the first stage. The second stage is characterised by pruritus, pain in micturition, and sometimes swelling and redness of the meatus, during the earlier period; and this soon gives place to a discharge of thick purulent matter, accompanied in like manner with pain in micturition, tenderness along the under surface of the penis, painful erections, chordee, etc. According to the severity of the symptoms of this, the second stage, it may be subdivided into an acute and a subacute variety. In the former, there is a violent inflammatory state of the urethra, with the above symptoms in varying degrees of aggravation; in the latter, the accession of the purulent discharge has been attended with but very slight irritation; indeed, the discharge itself may have been the first symptom to attract notice. This stage, uninfluenced by treatment, lasts for an indefinite length of time, and then lapses into the third stage, in which the discharge degenerates into a thin muco-purulent discharge, known by the term gleet. During the second stage—Dr. Watson's statements notwithstanding—the usual seat of the disease is within from one to two inches from the meatus; i.e., the specific inflammation is then confined to the *fossa navicularis*. The suppurative (or ulceration of the urethra is extremely rare) proceeds from a superficial inflammation of the urethra. This inflammation, in cases of long standing, is not generally contiguous throughout the extreme length of the urethra, but occurs in patches, intermediate healthy spaces intervening. In gleet, on the other hand, the *fossa navicularis* is generally free from any inflammatory action, this being then transferred to the membranous and prostatic portions of the urethra. Gonorrhoea, then, I conceive to be a local specific inflammation, originating in the female and transmitted by both sexes.

Certain other pathological conditions shall claim attention under treatment. During the incubative stage, properly so called, any form of treatment is seldom adopted, for there exist no manifestations of the disease. But, supposing that the patient present himself during the earlier part of the second stage, what is the course that ought to be adopted? Few diseases are more empirically treated than gonorrhoea. The pathological indications in each stage should alone determine the line of treatment to be adopted; and these must be based on the general principles according to which all inflammations ought to be treated. In the present case, we have the initiatory stage of a specific inflammation of a very delicate mucous membrane. The poison has been deposited

on its surface, and has already occasioned inflammatory congestion, as manifested in the symptoms referred to. Under ordinary circumstances, our object would be to cause resolution; and this we would accomplish by the employment of antiphlogistics, and the congestion being thus removed, recovery would proceed *sub sponte*. That, we may assume, would be the course in the non-specific urethritis, or such analogous disease; but in the present instance, antiphlogistics *per se*, though they might to a great extent relieve the congestion and mitigate the more urgent symptoms, do not neutralise or destroy the poison; and, notwithstanding their use, the purulent stage is soon ushered in, and the progress of the disease goes on unchecked. But while antiphlogistics are impotent in staying the course of the disease, experience has shown that at this early stage the formation of pus, which alone should be guarded against, may be anticipated by the artificial production of a stronger non-specific inflammation, readily amenable to treatment, and whose cure involves that of the specific affection. This is termed the abortive treatment, and is a method against which the author already quoted (Dr. Watson) raises unjustifiable opposition. But perhaps this statement may require qualification; and I shall again quote from Dr. Watson.

"Some years ago, the so-called abortive plan of treatment of a gonorrhoea had its share of professional confidence. A solution of nitrate of silver, of the strength of ten grains of the salt to the ounce of fluid, was injected into the anterior part of the canal with the supposed effect of destroying the cause of the disease, of cutting short commencing inflammation, and substituting in its place an inflammatory affection, which runs its course more quickly and with less irritation. Experience has, however, proved that in the malesubject, where employed after the characteristic gonorrhoeal discharge has been established" (the italics are mine) "its use is not unattended with serious risks, such as ulceration of the canal, perineal abscess, and inflammation of the prostate and bladder; and that, when employed before the discharge has made its appearance, its use was always open to the objection that, very possibly, we were inducing an actual inflammation for one we had anticipated on no better ground than mere suspicion. At this early period of the attack, by rest, and by avoiding every cause of local and general excitement, and by the use of cooling drinks and diluents, starvation, and cold or warm applications, as the sensations of the patient indicate to be the best by being most grateful, much may be done to mitigate or even prevent the acute acme of the inflammation." Now, the use of caustic injections when the purulent discharge is fully established, I will not attempt to justify; but this is not the procedure which I understand by the abortive treatment. To constitute this line of treatment, the caustic injections must be used before the appearance of the discharge. Again, I cannot help thinking that the "serious risks" to which Dr. Watson alludes, such as ulceration of the canal, perineal abscess, and inflammation of the prostate and bladder, are mere bugbears. The objection to the use of caustic injections before the appearance of the purulent discharge, I dismiss with the simple remark that, when there is even ground for suspicion—particularly when that suspicion is confirmed by pruritus and slight irritation—it is infinitely preferable to suffer the effects of a trifling artificial inflammation, which in nine cases out of ten cuts short the disease and is innocuous, than run the risk of protracted suffering, or incidental complications, sometimes for many months. My own firm conviction is that, when once the specific irritation sets in, neither diluents nor cooling drinks, nor cold nor warm applications, have any power whatever in arresting its progress. Between "starvation," the many risks and annoyances incidental to the disease, and this trifling amount of pain, but with very little risk indeed, I think no sensible patient would hesitate to decide.

Should the abortive treatment have been discarded, or should the patient have not been seen sufficiently early, on the appearance of the purulent stage, the applicability of the abortive method does not now obtain. At this stage, the indications of treatment appear to me to be to allay irritation, and to correct the secretion of the purulent discharge, which perpetuates the disease by its specific auto-inoculability to the contiguous portions of the urethra. It may be asked why the abortive treatment is not applicable to this stage. I answer that, by caustic injections; then, the irritation is augmented, and the discharge of contagious pus, of which it is the effect, consequently rendered more profuse, and the disease thus aggravated. In short, in the treatment by injections, it may be submitted as a therapeutic law, that the amount of irritation and the strength of the injection should be in an inverse ratio. And this leads me to consider the treatment to be adopted, as this stage may happen to be acute or subacute. Of the acute variety, irritation is the most urgent symptom; and it may be allayed *ab intra* or *ab extra*. Among the aggravating causes are certain conditions of the urinary secretion; and of these, density and acidity are the most important. Density may be obviated by the administration of diluents; and these may consist of simply pure water, or demulcent drinks, such as

barley-water, linseed-tea, mucilage, etc. Dilution will not necessarily alter the chemical constitution of the secretion to which acidity is due; but this may be accomplished in a very efficient manner by the administration of alkalis, such as liquor potassæ and the bicarbonate of potass. Diet should be light, of a vegetable in preference to an animal nature, to obviate the density of the urine; and, if necessary, recourse may be had to the use of narcotics, such as opium, hyoscyamus, belladonna, and camphor. It is a frequent practice, though I think a very mistaken one, to administer common salts (sulphate of magnesia) during the acute stage of gonorrhœa. I am persuaded that the practice is pernicious; that a very great portion of this salt is eliminated by the kidneys; that the urine thus surcharged is rendered more irritating, and the disease, as I have frequently seen it, exacerbated. Should there be much feverishness, antimonials may be administered; but this, it need scarcely be remarked, is seldom necessary. With respect to local treatment, the end in view, being the allaying in the first place of the specific irritation, may be accomplished by hot fomentations, poultices, hot baths, and, if necessary, leeching to the base of the penis. In a day or two, the primary effect of the poison subsides under this treatment, but leaves the minute capillaries of the urethra in a state of indolent engorgement, secreting pus. It is now that the local application of astringents may be resorted to, and that the internal administration of balsamic remedies is beneficial. Of the former class, there is ample room for selection. I believe, indeed, it is not very material what astringent is used, providing its strength be properly regulated. If the astringent injection be too strong, the acute stage is apt to be restored. As a rule, though now one injection fails while another answers admirably, sulphate of zinc, in combination with acetate of lead, answers the purpose in view. The subjoined formula, though an old one, is nevertheless good. Its strength must, of course, be regulated according to the amount of irritation present. In general, however, the following proportions answer well.

R. Zinci sulphatis gr. ij; acet. plumbi gr. ij; glycerini ℥j; aque rosarum ℥j.

Of this solution, about half an ounce should be injected into the urethra at a time—if possible, every two or three hours during the day. The frequency of the injecting is a point to which I attach much importance. As it is the purulent secretion that perpetuates the disease, much of the good effects of the injections may be ascribed to the washing of the canal; and, when using the injection I advise a succession of the washings of the urethra, in preference to a retention of the solution for a prolonged time by compression of the finger and thumb. I do not think the latter plan does much good. The first injection must be more or less contaminated by the poison; and it is better to let it escape than retain it. Inject again, and thus repeat for three or four times, retaining the last injection if it be deemed necessary. The injection should in all cases be used after emptying the bladder; and micturition should be avoided as long as convenient after the operation. It is not necessary in the earlier stages to inject the solution far into the urethra; the disease being, as we have seen, almost exclusively confined to the fossa navicularis. In conjunction with the use of this or any other injection, in this particular stage, the internal administration of copaiba and cubeba in the usual manner will expedite the cure. These remedies, it is clearly proved, act from the urine *in transitu*, and are, of course, valueless in vaginal gonorrhœa or gonorrhœal ophthalmia. But this treatment may fail. Then we must simply persist in the internal use of the balsamics, and change the injection—a mere changing frequently acting like a charm. For this purpose, chloride of zinc, in the proportion of three grains to the ounce of rose-water, is an admirable injection; or an injection according to the following formula will often be found to answer well.

R. Tannin ℥j; bibor. sodæ ℥ss; glycerini ℥j; aque rosarum ad ℥viij. M.

I may just remark that a similar combination has been recommended in the *Lancet* as new. There are few practitioners, I opine, who have not used tannin and glycerine in many forms and diseases; and the use of the above by me, in gonorrhœa, extends over years. Those remedies, of course, do not exhaust the class of astringents. Bismuth, sulphate of iron, sulphate of copper, aluminate of iron, catechu, etc., have each their advocates; and all merit a trial in obstinate cases.

It will be obvious that much of the foregoing remarks must apply to the treatment of the subacute variety of gonorrhœa. In it, just as there is less irritation, injections may be used beneficially from the earliest stages, their strength being diminished as above indicated. Thus treated, I have no hesitation in saying that gonorrhœa should seldom be protracted for over a period of from ten to fourteen days; but how frequently do we meet with cases lasting, instead, as many months. In such cases, the fault lies somewhere; for fault there is, and it must be

searched for either in the treatment employed, or in indiscretions on the part of the patient. On the part of the patient, gonorrhœa may be protracted by inattention to the treatment enjoined, by free indulgence in spirituous liquors, sexual intercourse, or inordinate exercise. When the disease has lasted thus, the nature of the discharge is altered; it becomes thin, sero-purulent, or simply serous—gleety, in short. Irrigations on the part of the patient being dismissed, our inquiry proceeds in this direction, Have the injections been persisted in too long? or does there exist coarctation of the urethra? In very many cases, the persistent use of injections keeps up the serous discharge from the urethra long indeed after the secretion of the specific discharge has ceased; and in such cases the only course to be adopted is the discontinuance of the injections, when, in the absence of other complications, the disease is cured spontaneously. The cure in such cases, however, may be accelerated by the administration of the tincture of the perchloride of iron, not in such paltry doses as are usually administered, but in quantity varying from forty to sixty minims, or even ninety minims, thrice daily; taking care that, in such quantities, the tincture is sufficiently diluted with water. I hold it to be one of the few ultimate facts in therapeutics, that in large doses, such as indicated, the tincture of the perchloride of iron exercises a specific tonic influence over the genito-urinary system in both sexes.

But the injections may not appear to have occasioned or kept up the gleet; and the canal may be perfectly patent throughout. What then is to be done? Caustic injections are again had recourse to. Of these, the agent most frequently employed is the nitrate of silver. With the effects of the nitrate, however strong, I have frequently been disappointed; and of late I have used the bichloride of mercury in the most obstinate cases of gleet with the best results. It would be extending these remarks to a greater length than I contemplated, did I cite cases—case, indeed, which, under ordinary circumstances, I am disinclined to adopt. Suffice it, therefore, to say that over and over again I have been successful in curing gleet with this remedy, when the most usually employed agents had failed both in my own hands and those of others. The strength of the lotion should be from one to two grains in eight ounces of water, combined with a little glycerine, or, if deemed advisable, a little chlorate of potass. I need not say that this is an agent that ought not to be tampered with, nor indiscriminately employed; and, as in gleet the seat of the disease is at the membranous or prostatic portion of the urethra, it is requisite to push the lotion well back, and to retain it there for some time. It is very necessary to guard against the admission of any portion of the fluid into the bladder, as thereby a very great amount of irritation and pain may be occasioned, and accordingly greater accuracy of application may be ensured by the use of Mr. Acton's syringe, or any of the numerous modifications in common use. The pain occasioned by the application of the bichloride is at first somewhat more severe than that produced by the nitrate of silver, but not nearly so permanent. Frequently one injection is found to arrest the discharge. In other cases, the process is gradual; the discharge becoming daily thinner, and gradually disappearing as the new action to which the irritant has given rise proceeds. In some cases, it may be expedient to supplement the use of this injection with a weak solution of tannin. Should one application not suffice to arrest the discharge, it must be repeated—not, however, within a week or ten days. I have not known a case of uncomplicated gleet to resist this treatment. But, in a very large proportion of cases of gleet which come under the notice of the practitioner, the discharge proceeds from a source whose existence is frequently never suspected—viz., stricture of the urethra. The most common sites for stricture are, immediately behind the fossa navicularis, or between the membranous and prostatic portions of the urethra. I hold that, in a case of gleet, no treatment should be adopted until the absence of stricture is satisfactorily proven. Should a stricture exist, it need not be mentioned that injections are pernicious, and the internal administration of remedies useless. The cure is the bougie or sound, and time. Should these fail, the stricture must be dealt with by some of the methods of dilatation or sitting, as the surgeon may think fit. In bad cases, I pass the sound every second night, permitting it to remain in the urethra from five to ten minutes. As amendment ensues, it will suffice to pass the instrument every third or fourth day, lengthening the interval as circumstances may justify. The cause of the stricture determines the effusion of coagulable lymph into the cellular structure of the penis, and narrowing of the canal from contraction of the fibrine.

A cursory allusion to one or two complications of gonorrhœa must bring these remarks to a close. Chordee is seldom met with save in the acute forms of gonorrhœa. Its most apparent cause seems to be irregular deposition of lymph in the cells, and the prevention of the general dilatation of the organ in its turgid condition, that of erec-



tion. It has been ascribed to spasmodic action likewise. The occurrence of it at a very early stage would afford good grounds for this supposition. As the pain is the symptom which causes most distress, erection of the organ may to some extent be prevented by the internal use of bromide of potassium, opium, and camphor, and the local, as well as internal, use of belladonna, cold bathing, etc. Epididymitis, or swelled testicle, is seldom met with save in chronic cases, or where violent injections have been used during the acute stage. In the acute stage of epididymitis, relief is obtained from leeching, hot fomentations, and the exhibition of calomel and opium. In the chronic, the administration of the bichloride of mercury and local blistering afford the best results. This condition is essentially due to an extension of the urethral inflammation by contiguity of surface. One important complication of swelled testicle is inflammation of the cord. Not infrequently the vas deferens is felt like a quill under the finger. As this condition, if unattended to, may occlude the vas deferens, and, if on both sides, thus cause sterility, it claims particular attention. On the part of intelligent patients it gives rise to considerable uneasiness.

Gonorrhoea in the female is amenable to the same treatment, the beneficial results from balsams excepted. The tincture of the muriate of iron will, however, be found equally valuable in vaginal gonorrhoea. The preventive treatment of gonorrhoea, cleanliness is of primary importance; and I incline most decidedly to the belief that, when any suspicion of the disease exists, its course may be checked by the timely use of astringent or caustic injections. While the disease afflicts humanity, and not infrequently proves a *causa belli* in the family circle, it is ours to study the best methods of cure, and the meanest disease of the human body is alike the care of the moralist and the philanthropist.

### RASH IN RELAPSING FEVER.

By T. CLAYE SHAW, M.D. Lond., M.R.C.P.,  
Medical Officer to the Hampstead Fever Hospital.

THE two following cases are of interest in connection with the disputed question of the occurrence of rash in relapsing fever. In both instances the character of the rash and the time of its appearance were precisely those of the typhus eruption, and the diagnosis had to be made from collateral symptoms. The particular form assumed by the eruption was that of irregular rounded patches, of rather livid colour, and not very distinctly elevated above the skin, disappearing completely on pressure. These patches appeared upon the back of the wrists and arms, on the borders of the axillæ, across the chest and abdomen, and (though apparently in a less advanced degree of development) on the legs. The absence of the heavy expression of features characteristic of typhus, and the presence of the thickly furred tongue of relapsing fever in a marked degree, directed the diagnosis. In both cases the eruption disappeared with the diaphoresis at the time of defervescence; but in one of the two it reappeared with the "relapse", went through the same course, and disappeared in the same manner without leaving any stain or mark upon the skin. Both these persons were of very dark complexion, with black hair and dark-brown eyes. This I have noticed especially among the fever-patients sent to this Hospital, that, even allowing for the greater preponderance of dark over light-complexioned people in this country, the number of dark-complexioned persons affected with relapsing fever has been in very great excess; and not only so, but the symptoms of the primary attack and relapse have been undoubtedly more severe, both as regards the pain and the height of temperature reached, in the dark-complexioned persons. This exaggeration of the symptoms in persons of a particular temperament is akin to what is noticed in severe neuroses; e.g., chorea, where it is certainly the exception to see light-complexioned persons attacked.

CASE I.—H. T., a married woman, five months pregnant, was admitted February 25th, having been suddenly seized on the 19th. She came from a house in which several persons had been attacked. The symptoms of the fever were the ordinary ones—sudden seizure, pains in the head, back, and limbs, and rigors; but, in addition, the mottled rash above alluded to appeared on the fifth day from the commencement of the symptoms. Her state on admission was as follows. The face was pale, with slightly injected conjunctiva. There was slight tenderness in the epigastric region and over the liver and spleen. She had no jaundice. The tongue was of the typical character; the breathing was very hurried; the urine was high-coloured, not albuminous. Pulse, 150; temperature, 102 deg. Over the arms, chest, abdomen, and legs, was a rash of somewhat purple tint, disappearing on pressure. The crisis occurred on the seventh day by profuse sweating, and with it the rash disappeared. After an interval of seven days, the acute symptoms returned; and, on the fourth day of their recurrence, the rash reappeared

in precisely the same situations as in the primary attack. In due time, the second defervescence ensued, the rash disappeared, and permanent recovery followed. In addition to the skin-phenomena above noted, the lungs were affected in a manner that seems very common in relapsing fever; thus, during the pyrexial stage, there was some amount of cough, and dry sibilant sounds were heard over the back part of the lungs. When the sweating occurred, the dry sounds became moist, and a considerable amount of expectoration followed, showing a kind of consensaneous action between the lungs and the skin. This is to be observed in most of the well-marked cases of relapsing fever. Though this woman was pregnant, no miscarriage occurred.

CASE II.—J. P., a vagrant, was admitted on the fourth day from the seizure. In addition to the usual signs of relapsing fever, there was a well-marked dark-red rash, disappearing on pressure over the arms, chest, and abdomen. Crisis by sweating occurred on the fifth day, and with the sweating the rash disappeared. After an interval of five days, a slight relapse occurred; and, though the rash did not here recur, yet the bronchial disturbance reappeared as in the primary seizure, and terminated in a couple of days by expectoration, when the second sweating came on, indicating the second defervescence. The second relapse happened, and the patient was discharged cured.

### ON THE TREATMENT OF CERTAIN FORMS OF CEREBRAL PARALYSIS BY THE CONTINUOUS GALVANIC CURRENT.

By JULIUS ALTHAUS, M.D., M.R.C.P.,  
Physician to the Infirmary for Epilepsy and Paralysis.

THE most frequent form of cerebral paralysis is hemiplegia; and a large amount of experience has already been collected, showing the beneficial effects of both the continuous and the induced current in the different phases of hemiplegia. In the present paper, it is my intention to give, as concisely as possible, the results of my experience with the continuous current in cases of cerebral paralysis which do not assume the form of hemiplegia.

In paralysis, owing to tumour or abscess of the brain, or any other severe structural lesion, no form of electricity can do any positive or permanent good. But where it occurs in consequence of exhaustion and serous effusion, the continuous current is the quickest and most effective remedy for it. The following is an instance of this kind of paralysis.

A merchant, aged 52, married, had been in a low state of health for some years past, in consequence of much anxiety and trouble, but had not suffered from any serious illness. He was sitting quietly at home, on July 20, 1867, writing a letter, when he suddenly felt faint and giddy, the pen dropped out of his hand, and he completely lost the use of the right arm. He did not lose his speech and consciousness, nor the use of the leg; nor was the face distorted. A friend who happened to be present advised him to put his hand into boiling water, which he did, and blistered it most severely with it. (The same barbarous treatment, which of course cannot do the least good, has been adopted in at least a dozen cases of paralysis which have been under my care.) As the scalding of the arm and hand produced no effect, a cold douche was next applied to it, and the wrist was then a good deal knocked about, in order to get the life back into it. As none of these violent measures had the least effect, the patient consulted me two days afterwards, when I found complete paralysis of the forearm and hand, and nearly complete anaesthesia of the hand and fingers. I applied a current of twenty cells of Daniell's battery to the left hemisphere for one minute, after which the patient lifted his wrist and moved the fingers to a slight extent. I did not use any peripheral galvanisation. Two days afterwards he came again, when I found that the improvement had continued, but had not made further progress. I then again resorted to cerebral galvanisation, with the effect that a little more action in the hand became manifest. But, as it was still very weak, I now combined peripheral galvanisation of the radial and median nerves with it. The effect of this was apparently even greater than that of the cerebral application, as the patient could grasp my hand firmly afterwards, and dress himself without assistance. Another application of galvanism on the following day completely restored the use of the hand and fingers.

Concerning the pathology of this case, I would remark that evidently no rupture of a blood-vessel could have taken place in the left hemisphere, as then the effects of the continuous current, applied shortly after the seizure, could not have been so great. The paralysis in this case evidently arose from exhaustion of that portion of the brain which



is the centre for the motor nerves of the upper extremity, and was probably accompanied with some serous effusion.

The beneficial effects produced by peripheral galvanisation in this case do not clash with this view; for no absolutely peripheral galvanisation is possible, since a portion of the current used probably always travels towards the centres of the nervous system. A proof of this, amongst others, is the sensation of taste which is frequently perceived by patients while their hands or legs are galvanised; and which was the case with the patient just mentioned. That serous effusions may be rapidly absorbed by the passage of the continuous current through the parts affected, is likewise shown by the instantaneous effects which the continuous current frequently produces in cases of muscular rheumatism.

Most cases of paralysis which occur during convalescence from acute diseases have the same pathology as the case just described, and should therefore be treated by the same means. In these conditions, the induced current is not nearly so useful as the continuous, because its effects are only peripheral, while the disease is of central origin. Cases of this kind occur after measles, scarlet-fever, small-pox, erysipelas, typhoid fever, cholera, pneumonia, dysentery, and puerperal fever. Diphtheritic paralysis has a somewhat different pathology, as it is due partly to the local effects of the poison on the pharynx, and partly to its general effects on the blood. In this form of paralysis the pharynx is always first affected, and sometimes remains the only part which is paralysed; while in other instances the muscles of the eyes, the lower extremities, the upper extremities, the muscles of the trunk, and the respiratory muscles, become affected in the succession in which they have just been mentioned. Anæsthesia often precedes diphtheritic paralysis, and farado-muscular and galvanic-muscular excitability is generally normal. In all such cases no time should be lost in employing galvanisation, as the probability of cure is in inverse ratio to the length of time which has elapsed since the commencement of the affection.

Where paralysis after acute disease takes the form of complete hemiplegia, which is on the whole rare, the disease is not so rapidly curable as where it is either more localised or more general. There is probably in such cases actual hæmorrhage into the brain, and not merely exhaustion and serous effusion.

## REPORTS

OF

### MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

#### LONDON HOSPITAL.

##### CASE OF CÆSAREAN SECTION FOR DEFORMITY OF PELVIS: DEATH. (Under the care of Dr. HEAD.)

MR. STEPHEN MACKENZIE, the Resident Accoucheur, has kindly furnished us with the following notes of the case.

Mary Oxley, aged 35, was married when 21 years of age. Twelve months afterwards she had a child born, after a confinement of average difficulties for a first labour. In eleven months, she had a second child; and six months later she had a miscarriage "at three months". A third child was born one year and seven months after the second "good labour." In fifteen months a fourth child was born. This was followed by a fifth and a sixth. Within a month of the last confinement, she caught cold, and was laid up—indeed, quite unable to move—with pain in many joints (the medical man said it was rheumatic fever), and general feeling of weakness. After three weeks she began to get about, but found that the least exertion brought on pain in the back, etc. She did not live very well at this time. About a year after the commencement of this illness, she found that her back was getting out of shape, and her dresses were too short at the waist; and that, whereas formerly she could place her chin on her husband's shoulder, now the top of her head would barely reach as high. Three years before admission, her last child was born. Mr. Mead of Hackney attended her, and she said "that the child's head was broken up, and a string tied round its feet, before she could be delivered". About fifteen months ago, she had a miscarriage (at three months). Her eldest and youngest children are still living.

On admission, she was suffering from a very considerable angular curvature in the dorso-lumbar region of the spine. A vaginal examination showed the pelvis to be markedly rostrated. The pubic arch was much narrowed; only one finger could be passed between the

rami. The tuberosities of the ischia were scarcely more than an inch apart. The coccyx was freely moveable. A prominent hard swelling could be detected bulging from behind forwards to within about an inch of the pubes, and was rather more prominent on the left side than on the right. This was taken by every one who saw the case (although they were aware of the curvature of the spine, and were thus placed on their guard), from its position and feel, to be an exostosis growing from the sacrum; but, at the autopsy, it was found to be due to a settling down of the lumbar vertebra into the pelvis. The os uteri was so high as to be out of reach.

At 2 P.M., on April 2nd, Cæsaean section was performed by Dr. Head. The placental attachment having been ascertained to be on the left side, the uterine and abdominal incisions were made in the middle line, and a female child and placenta were readily extracted, the former giving evidence of its vitality by lusty cries. A sponge probang was passed from the uterus into the vagina, so as to ensure an escape for the lochia. On the removal of the placenta, there was considerable hæmorrhage from the placental attachment and from the uterine sinuses. The uterus did not contract readily. Perchloride of iron and ice were used to arrest the hæmorrhage, and, when it had ceased, a silk suture was applied to the two edges of the uterine incision. The edges of the abdominal incision were brought together by interrupted silk sutures. The patient vomited at intervals after the operation, and only survived it fifteen hours and a half. The child, though vigorous when born, lived only four hours; but, on the *post mortem* examination of it, although it had lived this number of hours, and cried loudly, both lungs sank in water.

**POST MORTEM EXAMINATION.**—The pelvis showed an extreme variety of the rostrated form of deformity from osteomalacia. The lumbar vertebra projected downwards and forwards into the pelvis to such an extent as to well explain how an exostosis was supposed to exist during life. The space between this projection and the back of the symphysis pubis measured only 2 4-12 inches. When the body was placed in the obstetric position, this measurement gave only 2 2-12 inches. From the spinal column to the body of the left pubic bone was 1 2-12 inch; on the right side, 8-12 inch. Between the bodies of the pubes (inside the rostrated part) was 8-12 inch. The greatest width of the brim was 4 9-12 inches. The width between the tuberosities of the ischia was 9-12 inch. From the lower part of the symphysis to the tip of the coccyx was 3 3-12 inches. From the latter point to the left tuber ischii, 1 3-12 in.; right, 1 6-12 in.

#### REMARKS ON TONGUE-BITING IN CONVULSIONS.

By Dr. HUGHINGS JACKSON.

At an autopsy, Dr. Hughings Jackson remarked on the necessity of observing whether or not the tongue has been bitten in cases of cerebral hæmorrhage. Of course this should be done, when possible, during the life of the patient; but it is very often impossible to get a look at the tongue when a patient is deeply comatose. We may infer tongue-biting if we find blood on the gums. (Bloody foam may come from the lungs or the bronchial tubes.) The tongue was carefully examined by Mr. Robinson, the *post mortem* clerk, and it was clear that it had been bitten, chiefly on the right side. Sometimes the tongue is bruised but not lacerated, so that, during life, tongue-biting cannot be negatived when there is no blood on the gums. Thus, at an autopsy a few weeks ago, Mr. G. E. Herman, the then *post mortem* clerk, discovered on one side of the tongue a plum-coloured patch of the size of a pea, which, after incision, was found to be owing to extravasated blood. In each of these cases there was a large clot in one side of the brain.

Dr. Hughings Jackson believes that tongue-biting is of no value in diagnosis beyond this, that it signifies a severe convulsion. It occurs in young persons and in old people, in uræmic convulsions, in convulsions from hæmorrhage on the surface or into the substance of the brain (whether the lateral ventricle be opened or not), and with hæmorrhage into the pons Varolii. It occurs in convulsions which begin deliberately by spasm of the face, arm, or leg, and in those chronic convulsions sometimes distinguished as genuine epilepsy. It occurs also in severe convulsion from organic disease of the brain; e.g., syphilitic nodules on the surface of one hemisphere. It may be said that, if we are called to a young patient who has had a severe convulsion, in which he has bitten his tongue, we should be right in the great majority of cases if we diagnosed epilepsy. This is true enough; and we should be mostly right if we made that diagnosis when we only knew that the patient had had a convulsion. The presence or absence of tongue-biting, for instance, is of no value in our attempts to determine whether a patient who has had a convulsion is suffering from epilepsy or from the effects of rupture of an aneurism of a large cerebral vessel.

## RECOVERY AFTER TRACHEOTOMY FROM SCALD OF THE GLOTTIS.

(Under the care of Mr. A. W. BARRETT, House-Surgeon.)

CASES of recovery after the performance of tracheotomy for the relief of really urgent symptoms following so-called scald of the glottis, are sufficiently rare to warrant our notice of the following.

A male child, three years of age, was admitted at five o'clock in the afternoon of March 28th, with the history that he had drunk some boiling hot water from the spout of a tea-kettle about three hours before. The child's mouth and lips were evidently scalded, and the inspiratory efforts were accomplished with difficulty. The mother stated that the difficulty of breathing was increasing; but Mr. Barrett was not satisfied as to the necessity for operative interference. He determined to watch the case. The child gradually became worse, and at eight o'clock in the evening the breathing was much quickened. Very little air could be heard to enter the chest, and the violent efforts at inspiration caused the tissues at the lower part of the neck to sink in. The child was becoming dusky in the face; and it seemed evident that, if some relief to the laryngeal difficulty did not occur, he would soon sink. Mr. Tay, who watched the case for some time, agreed in the propriety of interference, and mentioned the case of a child admitted into the same ward three years before, who died in rather more than an hour. The dyspnoea was not very urgent on admission, and treatment by ice was employed. The nurse sent word that the child was worse; but before the House-Surgeon reached the bedside the child was dead. To avoid a similar result, Mr. Barrett proceeded to open the trachea. This was readily accomplished; very little, if any, blood entered the windpipe; and the relief to the respiration was so marked as to leave no doubt as to the previous obstruction. The progress afterwards was favourable. It is only necessary to note that the child's bed was placed in front of the fireplace behind a screen. The temperature was considerably over 60 deg. This was continued for a week. Some bronchitis followed; and mustard-poultices were applied to the front and back of the chest. The tube was removed on the third day, but the child still breathed through the wound. Brandy and beef-tea were given by enema; and it was found that fluids given by the mouth came through the wound. At the end of twelve days the wound had almost closed. Now it has quite done so, and the child seems well.

## LEEDS GENERAL INFIRMARY.

RUPTURE OF LYALIA, WITH LOSS OF LENS AND IRIS: GOOD SIGHT RETAINED.

By JOHN A. NUNNELEY, M.B., Ophthalmic Surgeon to the Infirmary.

RUPTURE of the sclerotic—accompanied as it usually is by the loss of a part of the ocular contents, and more or less injury to every structure—is one of the most serious accidents which can happen to the eyeball, and is commonly followed by the entire destruction of the organ, when the laceration is at all extensive, or has been produced by considerable violence. The very exceptional manner in which the eye has recovered itself, and the excellent sight which remains, after a severe injury of this kind, induces me to put the following case upon record.

Mr. G., aged 54, a robust, healthy woman, came before me in August 1869, having received an injury to her left eye. She stated that, a fortnight previously, she had been knocked down in the street by a blow on the eye from the fist of a drunken man. The parts about the orbit were severely bruised; the swelling which came on soon after the injury kept the lids closed for a few days, a little blood-discharge escaping from between them, but nothing else that she was aware of; and, having little pain or discomfort, she had not thought it necessary to apply sooner for advice, although the sight of the eye had been gone from the time of the injury. The eye was perfectly natural and the sight good before the accident.

When I saw her, the swelling and ecchymosis of the soft parts had disappeared, the cornea was bright and clear, and the anterior chamber was filled with blood, so that the state of the parts behind could not be seen. Parallel with the upper margin of the cornea, and about midway between it and the insertion of the superior rectus tendon, was a somewhat irregular wound in the sclerotic and conjunctiva, about three lines in length, and nearly healed; the eyeball was rather softer than natural; tension=—T. She could follow a candle, and test the position of the window in the room. As the blood in the anterior chamber had been absorbed, it was found that the iris was gone; it had been torn from its ciliary attachment and lost. The absence of the lens, which must have been driven out of the eye in its capsule, was proved by the catoptric test. The vitreous humour was at first hazy, obscuring the details of the retina; but there had been no effusion of blood into

the vitreous chamber, nor any apparent injury whatever to the retina and deeper parts of the eye. The cloudiness of the vitreous body has now quite cleared up, the retina is healthy, the ocular tension is natural, and the field of vision good; the patient is able to count fingers and distinguish the outline of large objects; and, with a two-inch convex lens and a stenopæic apparatus, she can read No. 4 (Jäger), and thinks that the eye is almost as useful as ever.

## SELECTIONS FROM JOURNALS.

POISONING BY ARSENURETED HYDROGEN.—Dr. Valette of Lyons records in the *Lyon Médical* for March 27 two cases of poisoning by inhalation of the fumes of arsenuretted hydrogen. A mechanic, named C., aged 30, of robust constitution and good health, was employed on January 12th to mend some apparatus in a chemical manufactory. He was superintended and assisted by L., the director of the works, a man aged 29, also robust and healthy. The work to be done consisted in joining two pieces of metal, and required them to be melted by a hydrogen lamp. As the flame was not sufficient, L. added, to produce more hydrogen, some zinc and what he believed to be sulphuric acid, but which was afterwards found to be arsenic acid. As the flame was still insufficient, L. removed the cover of the vessel containing the zinc and acid; and at once both he and his companion perceived a nauseating alliaceous odour. Still they did not suspect anything, and went on with their work. In a few minutes, the master of the commercial house to which the manufactory belonged, called away L. on business; C. remained alone attending to his work. L. appeared so ill that he was asked what was the matter; he replied that his breakfast had disagreed with him, and almost immediately he vomited abundantly. Tea and *chartrons* were given him, and he was put to bed. In the meantime, C. went on with his work; as the hydrogène apparatus worked badly, he uncovered it twice, but only perceived the odour already described. In a few minutes he felt ill, and went out of the laboratory and vomited; on his attempting to pass urine, blood flowed. The other workmen on hearing from him what had occurred, and having also learned the indisposition of L., came to the conclusion that they had been poisoned. C. was wrapped up and quickly taken to Lyons, where twenty-five grammes of hydrated magnesia were given him. In an hour, Dr. Valette saw him. The sclerotics were yellow; and the face had a choleraic aspect. The surface was cold; the pulse 90. The patient had constantly repeated painful attacks of vomiting; two alvine evacuations had taken place since the commencement of the symptoms. The abdomen was not tender on pressure. The mind was quite clear; the patient complained of pains in the arms and legs. A vapour-bath was given, and produced abundant perspiration. Next day, the state was much the same; but the pains in the limbs had left him. The vomiting continued nearly as before. Two spoonfuls only of blackish sanguinolent urine were passed during the day. A mixture of magnesia and sulphate of iron was given (to form hydrated oxide of iron); and another vapour-bath was administered with the same effect as before. On testing the urine with Marsh's apparatus, some very distinct traces of arsenic appeared. After this, the patient recovered gradually, with the exception of a return of gastric disturbance on Jan. 17th, which, however, had ceased the next day. On January 25th, he was discharged cured, feeling only a little weakness in the limbs; and a month afterwards his only complaint was that his appetite had become so inordinate that he required three times as much food as formerly.—After attending to C., Dr. Valette saw the other patient, L., at the manufactory. He presented the same symptoms as C., but perhaps a little less intensely. Some hydrated magnesia had been given to him, but had been vomited. A vapour-bath did not produce sweating; the patient said that it had always been impossible to make him perspire. During the night he was very restless and thirsty. Hydrated peroxide of iron was prescribed; he refused to take it, and preferred tea to all other drinks. On the 13th, the vomiting continued, but there was not much suffering. The abdomen was supple and painless. There had been one loose stool; but for twenty-four hours not a drop of urine had passed. The vapour-bath was again tried, without effect. The history for some days records great prostration, gradual cessation and subsequent reappearance of the vomiting, occasional diarrhoea, the passage of small but varying quantities of dark red urine, the greatest amount being about four ounces, much thirst, and absence of pain. On January 21st, there appeared on the abdomen, thighs, and loins, an eruption of very slightly raised papules, somewhat like measles. On the 27th, the patient complained only of hiccup and vomiting; the urine was more abundant, and clear. On the 30th, it is noted that the eruption was still present; the vomiting continued; there had been



three sanguinolent loose stools; the pulse was 80 to 85, regular, but weak. On February 1st, bleeding from the nose took place—an exudation of blood rather than epistaxis; the gums, hitherto pale, became charged with blood; the mucous membrane of the mouth exuded a little blood, which accumulated in small dark clots having a rather nauseous odour. The pulse was normal, but small; the heart and lungs appeared healthy; the mind was unaffected, and the patient did not suffer except from depression. Quinine, rhatany, and iron, were given, but could not be retained; the application of morphia to a blistered surface on the epigastrium produced no effect. Next day, the exudation of blood continued, and took place in addition from the glans penis and prepuce. The urine was abundant and clear. Inhalation of oxygen was now tried for some days without producing improvement, except that the exudation of blood seemed to diminish slightly. On Feb. 9th, some dark blood was vomited; and the patient fainted twice in the morning. The intellect was entire; the radial pulse could not be felt. The intellect was entire; in proof of this, Dr. Valette says that the patient complained only of great weakness, and told him that "he had tried to take the lactate of iron which was ordered, in order to renew the blood-corpuscles; but that he had not taken the quinine lest the iron should be decomposed." Half an hour afterwards, he died without the least agony, while raising a spoonful of pisan to his lips.

**COLOUR-TESTS AS AIDS TO DIAGNOSIS.**—Dr. John Day brought before the Medical Society of Victoria, on October 6th, some new and very delicate tests, by which the presence of blood, pus, mucus, and saliva, may be readily detected. Each test, though possessing its own distinctive character, oxidises and changes the colour of guaiacum resin. The delicacy and reliability of the test for blood have already been fully recognised by Professor Taylor, in *Guy's Hospital Reports*, 3rd series, vols. xiii and xv. The guaiacum process for the detection of blood is an application of the discovery of the late Professor Schönbein, who found that peroxide of hydrogen (which he considered a compound of water and antozone) is rapidly decomposed in the presence of blood, its antozone being converted into ozone by mere contact with the corpuscle. To prove this, the tincture of guaiacum, the precipitated resin of which is indifferent to antozone, but is possessed of a strong affinity for ozone, with which it combines, and is changed from its normal colour to a bright blue. The peroxide of hydrogen is so prone to decomposition, that it cannot be preserved without the aid of hydrochloric acid; but the bluing of guaiacum resin by the action of ozone is checked by the presence of free acids. Dr. Day went on to state that he discovered that antozonides of a very stable character, strictly resembling peroxide of hydrogen in all their reactions, were easy to make, and were, in fact, spontaneously formed in a variety of medicinal substances by long keeping. In undergoing this change, they acquire altogether new therapeutic and physiological properties. Certain drugs have a special tendency to absorb oxygen in this form, and to become antozonised. Ether, oil of turpentine, the oils of lavender, lemon, juniper, eucalyptus, and amber, may be specially mentioned. This change takes place most rapidly in combination with alcohol. The antozone may be readily demonstrated by first adding a drop or two of any of them to a few drops of tincture of guaiacum. No change of colour results. On adding the smallest quantity of blood, a beautiful blue tint is produced. Finally, Dr. Day found that Robbins's ozonised (or antozonised) ether was the best substance to use for the detection of blood; and, as many other substances bluing guaiacum resin, it is necessary to apply the guaiacum first to the suspected blood-stain, and if the blue be produced without the (ant)ozonised ether, we may suspect that it is not blood, or that some other substance is present to react on the guaiacum. Dr. Day overcame the difficulty of seeing the reactions in blood-stains on dark cloth, etc., by taking off the impressions upon white blotting paper. (See Dr. Taylor's paper, *Guy's Hospital Reports*, vol. xiii, p. 432.) The tincture of guaiacum need not be strong, but should be freshly prepared, and in a perfectly unoxidised condition. It should be kept in the dark. The test for pus is made by exposing a saturated alcoholic solution of guaiacum to the air, until it has absorbed enough oxygen to give it the property of turning green when placed in contact with iodide of potassium. The fresh tincture of guaiacum used for the blood-test does not turn green in this way. On moistening with water a paper on which was a small quantity of pus more than nine weeks old, and treating it with the oxidised tincture of guaiacum, a clear blue colour was produced. Dry pus must always be moistened with water. Dr. Day suggests that pus may chemically polarise the oxygen in the tincture, and convert it into ozone and antozone. He says that very old tincture of guaiacum is unfit for use in any of the colour-tests. The test for mucus consists in the application, first, of oxidised tincture of guaiacum, which by itself undergoes no change in the presence of mucus, and then in the appli-

cation of carbolic acid or creasote, which quickly changes the colour to a bright blue. Neither singly affects guaiacum thus. A cloth saturated with menstrual discharge, which always contains mucus, and the napkin of a patient recently confined, were subjected to this test. The test for saliva is similar to that for mucus, with the exception that the blue reaction of the tincture of guaiacum and the alcoholic solution of carbolic acid is highly intensified by the addition of ozonic ether, or any other antozonised fluid. Saliva acts in this way after the pyaline has been removed. Saliva on blotting-paper, fourteen days old, was exhibited, and tested. Dr. Day urged the importance of the blood-test in medico-legal investigations; of others, in the examination of urine, and of fluids from parts where deep-seated suppuration is suspected; and the interest of these researches as regards the views of Cohnheim and those of Dr. Jos. G. Richardson, on the identity of the white corpuscles of the blood with the salivary, pus, and mucus corpuscles.—*Australian Medical Journal*, Nov. 1869.

## REVIEWS AND NOTICES.

ON THE LAW WHICH REGULATES THE RELATIVE MAGNITUDE OF THE AREAS OF THE FOUR ORIFICES OF THE HEART. By HERBERT DAVIES, M.D., F.R.C.P. (from the *Proceedings of the Royal Society*.) London: 1870.

We hasten to call our readers' attention to the very valuable communication on the Areas of the Four Orifices of the Heart just presented by Dr. DAVIES to the Royal Society. All will admire the beautiful simplicity of the laws worked out, and it is certain that they will have very important bearings on future investigations. The wonder is, that no one has said it all before. We cannot speak too highly of the clearness with which the author expresses his views.

Previous observers have contented themselves with recording the circumferences of the various cardiac openings, without working out the figures into any definite shape. The present writer, however, by comparing areas instead of circumferences, arrives at very important results. Taking the measurements by Peacock, Reid, and Bizot, of the circumferences, the areas can be calculated by mathematical formulae, and, roughly stated, are as follows.

Tricuspid,	1½	square inches.
Pulmonic,	1	"
Mitral,	1½	"
Aortic,	¾	"

On comparing the ratios of these areas, we find:

Area of tricuspid	= 1.78
Area of mitral	= 1.27 = 1.4 nearly.
Area of pulmonic	= 1
Area of aortic	= .78 = 1.3 nearly.

Put in another way, this means that the area of the tricuspid bears nearly the same relation to the area of the mitral which the area of the pulmonic does to that of the aortic orifice. Were the tricuspid, for example, twice the size of the mitral orifice in area, the pulmonic would be twice the size of the aortic orifice in area. If Dr. Reid's measurements be taken (the above being by Dr. Peacock's), the law is more conclusively proved. Dr. Davies has examined the hearts of various of the lower animals himself, and finds that a similar relation exists in them. If the areas of any three of the openings be known, that of the fourth can be calculated. The area of the tricuspid being nearly 1.3 times that of the mitral, if the area of either of these be known, the other can be calculated. The same holds true of the pulmonic and aortic orifices. This becomes important in cases of disease. The author takes an instance of mitral constriction from Dr. Walshe's book: and can now estimate the exact proportion of the constriction. The tricuspid (normal) was found to be seven times as large as the mitral, instead of 1.3 times as large as occurs normally. The area of the tricuspid was 1.9 square inches; this, divided by 1.3, gives 1.45 square inches, which is the calculated normal mitral. The area was really .28 square inch, and 1.45 minus .28 = 1.17 square inches, which represents the absolute diminution in area.

The author then discusses the reasons for the proportions indicated. We cannot follow him in the various steps of the argument. We must note, on the way, however, Dr. Davies' strong leaning to the view lately advocated, that the time of ventricular contraction is much shorter than is generally believed.

The ventricles, contracting with unequal forces, have to propel equal quantities of blood in equal and the same time to unequal distances, and to overcome unequal resistances. There must, therefore, be an exact graduation of the areas of the aortic and pulmonic orifices to the



muscular forces of the ventricles, and consequently to the *velocities* of the streams issuing from those chambers. The right ventricle, contracting comparatively feebly, sends the blood through a large opening; the left ventricle, forcibly, through a small opening. The velocities of the currents through the aortic and pulmonic orifices are as 4 to 3. The blood, entering the tricuspid orifice at the rate of a quarter of a mile per hour, will leave through the aortic at the rate of a mile and a quarter per hour—i.e., if the pulse beat 70 to the minute.

The blood returning from the systemic circulation has encountered and overcome an amount of obstruction which makes its current comparatively sluggish and feeble, but sufficient to dilate the right ventricle. On each side of the heart, the author considers, after the blood has dilated the ventricle, a momentary period of perfect rest ensues before the contraction of the ventricle sends the blood in a totally new direction. This point has not hitherto been pointed out by writers on the subject.

INTERNATIONALE SEHPROBEN ZUR BESTIMMUNG DER SEHSCHÄRFE UND SEHWEITE. Herausgegeben von Dr. M. BURCHARDT. 1870. (International Test-types for the Estimation of the Acuity and Extent of Vision. By Dr. Burchardt. 1870.)

THESE test-types are arranged in five tables, and are packed in a little case for the pocket. The chief point to be noted as regards them is, that no letters are employed, and therefore they can be used by people of any nation, and by those who cannot read. The scholarship required is that of counting from one to seven. The tests consist of round dots of various sizes, situate at different distances from one another and arranged in groups, but graduated carefully and with mathematical precision, so as to gauge distant or near vision. The finest are much more delicate than those hitherto in use, so as to test the sight of myopic eyes. In order to ensure exactness, photography has been employed. The glazed paper which has necessarily been used, seems to us to cause a glare in most lights which must interfere to some extent with the comfort of using them.

The first three tables are simply graduated scales for ordinary purposes. The fourth and fifth are for the determination of astigmatism. By them, not only can the direction of the axis of the faulty curvature be indicated, but also the precise amount, or, at any rate, a close approximation thereto. Directions are given for their use, but we cannot afford space for them. In Snellen's tests, the letters are calculated to be seen at an angle of five minutes; but different parts of the letters are seen under different angles, varying from one to three minutes; and, from a series of trials, Dr. BURCHARDT finds that round dots can be distinguished from one another when separated by spaces equal to their own diameters, at a distance from the observer of 1600 diameters, and at an angle of 2.15 minutes. The groups in these series are accordingly arranged on this plan.

The author has found his test-types much more efficacious than the ordinary ones in detecting simulated defects of sight amongst soldiers.

The explanatory pamphlet is, in great measure, taken from an article in the *Berliner Klinische Wochenschrift*, 1869, No. 48. The first idea of the tests was suggested to Dr. Burchardt by those of Dr. Striedinger, of which there is an account by Professor Longmore in the Reports of the Medical Department of the English Army, 1860.

## NOTES ON BOOKS.

*Clinical Observations on Hydrate of Chloral as a Hypnotic in Typhus.* By JAMES B. RUSSELL, B.A., M.D. Glasgow: 1870.—In this pamphlet, which is a reprint of a paper published in the *Glasgow Medical Journal*, Dr. Russell gives the results of the employment of chloral in twenty-one cases. It was given in all 32 times; of the 32 doses, 24 were followed by sound and well-marked sleep, lasting without interruption from one to five hours, and nearly always prolonged by a succeeding period of broken sleep and general tranquillity; 3 doses had a decidedly, 4 a partially, soothing effect; 1 dose was vomited, and therefore proved inert. Dr. Russell contrasts the action of chloral in typhus with that of opium, and points out the following advantages attending the use of the former drug. 1. The sleep produced by chloral is natural, as is shown especially by the immediate expansion of the pupil on awaking; 2. The excretions are not affected by chloral; 3. Chloral may be given with perfect safety to children; 4. Opiates are uncertain in action, and frequently even futile; but in no instance has Dr. Russell met with a patient who resisted the action of chloral. Bromide of potassium has been given in drachm doses; it produces no toxic effect, and is altogether preferable to opium; but its effects are rarely produced

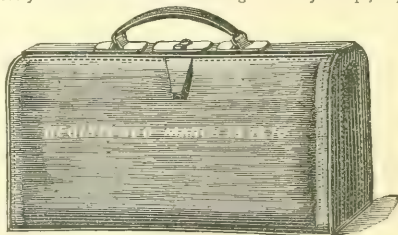
within forty-five minutes or an hour; and it is far excelled in efficiency and certainty by chloral. Dr. Russell found in his cases that the safest and most efficient doses of chloral were 20 grains for an adult; 2 grains for infants aged 18 months; 3 grains for children of 3 years; and 10 grains for children from 9 to 14 years old. He considers the susceptibility of typhus-patients to the action of chloral to be in support of the view of Liebreich, Personne, and Richardson, that the chloral acts through the alkalinity of the blood, which is in excess in typhus. The paper is a valuable contribution to therapeutics.

## INVENTIONS, &c.,

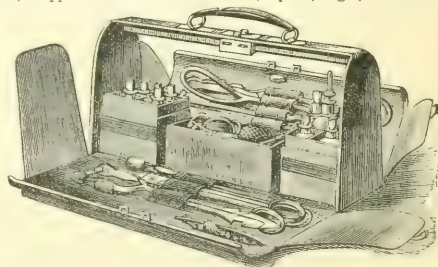
### MEDICINE, SURGERY, DIETETICS, AND THE ALLIED SCIENCES.

#### ARNOLD AND SONS' OBSTETRIC BAG.

MESSRS. ARNOLD AND SONS, the well-known instrument makers to St. Bartholomew's Hospital, have lately registered an "Obstetric Bag", which differs materially in its arrangement from all existing ones. When closed, the new bag is exceedingly portable; and, as seen in the illustration, the whole of the interior is so well and conveniently fitted with every needful instrument—including midwifery forceps, improved



perforator, craniotomy forceps, blunt hook, crotchet, frogman scissors, female catheters, Skinner's inhaler, uterine syringe, ether-spray apparatus, stoppered bottles for chloroform, opium, ergot, etc.—that the



obstetrician and general practitioner will find it in truth *multum in parvo*. At first sight, £8 may appear a heavy price to pay for the luxury of such a bag. But its fittings are of the best quality and workmanship; and the makers offer to supply to such members of the profession as have their own instruments and bottles, the bag, admirably arranged as it undoubtedly is, at two guineas.

Messrs. Arnold inform us that they are indebted to Dr. Greenhalgh for suggesting the "Improved Obstetric Bag", to whom, with the makers, we offer our congratulations.

#### SILVERLOCK'S LABELS.

MESSRS. SILVERLOCK have sent us specimens of their labels, etc. They appear calculated to save an immense deal of trouble in dispensing, and to have been contrived so as to meet every possible need in the practitioner's surgery. Saturation Tables, copied from Attfield's excellent little book, are also prepared by the same firm in a form suitable for hanging on the wall.

## NOTICE.

THE ANNUAL SUBSCRIPTIONS TO THE BRITISH MEDICAL ASSOCIATION FOR THE YEAR 1870 ARE NOW DUE: and it is a matter of great convenience to the Association, and conduces to the efficiency of its working, that they should be paid promptly.—Members of Branches, and all others who usually receive circulars at the beginning of the year from the local Secretaries, will greatly oblige, and will prevent trouble, by PAYING THEIR SUBSCRIPTIONS TO THE LOCAL SECRETARIES, AND NOT TO THE GENERAL SECRETARY.—All other members should pay their Subscriptions without delay to the General Secretary, T. WATKIN WILLIAMS, Esq., 13, Newhall Street, Birmingham.

Members of the Association residing in the counties of Middlesex, Essex, and Hertfordshire (except those belonging to country Branches), should pay their Subscriptions to Dr. A. P. STEWART, 75, Grosvenor Street, W.; or Dr. ALEXANDER HENRY, 16, Great Coram Street, W.C.

Gentlemen wishing to become members of the Association are requested to apply to the General Secretary, to the Branch Secretaries, or at the office of the JOURNAL, when forms of application and the rules of admission will be forwarded.

## BRITISH MEDICAL JOURNAL.

SATURDAY, APRIL 23RD, 1870.

## HYDRATE OF CHLORAL.

DURING the present discussion and trial of the merits of the "new remedy"—chloral—we must bear in mind that it was really discovered by Liebig thirty years ago, and its chemical composition ascertained. It remained, however, a chemical curiosity merely till Dr. Otto Liebreich of Berlin, in June of last year, published his investigations into its therapeutic value.

Chloral ( $\text{C}^2\text{H Cl}^3\text{O}$ ) is obtained from alcohol, by substituting chlorine for part of the hydrogen in the alcohol; and then, by adding water, hydrate of chloral is produced, which is the compound therapeutically manageable. From the fact that the hydrate of chloral, on the addition of an alkali, became resolved into formic acid (uniting with the alkali) and chloroform, Dr. Liebreich reasoned that a similar change, effected by the alkaline fluids, might occur in the human body. He conceived the brilliant idea that chloroform might be slowly formed in the tissues by their own chemical action on the chloral. Numerous experiments were made by himself and others to put this to a practical test. The result was, that it was clearly proved that all the effects of the slow and continuous action of chloroform could be produced in animals by the administration of the hydrate of chloral; and, though Demarquay and others doubt whether these symptoms are actually the result of the evolution of chloroform, the balance of the evidence yet attainable is in favour of Liebreich's original supposition. Dr. Richardson says that "Liebreich's researches have shown in one decisive instance that a given chemical substance is decomposed in the living body by virtue of pure chemical change; and the symptoms produced are caused by one of the products of that decomposition." On adding chloral to blood, chloroform is produced, and can be obtained from the blood of an animal to whom chloral has been given. The symptoms are analogous to those produced by chloroform; and the order in which the brain, cord, and heart are affected, is the same. The heart continues to beat after the nervous centres have been overpowered. At least, this is asserted by most experimenters. Though it is comparatively a short time since public attention was called to the employment of chloral, so many observers have recorded their testimony respecting it, that our original intention of summarising what has been noted must be abandoned. We have not, however, advanced much further than is graphically indicated in a letter from Dr. Du Bois Reymond to Dr. Benze Jones. "A grain and a half of chloral injected under the skin of a good sized rabbit causes it to fall into a lethargic sleep, which lasts nine or ten hours, during which it

may be thrown over the back of a chair like a towel, and from which it awakens quite jolly, rubs its eyes, and asks for more carrots and potatoes." Normal, peaceful sleep is the result of its administration; and, on recovery, no ill results whatever remain behind; and in many cases the appetite has been considerably sharpened. The extent to which muscular relaxation occurs during the sleep is a very marked feature, and indicates a class of cases in which the drug may be advantageously used. One interesting physiological symptom is the decided fall of temperature—pointed out first of all by Dr. Richardson, we believe. He hints that the temperature can always be lowered by the employment of a sufficient dose. Dr. Richardson mentions a case of surgical fever in which the temperature fell from 102 deg. to normal. We have seen a case in which one dose reduced the temperature from 104 to 102 deg., and a second dose to 99 deg. Had the chloral been pushed, it would probably have fallen more. Mr. Spencer Wells has seen a case in which the temperature fell from 104 to 99 deg. after four doses of twenty grains each, at intervals of two hours. Further observations on this head would be worth recording.

With reference to the production of anæsthesia, opinions differ, but are quite capable of being reconciled. It seems certain that prolonged anæsthesia cannot be produced, except by such doses as to endanger life. Amputation of the thigh has, however, been performed without the patient feeling, and recovery has followed; but the coma was such as to give rise to serious anxiety. In some cases, hyperæsthesia is said to have been produced; but this must be very exceptional. In not a few cases, before sleep ensues, there is a period of partial intoxication and pleasurable excitement.

As a hypnotic, all observers are agreed that its influence in procuring sleep holds the first place amongst its uses. There is no evidence at present to show that any ill result whatever follows its use in any dose save such an excessive one as to procure death, which has not yet occurred. The taste of a dilute solution is stated by Dr. Richardson to be rather pleasant than otherwise; but most people experience a burning sensation, referred to the epigastrium. This is especially the case if too saturated a solution be employed. Vomiting is occasionally produced by a dose; but curiously, if the dose be immediately repeated, there is no second rejection. Half a drachm in an ounce of syrup and water is a safe dose for an adult, and will require repeating, if no effect follow in half an hour. If the patient be much exhausted, this dose will quickly (in ten minutes) procure sleep. If objection be taken to the taste, double the dose can be injected by the rectum. Subcutaneous injection is practicable, but inconvenient, and liable to be followed by sores. If tried, several punctures should be made—not one only.

There is one point which we should like to see worked out; and that is, how far alcohol is antagonistic to chloral. It is admitted that those who are in the habit of taking spirits form bad subjects for chloroform; and cases are recorded in which drunkards took very large quantities of chloral before succumbing. On the other hand, the mental exhaustion met with in delirium tremens yields very rapidly, as a rule, to chloral.

Another point that has been noted is the elevation of temperature in spite of chloral, and coincident with the recent administration of alcohol in some form. Alcohol lowers the temperature, if given by itself; but a rise of temperature seems not uncommon, if it be given to a patient under the influence of chloral. There may, however, easily be some other cause of the elevation, which further observation will render evident.

The time for which chloral may be continued seems indefinite. Dr. Richardson, however, points out that the influence of the chloral on the blood, if considerable doses were repeated at short intervals, might be very detrimental; formiate of soda is formed, and the coagulating power of the blood is much diminished. In the March number of the *Practitioner*, Dr. Reynolds records the case of a lady of middle age to whom doses of chloral had been given for two days for neuralgia, with good effect. On the third day, a dose of forty-five to fifty grains was given, and relief from pain followed. In the course of an hour, how-

ever, faintness came on, and increased to an alarming degree. Two hours after the dose, she had cold extremities; a rapid, weak, irregular, intermittent pulse; jactitation of limbs; an intolerable sense of sinking and oppression at the pit of the stomach; gasping breathing; and confusion of thought. The pulsations of the distal arteries were as above described; but the heart was acting regularly, though with increased frequency. Stimulants and white of egg were administered, with the effect of rallying her. About four hours after the dose of chloral, a second attack of faintness, weak, frequent pulse, oppression, dyspnoea, etc., occurred. Recourse was again had to stimulants and white of egg, and the patient again rallied. It was clear in this case that the heart was the last affected, and therefore in accordance with previous observations. Dr. Richardson says that dangerous decomposition of the blood may occur before coma is produced; and the symptoms in this case were such as would occur if blood were lost. Dr. Reynolds calls attention to the fact that he found white of egg more efficacious than stimulants. In the April number is a note of the case of a child, three years and a half old, to whom doses of four grains were given for seven nights with benefit. On the eighth night no chloral was given, and the child was seized with faintness and symptoms similar to those in Dr. Reynolds's case. The administration of food was followed by recovery. No more chloral was given; but, again, on the third night similar symptoms recurred, and again yielded to the administration of food. It would seem necessary to supply to the full extent the longing for food often expressed by patients. Any cases in which chloral definitely disagrees would be well worthy of note.

*Tetanus*.—There is no doubt that chloral will procure muscular relaxation, and add to the patient's comfort, but there is no reason to suppose that it exercises any curative effect.

*Delirium Tremens*.—The result in cases of delirium tremens has been generally very satisfactory; but the dose required varies very much.

Chloral has been tried in numerous other affections—hooping-cough; convulsions, epileptic or otherwise; chorea; neuralgia, etc., with more or less benefit. In maniacal paroxysms, its influence has been very marked. In asthma, great relief has followed its use. It is said to relieve the gastric irritation met with in gout, etc. It has allayed vomiting. In puerperal mania, it is reported well of. To relieve pain from the tension of inflamed parts, chloral will probably be very efficacious.

*Its Antidote*.—While Liebreich was watching the muscular relaxation produced by chloral in a case of tetanus, it struck him that strychnine must be antagonistic to chloral, and would prevent its action. He killed two dogs with chloral, and to a third administered the same quantity, but quickly afterwards gave a dose of strychnine. No sleep nor convulsive movements resulted. In any case in which dangerous symptoms occur, it will be advisable to have recourse to the white of egg, as found serviceable by Dr. Reynolds.

#### THE FUTURE OF THE COLLEGE OF SURGEONS.

The principal resolution proposed at the recent meeting of the College of Surgeons would, if acted upon, have the effect of depriving the College of a share in the formation of an examining board for the licence to practise. The mover and seconder of it did not develop their views in any detail; but we may assume it as probable that they contemplated the resignation by the College of all part in the emoluments from these primary examinations. Expressions were, indeed, used implying that the College had already displayed a too commercial spirit in obtruding pecuniary calculations into the scheme for the formation of a joint board in London. There is no doubt that the proposal to which we have referred would be an effectual rebuke to all money-getting tendencies. It would deprive the College of three-fourths of its income (that hitherto paid for the membership-diploma), and leave it dependent upon the fees for the higher examinations. It is needless now to remark that the Government scheme does not include any proposal so far advanced towards revolution, and that it leaves the College

with its due share in future examinations and in the fees accruing therefrom.

It is not our purpose in the present article to examine as to the wisdom or otherwise of the proposal in question; we wish to use it only as a proof that the material interests of our corporate bodies are deeply concerned in some of the proposed measures of reform. Indeed, in whatever way the matter may be settled, we do not doubt that it will be to the detriment, more or less, of the income of the College of Surgeons; and, under such circumstances, it is well that its real friends should look ahead and ask carefully what its future is likely to be. In all probability the College will retain a share in the management of the examinations for the general licence, and will receive its proportion of the fees; but it is quite possible that these fees may be reduced; and it is quite certain that the examinations, when longer and more detailed, will become more expensive, whilst a somewhat larger share of the proceeds will have to be handed over to other bodies than has hitherto been the case.

We are not among those who think that the College ought, in a high sentimental mood, to shut its eyes to questions of profit and loss, since we hold rather, that, as trustees for the welfare of surgical science, its managers are bound to look most carefully to its interests in these respects. The income of the College is devoted to three principal objects—the payment of examiners, councillors, and other officials, the support of the Museum, and the maintenance of the Library. It is not believed that the examiners are now overpaid, whatever may be thought as to their being underworked. With regard to the Museum and Library, it is difficult to speak too highly. The Museum is probably without its equal in the world; and in some of the departments which are open to both, it is, we believe, much in advance of our great national collection. No one would wish that either the Museum or Library should be stinted in the future.

Although, as we have said, there is no reason to think that the College will lose its share in the new Board, yet it seems very probable that its functions, as a diploma-giving body, will in the future somewhat decline. The mere fact of the constitution of a joint Board will render its work in this way less direct; and it is also probable that before very long it will be found necessary to provide better accommodation for carrying out the more extended examinations than the rooms in Lincoln's Inn Fields afford. The Medical Council will almost certainly assume, year by year, a larger and more direct influence in the examinations; and with this growth that of the Corporations must gradually decline. We do not think that, on the whole, there will be anything to be regretted as regards the interests of the profession in this change. As we have already said, however, it behoves the friends of the College to recognise the change, estimate its consequences, and provide against them. The loss of income will not be sudden and large, as proposed by the advocates of State examiners; but it will, we think, be none the less sure. In proportion, however, as the College may find its sphere as a diploma-giving body narrowed, we trust that it will find its functions as a teacher enlarged. These functions are exercised by its Museum, its Library, its several Lecturers, and by the labours of its Curators; and it is necessary to enumerate them to show that they all need money, and that none of them produce income. In the new compact which is about to be made between the State and the Profession, the public will gain, and the Corporate Bodies will, to some extent, lose. Surely there would be nothing unfair if the College of Surgeons were to require, as compensation for loss, and as the only means by which its future usefulness can be thoroughly developed, that an annual grant should be accorded it. Its objects are national, and the burden of their support has, in the past, fallen too exclusively on the profession. On two occasions—first, in the purchase of the Hunterian collection, and secondly, in a vote for its better accommodation, the Government of the time being has acknowledged the principle which we now urge. We sincerely trust that those with whom the responsibility at present rests will not neglect the opportunity.



In every department the College needs development. Its Library and Museum, good as they are, are far from being complete; and as one of the chief complaints with respect to the latter is want of room, there will be reason to rejoice when a new building is provided for the primary examinations.

Respecting the Museum, we may venture a few more detailed remarks. In comparative anatomy it is excellent; and by successive curators this department has been cultivated with the utmost zeal. In pathology, however, which might have been thought to be its more special province, it is not equal to many collections of much inferior pretensions. We may mention that the wide field of comparative pathology is scarcely cultivated at all. Wax-casts, drawings, etc., illustrative of pathology, have as yet been almost wholly avoided as too expensive; yet it is only by such means that many very important facts in pathology can be truthfully illustrated: and surely it is here, if anywhere, that we should expect to find such works undertaken. A modeller and an artist ought to be constantly employed. Then, again, we may assert that it is a disgrace to the British profession that we have no public collection of the instruments and appliances used in surgery. Several of the continental towns can boast collections of this kind of the utmost value. The College of Surgeons is certainly the body which ought to undertake it. Its realisation would require both room and funds.

The Library ought to be as nearly as possible complete. It should include every work (British or Foreign) of any real value for professional purposes. Especially it ought to contain all expensively illustrated works which are for the most part beyond the reach of private individuals. How far it is at present from doing so, many of our readers well know. It ought also to be made more accessible to workers, even at some increased expenditure in the Librarian's salary. It ought certainly to be kept open in the evening, since this is the only part of the day during which many of the more industrious can make use of its treasures. It might also perhaps, at certain times and under proper restrictions, be made available to students. All these developments would cost money.

The College already possesses several very valuable endowed lectureships—all, we believe, supported by the bequests of individuals; and to the older ones a very valuable addition has been quite recently made by the munificence of Mr. Erasmus Wilson. We hope in future to have a regular course of lectures on dermatology, in addition to those on anatomy and surgery, which have in time past added so much to the repute of the College, and conferred so much benefit upon surgical science. Why should we not have many other objects included? Why not an annual course of lectures on ophthalmology and a dozen other special departments of surgery?

The College must not, of course, compete as a teacher with our schools. What is wanted is, that it should help the education, not of students, but of those who have got their diplomas. It would be a great boon to many engaged in practice if there were courses of lectures provided especially for their wants, and representing, not the elementary matters taught to students, but all the most recent advances in the various departments of our art. The wants of an age in which progress is exceptionally rapid, demand that our Colleges should adapt themselves in a new manner to the task of affording facilities for the communication of new knowledge.

It will be seen, then, that we anticipate that the Royal College of Surgeons will gradually become less and less directly connected with the important but monotonous duties of examining for diplomas, and that its more honourable function as an educator will be greatly developed. We hope to see it place itself at the head of the surgical part of our profession in a manner which it has scarcely as yet attained; and aim at tasks which as yet have been but very partially attempted. For success, nothing is wanted but that its traditions should be thoroughly liberalised. Much has been done of late years to break through the old exclusive rule which cramped its usefulness in the past, and much more must follow. By fair and liberal regulations, by the display of

genuine zeal for the advance of surgical science, the authorities of the College must seek to enlist the cooperation of all its alumni. If the guarantee be given that funds for such purposes are desired, and that they will be wisely used, we doubt not but that many other gifts and bequests will be attracted to its coffers. There are amongst us many men who are large-hearted in the cause of science, and a few who are wealthy also. If, however, the cost should be found too heavy for the profession to bear alone, we have a most just claim upon national aid.

## THE "DREADNOUGHT" ON LAND.

THE Seamen's Hospital Society, in their migration from the *Dreadnought* to the Infirmary of Greenwich Hospital, has, as we hope and believe, commenced a new lease of energy and prosperity. The Society has existed for about half a century, has now a cosmopolitan reputation, and has afforded valuable clinical experience to many men prominent in the profession. Opportunities exist in these wards for the study of many diseases that can be found only at this hospital, and the surgical department has always furnished an average number of cases useful and interesting to the advanced student. The building now occupied by the Society consists of three distinct wings for patients, parallel to each other, and united by a covered way running transversely through the centre of the entire establishment. The eastern wing will be devoted to medical, and the western to surgical cases, and the single-story wing, known as the Somerset ward, will form an admirable casualty and outpatient department. There is a kitchen, capable of cooking for 600 men, in the centre; and a large number of very good baths situated midway between the medical and surgical departments. The wards are very small, and contain only from three to six beds each, thus materially increasing the cost of administration. An opportunity will thus be afforded to observe how far extreme subdivision of hospital patients is conducive to good sanitary results. The hospital will accommodate about 300 patients, and it is probable that the duties in the casualty department will now increase considerably. The *Dreadnought* (as this Institution should still be called), though a class hospital, does not, and indeed cannot, decline to receive any accidents; so that the districts of Greenwich, Woolwich, Charlton, Blackheath, and Deptford, will naturally prefer to send such cases to the sailor's hospital, rather than to take them to Guy's or St. Thomas's, as they have heretofore been compelled to do. The Committee of the Society has indeed acquired, in its new home, a great accession of responsibility. We are informed that the medical staff will be enabled to continue the resident system formerly in vogue in the *Dreadnought*; and there can be no doubt that, if properly worked, this Institution should afford one of the best fields for hospital practice in London.

## WORKHOUSE REFORM.

IF the time has past for thinking of schoolmasters as the natural enemies of little boys, we cannot yet take credit to ourselves for having emerged from the state of barbarism and false economy which leads to a chronic state of more or less pronounced hostility between Guardians on the one side, and workhouse inmates (represented by workhouse medical officers) on the other. A Board of Guardians which surrenders its judgment on medical and hygienic matters to the opinion of its medical officer is still to be congratulated for its far-sighted wisdom, while the medical officer deserves the highest praise for his skill and disinterested courage. Such a Board of Guardians is that of St. Margaret and St. John, Westminster, and they are fortunate in their medical officer.

In Dr. Dudfield's latest report on St. Margaret's Workhouse, Kensington, he gives us an account of the substantial improvements effected in the management of that Institution during the last eight years, from which it appears that the inmates are really living very comfortably and economically, and that the death-rate has diminished considerably.

The most important improvement has been the introduction of paid

day and night nurses working under a paid head-nurse. Dr. Dudfield shows that, since this system was begun, five years ago, the average annual rate of mortality in the house has diminished from 18.6 to 14.3 per cent. on the average daily number of inmates; or, in other words, that the deaths during these five years were 167 less than they would have been had the former death-rate continued, and this in spite of a large increase in the daily average of inmates. Another improvement—referred by Dr. Dudfield to the better system of nursing—is a great diminution in the consumption of wine and spirits by the sick, the amount saved under this heading alone being “rather more than the united salaries of the entire staff of eight paid nurses.” This seems to result partly from the superior intelligence of the nurses in detecting early symptoms of illness, which allows the patients to be placed under more favourable conditions for recovery; partly from the better regulations under which the paid nurses work.

Dr. Dudfield refers to several other very important improvements which have been gradually introduced by the Guardians since his appointment. They include an unstinted supply of “expensive medicines” and appliances, a diet more liberal and more enticing than it formerly was, adequate bath arrangements and a good supply of hot water, ample firing (a real economy, no doubt, and one which, Dr. Dudfield says, will be especially grateful to the aged inmates), and increased attention to the harmless insane. Among the minor, but by no means insignificant, reforms, is mentioned the ornamentation of the sick and infirm wards by coloured limewash and pictures, instead of the dreary waste of bare white which must formerly have added to the depression of the patients.

It is satisfactory to add that these improvements have not been abused, for Dr. Dudfield says that “very much has been done by your Board to ameliorate the condition of the sick, the infirm, and the aged, without in any way making the establishment attractive to that class of the poor for whom ‘workhouses’ were originally intended.”

#### MEDICAL MEN AND MEDICAL POLITICS.

We are informed that two hundred and forty-four Fellows and Members of the College of Surgeons signed the requisition for the late special meeting held in its theatre, and that of this number only twenty-nine attended it. Of those who both signed and attended, twenty-one were Fellows and eight Members. Those who think but lightly of the value of free discussion and free methods of government in our professional concerns, may perhaps be inclined to adduce this remarkable difference between the number of signers and that of attenders as an oblique support of their opinions. They will say that it shows that people often clamour for a right which, when obtained, they scarcely care to use. For ourselves, we cannot think that such an inference is fair. It is not to be expected in a busy profession like ours that many men can spare the time to take part in public agitation; and it is most unjust to advance the fact that they do not do so as proof that they are really apathetic. What those who signed the memorial in question meant was, that they wished to protest against private arrangements, and to secure open discussion of the matters in question. If such open discussion be secured, it is by no means necessary that all should take part in it. The fact that it is open, that it is competent to us all to attend if we like, and to take what part we like, is a sufficient guarantee against the hole-and-corner arrangements which are so distasteful to us.

The statistical fact which we have recorded may perhaps be used by some to show that, if voting by proxy were permitted in our medical elections, many would vote who do not really care about the matter; but upon this point also there is room for two opinions; and it may be alleged, with at least equal force, that such statistics prove that a very large majority of those who take a warm interest in professional politics are wholly prevented from displaying it by the custom which renders personal attendance compulsory. Surely, if there be any body of men to whom the permission to vote in writing ought to be accorded on all possible occasions, it is our own profession. Our occupations

are such that, not unfrequently, men who take the keenest interest in the subject, and who up to the very day, or perhaps hour, of the election, had intended to be present, are prevented by engagements which can neither be foreseen nor avoided. It appears to us a matter of the merest common sense that those upon whom responsibilities are conferred should be enabled also to discharge them with as little personal inconvenience as possible. The present plans practically disfranchise the greater part of the constituencies; and it is highly probable that their influence acts injuriously on the results of our elections.

MR. HENRY WILLIAM RIPLEY has given £10,000 to found a convalescent home in Bradford, his native town.

THE Vienna *Militärarzt*, giving a favourable sketch of the last medical blue-book on the British Army, advocates something similar regarding the Austrian Army.

A BILL lately passed by the Austrian Parliament for increasing the salaries of the University professors in the empire has received the imperial sanction.

MR. HENRY T. HOLLAND, barrister-at-law, the elder son and heir of Sir Henry Holland, Bart., M.D., has been appointed an Assistant Under-Secretary of State at the Colonial Office.

THE annual general meeting of the Society for the Relief of the Widows and Orphans of Medical Men will be held at 53, Berners Street, on Wednesday, April 27th, for the election of officers and directors, and for other business.

#### TYPHUS IN WHITEHAVEN.

THE War Office has, we understand, countermanded the order for the assembling of the militia in the town of Whitehaven, in consequence of the prevalence of typhus fever in that town. Dr. Buchanan, one of the Privy Council officers, is now prosecuting an inquiry with reference to the outbreak.

#### A CURIOSITY IN SPANISH MEDICAL FEES.

A BILL amounting to £1300 for less than a month's attendance, and including £150 for fifteen days' lodgings, has been charged by a Spanish medical man for attending the master of a South Shields ship who was taken ill with fever at Carthage. The owner of the vessel, who is held liable for all sick persons landed from his vessel, has referred the matter to the Foreign Office.

#### DISEASE AMONG PAPER-MAKERS IN AUSTRIA.

A DISEASE, the nature of which was not diagnosed by the medical man in attendance, broke out lately among the persons employed in a paper manufactory at Schölldmühle, in Austria. Sixteen persons were attacked, of whom ten died in a few hours. In the last case, a *post mortem* examination, by order of the authorities, was made by Professor Klob; the appearances found were those of malignant pustule. It appears, according to the *Wiener Medizin. Wochenschrift*, that in other paper factories rapidly fatal disease has occurred, but has not attracted special notice. The rags are supposed not to be the source, as the disease first appears during the process of manufacture of the paper.

#### MEDICAL SOCIETY OF LONDON.

MR. FRANCIS MASON has been appointed to deliver the annual oration of this Society. It will take place on Monday, May 2nd, at 8 P.M., at the Hanover Square Rooms, the Society's rooms in George Street being inadequate to accommodate the large number of the Fellows and their friends who are expected. We are informed that a curious and interesting account of the transactions of the Society since its institution in 1773 has been compiled by Mr. Mason, and will form the subject of his discourse. Our readers will recollect the very interesting paper which Mr. Bryant succeeded in producing two months ago from a like search in the annals of the Hunterian Society. After the oration, there will be a *conversation*, at which several novelties in art and science will be exhibited.

THE GOVERNMENT MEDICAL BILL.

OUR readers will find at page 432 the report of a special meeting of the Metropolitan Counties Branch which was held on Thursday last, to consider the subject of medical reform. The resolutions which were published last week in the notice of the meeting were passed, with some additions; and the Council of the Branch was empowered to act as a Committee for the purpose of examining and watching over the progress of the Bill. Dr. Chadwick, the President of the Parent Association, who happened to be in London, came into the room during the meeting, and very kindly consented to propose the second resolution; giving thereby, in a manner, the support of the Association to that which the Branch desires.

THE MEDICAL ARRANGEMENTS AT THE BRIGHTON REVIEW.

THE medical arrangements at the Easter Monday review were never more satisfactorily carried out than those at Brighton on Monday last—thanks to the energy and management of Brigade-Surgeon Cordy Burrows of the Sussex Artillery, the Surgeon in charge, and Assistant-Surgeon Mayo, M.D., of the Inns of Court Volunteers, who was appointed to assist Mr. Burrows. A field-hospital tent, which formed the medical head-quarters, was erected at the gravel-pits on Red Hill, under the charge of Mr. Burrows and Dr. Mayo. At the Grand Stand, a room was set apart, under the care of Surgeon J. H. Paul, M.D., of the 6th Tower Hamlets Rifle Volunteers, and Surgeon Heckstall Smith, 1st Sussex Artillery. At the Industrial School-room, a room was also set apart, which was placed in charge of Surgeon E. Whately, and Assistant-Surgeon G. Hodgson, 1st Sussex Rifle Volunteers. An ambulance-wagon was attached to both the attacking and the defending force, with a detachment of the military train. A detachment of one sergeant and twelve rank and file of the Brighton Artillery Corps were also told off for duty at the Hospital-tent at the gravel-pits. The accidents, we are happy to state, were very few, the large proportion of the cases attended to, not exceeding twenty altogether, being mostly cases of exhaustion. One of these assumed a very serious aspect, the man being the subject of cardiac valvular disease. A captain of the 11th Kent Artillery had his face severely scorched by the explosion of a gun, his eyebrows and eyelashes being burnt off. A captain of the 3rd Middlesex Artillery Volunteers received a comminuted fracture of the left leg, by being thrown from his horse, on Saturday at Patcham, whither he had come to meet a corps coming in from London by road. He was taken to Regency Square, and is doing well, under the care of Assistant-Surgeon Hodgson of the 1st Sussex Rifles. We said that the arrangements were never more satisfactory; and it is gratifying to observe the trouble which was taken by Mr. Burrows and Dr. Mayo to make them as efficient as possible; but we fear there is little room for congratulating ourselves that the War Office takes one whit more interest in volunteer medical matters than previously. At a late hour and in an indirect manner Brigade-Surgeon Burrows received his appointment as surgeon in charge, and at the same time information of the approval of Mr. Secretary Cardwell that field-hospitals should be formed. Mr. Cardwell, however, does not appear to have troubled himself to answer Mr. Burrows' request for further instructions; nor were the proper means placed at his disposal for carrying out the kind and considerate approval of the Secretary at War. Major Wilkinson, the Assistant-Comptroller, had instructions to supply necessities for the hospitals, and he most courteously placed every thing which could be obtained at the Military Hospital at the disposal of Mr. Burrows; but, unfortunately, the Hospital was suffering from a dearth of medical necessities and comforts, the bulk of these obtained by Mr. Burrows consisting of tin utensils of various kinds and old splints; two stretchers were, however, forthcoming, but no hospital-tent was to be procured. Under such circumstances, Mr. Burrows was compelled to procure, at his own expense, at the last moment, a large hospital-tent, and other necessities, which were not to be had from the military stores in the district. No doubt two ambulances and a detachment of the military train were on the field. So far so

good; but we fail to see why the preparation for the medical arrangements should be left until the last moment, when the necessary stores cannot be obtained in time; and we have equal difficulty in recognising the benefit of informing the medical officer, through his colonel alone, of his appointment to carry out the medical arrangements, at the same time refusing to offer any further instructions and to reply to questions addressed to the War Office on the subject. Such a want of bare courtesy to volunteer medical officers is, to say the least, unfair, and certainly impolitic. We hope, however, soon to see that the suggestion of the Volunteer Medical Association may be in some shape adopted; viz., that the senior medical officer in the district shall on all occasions take charge of the medical arrangements for reviews held within his own district, and be allowed direct communication with the War Office, and that Government shall afford every means for carrying out the necessary arrangements in an efficient manner.

MR. CORDY BURROWS' ENTERTAINMENT TO THE VOLUNTEER MEDICAL OFFICERS AT BRIGHTON.

MR. CORDY BURROWS, who was in charge of the medical arrangements at Brighton, extended his well-known hospitality in a full measure to the medical officers who attended the review on Monday last. In the handsome banqueting-room of the Royal Pavilion, upwards of ninety volunteer medical officers were entertained at breakfast by Mr. Burrows, when the opportunity was at the same time taken of explaining the medical arrangements for the day. In the evening, many of the medical staff, including those engaged at the hospitals, also dined with Mr. Burrows. We but reflect the feeling of all volunteer medical officers present, when we say that Mr. Burrows' very kind attention was most thoroughly valued by them.

THE GERM-THEORY OF DISEASE.

PROFESSOR TYNDALL replies in the *Times* of Thursday to the exceptions taken by Dr. Bastian to his former statements in that journal, and relates some experiments of Pasteur's, Lister's, and his own, in support of his belief in the germ-theory of disease. The question raised by his letter, he says, lies in a nutshell. "Either Dr. Bastian denies the inability of lung-filtered air to produce putrefaction, or he admits it. If the former, he can state his denial in three words; if the latter, I ask him to explain the fact."

THE MEDICAL SCHOOL IN PARIS.

THE interesting letter of our Paris correspondent shows that the agitation produced in the medical world of that city by the recent disturbances in M. Tardieu's class-room, and the consequent closure of the School of Medicine, is far from having subsided. The students appear to be divided in opinion as to the manner in which M. Tardieu should ultimately be dealt with. At a meeting, it was resolved by a twenty-fold majority that he should be requested to resign; while, on the other hand, a paper is being signed by those students—whose opinions we certainly share—who think that his resignation would be "an fait regrettable." A movement for the formation of a "Free School of Medicine"—that is, one independent of State patronage and control—has been originated. Two stormy meetings of students and professors have been held; but as yet no definite conclusion has been arrived at.

ACCIDENT FROM READING IN BED.

A SERIOUS accident has just occurred to Professor Rudolf Gneist (now on a visit in this country) through the reprehensible practice—to which it appears that even philosophers are addicted—of reading in bed. It appears that, after returning from a party on Saturday evening, and going to bed, he commenced reading some manuscripts which he was preparing for publication, when the bed-furniture caught fire, and, before the flames could be extinguished, he was severely burnt about the lower part of the body; but, under the care of Mr. Hodson Rugg of St. John's Wood, he is at present going on favourably. Professor Gneist is a member of the Prussian Parliament.



PROVIDENT DISPENSARIES: THEIR OBJECT AND PRACTICAL WORKING.

WE remind our associates of the paper on this subject by Dr. J. Ford Anderson, at the meeting of the Metropolitan Counties Branch to be held on Friday, the 29th instant, in the Medical Society's rooms, George Street, Hanover Square. The provident system directly meets a want which many feel, and has an important bearing on the general questions which are now engaging a large share of the attention both of the medical profession and of the general public. Dr. Anderson has had large practical experience of the working of the provident system, and has taken considerable interest in the subject for some years.

## SCOTLAND.

THE degree of LL.D. was conferred on Dr. Charles Murchison by the University of Edinburgh on Wednesday.

SIR JAMES SIMPSON, BART.

WE are pleased to be able to state that Sir James Simpson's health has undergone improvement during the last few days.

UNIVERSITY OF EDINBURGH.

AT the University Court which met on Thursday week last, the Principal, Sir Alexander Grant, Bart., in the chair, the lectures on Surgery of Dr. John Chiene were recognised as qualifying for graduation in the University; and the appointment by Professor Turner of Dr. Morison Watson as Demonstrator of Anatomy was approved.

THE SCOTCH VACCINATION ACT.

A SUPPLEMENT (in the shape of a report) to the monthly and quarterly returns of the Registrar-General for Scotland during the year 1869 has just been issued; and this supplement has reference also to the vaccinations during 1868. This part of the report is particularly instructive at the present time, when wrong-headed men are endeavouring to mislead the ignorant, and to induce them to forego the benefits of one of the greatest blessings which science has brought to light. The following figures ought to be conclusive evidence of the good results derivable from vaccination in Scotland, at any rate. In 1864—the year in which the Scotch Vaccination Act came into operation, and, of course, when there was existing much previous neglect of vaccination—the deaths from small-pox were 1741; in the following year, they fell to 383; next year, to 200; next year, to 100; and in 1868, to 25. The vaccination is very nearly complete. Thus the number of children vaccinable in 1868 was 106,181, and of this number, 102,140 were successfully vaccinated; the remaining 4041 being made up as follows: vaccination postponed, 914; insusceptibility, 514; removed from district, and not accounted for, 2613. The percentage of vaccinations to births is given as 88.3—a percentage which quite surpasses anything of the kind in England. But if the percentage be taken after deducting the number of deaths before vaccination, the number given is 96.1.

THE UNIVERSITY OF ABERDEEN.

WE were glad to observe that, at the half-yearly meeting of the General Council of this University, the subject of medical bursaries, which we had occasion lately to notice, was brought forward by Dr. Struthers, who proposed the following motion: "Whereas there are numerous bursaries for students in the Faculties of Arts and Divinity, but only one in the Faculty of Medicine, the General Council represent to the University Court the importance of making known the want of medical bursaries in the University." Dr. Struthers said that, though there were nearly two hundred bursaries in the Faculty of Arts, they had, in point of fact, only one in the Faculty of Medicine. Now, the medical faculty was more expensive than that of Arts, and, besides, they had it to study after undergoing several years in the Arts classes. It was very unfair to have so many bursaries in the one faculty and so

few in the other. He concluded by requesting that the bursaries be more equalised. The motion was received favourably, and we hope that some active steps may be taken to procure for the medical faculty a fairer share of the bursary funds. We shall return to the subject.

UNIVERSITY OF EDINBURGH COUNCIL.

AT the half-yearly meeting of the General Council held in the Freemasons' Hall on Tuesday—the Chancellor presiding—the subject of the medical education of women was taken up. Professor Masson submitted the following motion, which was seconded by Professor Balfour.

"That, as the present arrangements for the medical instruction of women in the University impose great and unnecessary inconveniences on the women who are students, and also on professors, and may, if continued, even nullify the resolution of the University admitting women to the study of medicine, the General Council recommend to the University Court that women desiring to study medicine be admitted to the medical classes as other students are, and on the same terms, except in cases where the Court may see special reasons why the instruction should be separate."

Professor Laycock moved a negative, which was seconded by Professor Christison. Dr. Christison, in alluding to the decision of the Senatus in the case of Miss Pechey, stated that it rested on the fact that the authorities of the College had not hitherto passed any resolution entitling ladies to participate in the prizes which had been previously assigned to, and originally designed for, male students; and therefore Dr. Crum Brown followed the law and custom of the University in acting as he did. Professor Masson's motion was lost; forty-seven voting for it, and fifty-eight for the amendment.

THE "EDINBURGH REVIEW" ON NON-RESTRAINT.

THE current number of the *Edinburgh Review* contains a very good article by a well known writer, entitled "Non-restraint in the Treatment of the Insane". Full justice is done to the labours of Gardner Hill and Conolly in this country; but the reviewer urges on us very strongly the danger in which we are now of folding our hands contentedly, and resting satisfied with merely setting free the limbs of our insane patients, without giving them the physical and mental occupation which would be so beneficial to many. The writer opposes the "associated cottage system", and strongly advocates the well known plan so long and so successfully adopted at Gheel in Belgium, and less completely in Scotland. He considers that at least a third of the insane inmates of the public asylums in England might with great benefit live quite freely with separate families unconnected with the asylums. Many other important matters in connexion with the subject are well treated in this review.

## IRELAND.

THE MEDICAL BILL.

THE want of any plan for reforming the constitution of the Medical Council, and for securing the payment of the Corporation Members out of the funds of those Bodies, are regarded as serious defects in the Government Bill. It is also to be much regretted, that no special regulations regarding pharmacy in Ireland have been introduced.

THE IRISH "MEDICAL AUTHORITIES."

ON the motion of Sir D. Corrigan, a convention of three representatives from each of the five Licensing Bodies has been summoned, and the following met on Wednesday last. From the University of Dublin: A. Hart, LL.D., S.F.T.C.D.; Professor Stokes; Professor Apjohn. Queen's University: Sir M. Brady, Vice-Chancellor; Sir D. Corrigan; Dr. W. MacCormac. King and Queen's College of Physicians: The President, Dr. Banks; Dr. A. Smith; Dr. Little. Royal College of Surgeons: The President, Mr. Macnamara; Vice-President, Mr. Walsh; Dr. Hargrave. Apothecaries' Hall: The Governor, Dr. Shea; Dr. Ryan; Dr. Lect.

# PROFESSOR FLOWER'S HUNTERIAN LECTURES ON THE COMPARATIVE ANATOMY OF THE MAMMALIA.

*Delivered at the Royal College of Surgeons of England.*

## LECTURE VIII.—*Wednesday, March 3rd.*

**Sacrum.**—This bone is ordinarily defined as consisting of three vertebrae behind the lumbar, which are ankylotized together. Sometimes, however, the coccyx, or some of the caudal vertebrae, are joined with it. A better definition describes it as being formed of those vertebrae which have a separate piece of bone, corresponding in some respects to a rib, connecting the body and a portion of the arch to the ilium. The importance of this process of bone is seen in the lower vertebrata. In the Menopoma, the vertebrae, alike in structure, have at their ends moveable bones corresponding to ribs. One of these is generally larger than the others, and bears at its end the ilium. In some other Batrachia, there are two such bones between the vertebral column and the ilium. The usual number of bones connecting the spine with the ilium appears to be two. The connecting bone is very distinctly seen in the young Elephant, in the Anthropoid Apes, in the Cat, in some Marsupialia, and in the Sloth. The remainder of the five vertebrae of which the sacrum is generally said to consist, may be called pseudo-sacral.

In the higher Primates (*e.g.*, Gorilla and Chimpanzee), the number of bones in the sacrum is the same as in man; but it is longer, narrower, and much flatter in front. Below the Anthropoid Apes, the sacrum is more like that of the Carnivora. The Baboon has two sacral vertebrae; the sacrum is broad above, but becomes rapidly narrowed, passing into the tail.

The Carnivora generally have one proper sacral bone. This has sometimes, as in the Bear, two or three of the caudal vertebrae united with it. The number of these increases with age.

Among the Edentata, some have the transverse processes of the pseudo-sacral vertebrae very long and almost meeting the ischia; while in others these parts are completely united, so as to convert the sacro-sciatic notch into a foramen.

There is no sacrum in the Cetacea; the ilium is wanting, and the pelvis is very rudimentary.

**Caudal Vertebrae.**—In a completely developed tail (such as that of a Leopard, which Mr. Flower used for demonstration), the vertebrae present great changes of character. The anterior ones have compressed short bodies, distinct arches, generally rudimentary spinous processes, well marked anterior and posterior zygapophyses or articulating processes, and distinct transverse processes. Proceeding backwards, the bodies become longer; the arches and the canal are reduced; the articulating processes are lost, so that the bones are only held together by the intervertebral substance. In front and behind are two projections representing the remains of that part of the arch which carried the zygapophyses. The transverse processes become double, either by division, or, more often, by the development of a new piece anteriorly. On the under surface of the body, near the posterior end, are two processes—perhaps hypapophyses—which support a new structure, the chevron-bone. At last, the caudal vertebrae are reduced to mere cylindrical bones, presenting the remains of the several processes.

The chevron-bones (*os-en-V* or *Unterbogen*) are found in all well developed tails. They are each developed from two lateral points of ossification, which in most cases united to form a kind of V-shaped bone, with, sometimes, a projecting spine. They give attachment to the muscles of the tail. Each bone is attached over the space between two vertebrae; being sometimes attached more to the vertebra in front, sometimes more to that behind. They never lie entirely over the body of a vertebra. These bones generally remain distinct from the vertebrae, but in some cases they become ankylotized.

In Man, and also in the Gorilla, Chimpanzee, Orang, and Gibbon, the caudal vertebrae are rudimentary, forming the coccyx. They sometimes remain separate from each other and from the sacrum; and sometimes are united with this bone. There are no arches, and rudiments only of transverse processes. In the other Primates, very great differences in the character of the tail are observed. In the Monkeys of the Old World, the tail seems to have very little use, and is but of moderate size. But, in the American Monkeys, it is generally well developed, as in the Ateles, or Spider Monkey, which uses it for grasping boughs. In this animal, an increased number of the caudal vertebrae have well developed transverse and articulating processes; the processes underneath the body are large, and the chevron-bones give a large surface for the attachment of muscles. The tail is not, however, prehensile

in all the American Monkeys. The Lemurina vary much; when they have tails, these are like those of Carnivora, and are never prehensile.

In Carnivora, the length of the tail varies much; the number of vertebrae ranging from eight to thirty-four or thirty-six (as in some Viverridae). The organ is generally not prehensile; and is mostly of simple structure. The chevron-bones (as also in Ateles) are attached mostly to the front ends of the vertebrae.

Of Chiroptera, some have rudimentary tails; in others the tails are long, but consist of scarcely anything beyond the long cylindrical bodies of the vertebrae.

Insectivora have in some instances the tail much developed, the chevron-bones being provided with processes at each side. In others, the tail is rudimentary.

Among the Rodentia, the Hare and Beaver present marked contrasts. In the former, the tail is rudimentary. In the Beaver, it is flattened from above downwards, and widened, so as to be useful in swimming. There are large transverse processes, which are doubled for some way down by additional points of ossification. The Cape Jumping Hare, which, like the Kangaroo, uses the tail as a support, has large processes and chevron-bones. The Porcupines have generally short tails; in one group, however, which lives in trees, the organ is prehensile.

In the Ungulata, the tail varies in length; but it is always simple, and not prehensile. There are no chevron-bones, except in the Ox.

In the Elephant and the Hyrax, the tail is single.

Cetacea have the tail organised for swimming. It is long, and the end of it is invested by organs of cellular and cutaneous tissue, placed not quite horizontally, but somewhat in the manner of the screw of a steamer. The caudal vertebrae are distinguished from the lumbar only by the presence of chevron-bones. The spines of the vertebrae are continued for a considerable distance; the transverse processes are also large for a considerable space; and there are large chevron-bones. At the anterior part, the tail is widened by the transverse processes of the vertebrae; posteriorly, it becomes flattened from side to side. The transverse processes have holes for the passage of arteries; the caudal artery runs in the space between the chevron-bones.

In the Sirenia, the tail is broad from side to side and does not undergo narrowing.

Among the Edentata, the Sloths have very rudimentary tails; in all others, the tail is large. The Orycteropus, or Cape Anteater, has a tail presenting all the characters of that of the Leopard; but well formed processes extend much further backwards. The chevron-bones are well developed. The tail in this animal is not prehensile; but it is said to use it for support. In the Manis, the number of caudal vertebrae is forty-six (the largest number known); and the processes are much developed. This animal has been seen to stand on the tail in a corner of a room, merely steadying itself by its fore limbs against the wall; and has in this way sometimes escaped from places in which it has been confined. The Great Anteater has a very much less powerful tail. All the true Armadillos have powerful tails; a small species has the hinder end broad and spatulated, through the extension of the transverse processes.

Among Marsupials, the Kangaroo has a powerful and well developed tail. The chevron-bones are large, and have additional processes projecting anteriorly and posteriorly. Some smaller Marsupials have prehensile tails used in carrying; in others, the tail is used in climbing. Sometimes, as in the Wombat and Koala, the tail is only rudimentary.

In the Edentata, the Echidna has a short tail with single chevron-bones. The Ornithorhynchus has a very broad tail, with the lateral processes much developed.

## ROYAL COLLEGE OF SURGEONS.

At the last meeting of the Council, Mr. Edward Cock, President of the College, was elected a member of the Dental Board in the vacancy occasioned by the resignation of Mr. Skey, F.R.S., a former President. Mr. Ibbotson, F.R.C.S., late President of the Odontological Society, was elected an Examiner in Dental Surgery, in the vacancy occasioned by the resignation of Mr. Tomes, F.R.S. Mr. Cartwright, F.R.C.S., was re-elected a member of the Board.

At the same meeting of the Council, the following Members were admitted Fellows of the College, viz., Messrs. Andrew Good Brookes, Shrewsbury, diploma of membership dated June 13th, 1836, and Samuel Parker, Sheffield, Surgeon to the Sheffield General Infirmary, April 26th, 1841. The following Members of the College were elected Fellows, viz., Messrs. Edward Henry Rudderforth, Air Street, Piccadilly; and Daniel Ross, Commercial Place, Commercial Road, E.

The Council adopted the recommendation of the Jacksonian Committee, that the subject for the Jacksonian Prize for 1871 should be, "The Treatment of Wounds after Operations, including the Arrest of Hemorrhage, primary and secondary."

The adjourned meeting of Fellows and Members, to discuss and consider the present position of the College with respect to probable legislation and the formation of a single Examining Board for each division of the United Kingdom, will take place this day (Friday), when the Chair will be taken at 3 o'clock by the President, Mr. Cock.

## SPECIAL CORRESPONDENCE.

### PARIS.

[FROM OUR OWN CORRESPONDENT.]

Paris, Monday, April 18th, 1870.

1. *The School of Medicine and the Government.*—2. *Present Attitude of the Medical Students.*—3. *Proposal to Establish an École Libre de Médecine.*—4. *Diseases and Deaths in the Parisian Hospitals during First Quarter of 1870.*—5. *Dr. Jules Guérin and Dr. E. Debove on Animal Vaccination.*—6. *Banquet of the Medical and Scientific Press.*

THE SCHOOL OF MEDICINE AND THE GOVERNMENT.—On Tuesday, April 12th, M. Jules Ferry, in the Corps Legislatif, put questions to the Minister of Public Instruction (M. Segris) touching the decree by which lectures and examinations had been suspended at the School of Medicine. Though M. Ferry took action at the request of the students, and disapproves of the measure adopted by the Government, he did not defend the conduct of the students. The following is a summary of the speech of M. J. Ferry and of the Minister's reply.

M. Jules Ferry: I wish to ask the Minister of Public Instruction some questions. It is not a light matter that two thousand young men should be deprived of the means of pursuing their studies, and suddenly cast adrift on the streets of Paris. The house is aware that, in consequence of violent and repeated disturbances at the École de Médecine, the lectures, libraries, and hospital clinics, have been shut up for a month. I do not intend to say one word in defence of the tumults to which I have referred; but I wish to remark that I believe that those who ascribe them to the motiveless turbulence of youth or to political passion are mistaken. I maintain that the students, under a form which is, no doubt, both violent and indefensible, have a delicate sense of professional honour: they may be right or they may be wrong, but they believe that the relation between medical jurists on the one hand, and courts of justice and the public prosecutor in criminal cases on the other, has not always been characterised by that reserve and reticence which ought to be looked upon as obligatory. This sentiment, I repeat, has manifested itself in an inconsiderate and violent form; but still it is a lofty and a just sentiment, and it is the existence of that sentiment which originated the recent tumults. I ask the Minister of Public Instruction whether, in closing the School of Medicine, he has acted legally? whether he has acted equitably? and whether he has acted with tact? I regard the legality of the measure as extremely doubtful. I have studied with great attention the University regulations, particularly those of 1823, which apply to the School of Medicine. I find that there are penalties appointed and graduated with very great care; I observe, moreover, that this penal code of the School of Medicine was enacted immediately after tumultuous scenes which occurred at the opening of the session in 1822, when the School was broken up and closed (*brûlée et supprimée*) by the Minister of Public Instruction. In 1823, after these events, various punishments were prescribed, individual and general. This code says that an unruly individual, or an entire class (if the turbulent persons could not be detected), might be prevented from taking out their inscriptions; but I find nothing to justify the extreme measure of which I now complain—closing the lectures and stopping the studies of two thousand young men, for a period which may be more or less prolonged, merely because one course of lectures in which only a comparatively small number of the students are interested (that is, the fourth year students only)—insubordination to the Professor showed itself. But there is another aspect in which the Ministerial decree is still more illegal. The examinations are stopped; graduation in medicine is stopped; the supply of medical men to the public is to a great extent stopped; a degree in medicine is the bye-law of the qualification to practise, and it is the Faculty of Paris which grants the vast majority of medical degrees. It has, then, come to this pass, that in consequence of disturbances in one class, two-thirds of the medical students in France are prevented from proceeding with their examinations. If the tumults continue—which I trust will not be the case—

and if the Minister of Public Instruction continue to punish them in the way he is now doing, the State will be unable to discharge its functions through the University of conferring degrees; or, in other words, of licensing medical practitioners. This result is not, in my opinion, desirable. Though I am warmly in favour of making quite free the rights to teach, I think that the State alone should have the power of granting degrees. I hold that the present stoppage to graduation is illegal. In conclusion, let me add that the closing of the School is an indiscreet proceeding. Far from quieting, it will exasperate; it will, as it were, dig a ditch between that youthful phalanx which, though at times effervescent and undisciplined, is generous and true, and a body of professors towards whom I entertain sincere respect, and which contains men of liberal views and of the highest eminence. [Loud applause from the left.]

M. Segris, Minister of Public Instruction, gave a minute history of events, and defended the course which he had taken, by stating that the alternative was to suppress the riots by armed force or to close the School. Had scenes of bloodshed arisen, none more than the gentlemen at the left would have blamed the Government. To be just to the insulted professors, and to maintain order and decency without armed intervention, a temporary closing of the School was an imperative necessity. The course he was determined to follow, he thus announced: "After having advised and taken all these measures of conciliation, I have come to the conclusion that it is my duty, regardless of imputations of illegal and arbitrary conduct, to maintain my decree. On the first of May the lectures shall be reopened. I shall do everything to prevent a recurrence of the riotous proceedings. But, if in spite of my endeavours, the scenes of tumult and violence should begin again, I am resolved to break up the School (*je suis résolu à licencier l'École*)."

Some animated interludes or interruptions occurred in the course of the debate. The above sketch of the speeches of M. Jules Ferry and M. Segris give, however, the pith of the whole matter. It ought to be noted that M. J. Ferry's statement, to the effect that the medical libraries had been closed, was corrected by M. Segris.

To appreciate probably impending events and understand coming discussions, the respective views of the Government and the opposition, as set forth in the speeches now given in a very abridged form, have to be kept in mind, as well as the circumstantial details, which I gave in my last two letters.\*

I am inclined to think that effectual means have been decided on for securing order and decorum at the reopening of the School on the 1st of May, and stringently maintaining them for the future in M. Tardieu's class. This morning, M. Wurtz (the Dean) addressed the students of the medical and surgical clinics at La Charité, in one of the amphitheatres of that Hospital, upon the causes of the recent disturbances. He stated that they were generally imputed to first and second year students, who were not supposed to be, and were not fit to be, students of Forensic Medicine. It had, consequently, he announced, been resolved to admit no one to M. Tardieu's lectures who could not show a special ticket; and farther, he said that the special tickets would be granted only to those who had taken out twelve inscriptions—only, that is to say, to fourth year students. I have just received this information from a student who was present at the Dean's address.

PRESENT ATTITUDE OF THE MEDICAL STUDENTS.—Many have left Paris. Among those who remain there is a division of opinion both as to M. Tardieu and as to the great question of "free medical teaching," the discussion of which has been vigorously resuscitated in connection with the recent disturbances.

On the evening of the 9th instant, there was a "private meeting" of medical students, to which none were admitted without tickets. It took place at 16, rue de la Sorbonne; 707 students were present. Three questions were put from the chair, and were in turn stormily discussed. 1. Are the School and the Faculty distinct? The ayes were 706, and there was only one negative voice. It was held that the School was for teaching and the Faculty for examining. 2. Ought M. Tardieu to be requested to resign? The ayes were 676, and the noes 31. 3. How ought the students to comport themselves at the reopening of the first of May? After many speeches and much noise, it was resolved not to put any answer to this question to the vote.

The following is a copy of a paper, which is now being signed in the Quartier Latin, under care of a committee of students opposed to the appeals for resignation addressed to M. Tardieu.

"En présence de l'opinion, émise par un certain nombre d'élèves, demandant la démission de M. le professeur Tardieu,

"Les soussignés, étudiants en médecine, déclarent que, sans vouloir

\* By Imperial decree, dated 14th April, M. Maurice Richard has been nominated *interim* Minister of Public Instruction in room of M. Segris, who is now Minister of Finance.



apprécier en aucune façon, dans leur origine ou dans leur forme, les manifestations dont l'Ecole a été dernièrement le théâtre, ils regardaient comme un fait regrettable, au point de vue de l'intérêt de l'enseignement, la démission de M. Tardieu, et qu'ils protestent énergiquement contre toute démarche tendant à éloigner ce professeur éminent de la Faculté."

PROPOSAL TO ESTABLISH AN "ECOLE LIBRE DE MÉDECINE."—Two stormy meetings have been held, "of students and professors", to consider the propriety of establishing a "Free School of Medicine". Great diversity of opinion was shown at these meetings, both as to the propriety of agitating for such an object, and also as to the relations of the school to university degrees and state-supported hospitals. Nothing was agreed to at the first meeting, except the appointment of a committee. The names of the members were given in some of the daily papers; and among them was that of Dr. Gallard, physician to the Hôpital de la Pitié. This gentleman was displeased, and has written to *Le Gaulois* and other journals, stating that his name had been used without his authority; and that he was not connected with the movement now going on in favour of a free school of medicine. In a short paragraph inserted by Dr. Gallard's authority in the *Gazette des Hôpitaux* for Saturday last, April 16th, the denial is thus expressed:—"Il (Dr. Gallard) est partisan déclaré de la liberté d'enseignement, cela est vrai, mais n'en comprend pas la réalisation de la même façon que les honorables auteurs de ce projet, auquel il ne s'est nullement associé."

The adjourned meeting of the friends of the Free School project met on Saturday evening (16th April), in the Gymnasium in the rue de la Sorbonne. No one was admitted who did not produce a letter of invitation from the Committee. The invitations were limited to medical professors and medical students. I am told that there were about 450 present. Dr. Alfred Naquet was, by acclamation, placed in the chair. This gentleman was a Professeur Agrégé of the School of Medicine; but forfeited that position from his alleged complicity in a political conspiracy which, he assured the meeting, had never had any existence. He was included in the general amnesty of last year; but has not yet been restored to his professorial rank. MM. Rambaud, Drouin, Leclerc, Jules Carré, Dupré, Babaut, Regnard, and others, addressed the meeting on the subject of free teaching. Various shades of opinion were expressed. Some of the speakers urged that, inasmuch as the teaching of medicine required botanical gardens, laboratories, amphitheatres, and hospitals, there must be reliance on State aid, and consequently, submission to State control. The granting of degrees was argued by several speakers to be an affair belonging peculiarly to the State. On the other hand, some orators were out and out in favour of emancipating education from all State control. They alleged that the Board of higher education was composed of Jesuits and others, who placed the University under the heel of the Church. At eleven o'clock, the President summed up the opinions which had been enunciated. The meeting then adjourned, after a stormy scene arising from the majority being determined to speak, and the minority not disposed to listen. The person who has taken the most prominent part in getting up the meetings in connection with the project of a "Free" School of Medicine, is Dr. Rambaud, formerly *procureur des hôpitaux*.

DISEASES AND DEATHS IN THE PARISIAN HOSPITALS DURING FIRST QUARTER OF 1870.—Though hospital statistics, if taken by themselves, do not give a fair view of the diseases prevalent at any particular time in the town or district in which the hospital or hospitals supplying them are situated, they largely contribute to a correct knowledge of the subject. They are more exact and reliable than the mass of data or impressions furnished by the busy practitioners; but they do not embrace those deteriorations of the health of the community which often at the time of their occurrence furnish no serious cases of disease, and therefore few or no cases to the hospitals, although they implant in many subjects the beginnings of maladies destined to declare themselves in severe forms at a remoter date. The mild cases, too, which occur at the commencement and in the decline of many epidemics are likewise little within the pale of hospital observation. For these reasons it is important to bear in mind that the subjoined statistics relate not to Paris generally, but only to its hospitals. They are derived from a report made to the *Société des Hôpitaux* by a special committee of that society. It is drawn up by Dr. Besnier.

During January, the total general mortality of the Parisian hospitals was 1243, which is about the average number of deaths in that month: in February (although there were only twenty-eight days in the month), the mortality rose to 1304, being above the average of March in previous years (although March is the month in which most deaths occur in Paris); in March, the deaths in the hospitals rose to the unprecedented number of 1471. The diseases which chiefly occasioned this mortality will be seen by glancing at the subjoined table:—

	Jan.	Feb.	March.
Small-pox ... ..	63	96	132
Typhoid fever ... ..	37	25	19
Bronchitis ... ..	31	45	42
Pneumonia ... ..	88	117	91
Pleurisy ... ..	15	14	9
Croup ... ..	28	27	22
Sore-throat ... ..	9	2	2
Articular rheumatism ... ..	6	4	5
Measles ... ..	4	11	5
Erysipelas ... ..	5	9	13
Scarlatina ... ..	3	4	11
Enteritis ... ..	9	10	21
Diarrhœa ... ..	5	4	3

It will be seen that the chief mortality arose from small-pox and affections of the respiratory organs.

The relative proportion of deaths to cases in affections of the respiratory organs will appear from the subjoined table:

	Jan.		Feb.		March.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Pneumonia ... ..	224	88	285	117	306	91
Bronchitis ... ..	396	31	438	45	540	42
Pleurisy ... ..	93	15	112	14	111	9
Influenza ... ..	12	0	37	0	63	0

Drs. Henri Roger, Laboulbène, and others, mention that cases of abdominal disturbance first began to show themselves in March; and that then also affections of the respiratory passages became less numerous and less severe.

The portion of the report relating to small-pox and vaccination has not yet been published, but is expected to appear in a few days.

DR. JULES GUERIN AND DR. E. DECAISNE ON "ANIMAL VACCINATION."—A few days ago, in *La France*, Dr. E. Decaisne referred to the question of "animal" and arm-to-arm vaccination in the following terms.—"There are occasions on which it is a duty resolutely to fight against the opinions of the many, and to show an uncompromising front to prejudices. It is in this spirit that, for many years past, Dr. Jules Guérin has, without truce, and without giving way one inch, conducted his brilliant campaign against animal vaccination, a campaign which has at last been crowned with success. The question is now definitively adjudicated, in spite of the difficulties which arose from cupidity and bad faith. I shall always account it a high honour to have been permitted, even at the close of the battle, to act as the humble lieutenant of my illustrious colleague, who may well deem this victory as one of the proudest which he has achieved in a long and well-spent scientific career. Let me on this occasion thank *La France* for the large amount of space accorded to me for the defence of the truth. Let me also thank the entire French and foreign press for their nearly unanimous assistance—support at once so powerful and so prompt. I should in vain have waited to receive from the Academies of the world." Dr. Decaisne is correct in stating that "animal" vaccination, for which there was a perfect frenzy some weeks ago in Paris, has now fallen into complete discredit.

BANQUET OF THE MEDICAL AND SCIENTIFIC PRESS.—The second banquet of the representatives of the medical and scientific press was held on Saturday, the 9th April, under the presidency of Dr. Jules Guérin. M. Bédard, Secretary of the Academy, and editor of the *Bulletin de l'Académie*, acted as croupier of the feast. Forty representatives of the medical and scientific press were present. Dr. A. Corlieu enlivened the entertainment by an amusing and appropriate song descriptive of the banquet of Hippocrates. The oddity of the allusions and incongruity of the juxtapositions constitute the merits of the song. The third stave I subjoin.

Puis Riolan, retraussant sa moustache,  
Combat d'Harvey la circulation;  
Le noble Anglais veut répondre et se fâche,  
Pequet aigrit cette discussion.  
Pringle, avalant sa dernière bouchée,  
De Van Helmont attaque les ferments,  
Et Rasori, pour renverser l'arche,  
Vient soutenir les contre-stimulans.

Here, too, is a funny jumble—concluding with Roux smoking "caporal" in a corner with Chausser!—

Pour faire un whist vont à la même table,  
Stahl, Morgagni, Lisfranc et Dupuytren,  
A la bouillotte on vit, chose incroyable!  
Brown et Broussais, Hahnemann et Cullen:

Au menuet brillant Rufus d'Ephèse,  
Averrhoës, Capuron et Portal;  
Roux, dans un coin, discourant à son aise,  
Avec Chausser fumaît le caporal.

The racy repertory of the "Æsculapian Club" of Edinburgh (which has been printed in fragments from time to time) contains songs similarly fashioned to that of Dr. Corlieu. It is evident, therefore, that in Paris and Edinburgh occasional lyrical ebullitions of nonsense promote good fellowship among men of science.

## GLASGOW.

[FROM OUR OWN CORRESPONDENT.]

*Relapsing-Fever in Glasgow.—The Royal Infirmary: Tenure of Office: Hour of Visit.—Annual Report of the Infirmary. The Old and the New University.*

We understand that, as was to be anticipated, relapsing fever has made its appearance in Glasgow, several cases having been observed in the Fever Hospital by Dr. Russell. There is reason for congratulation that, by a recent addition to the Fever Hospital and the temporary adaptation of a new building at the Infirmary for fever-wards, there is considerable extra accommodation to meet the disease.

We understand that the Directors of the Infirmary have already held two meetings, to consider the propositions of Dr. J. G. Fleming, which were noticed in a former communication. In the matter of the appointments, they have assented to the principle of Dr. Fleming's proposal, though they have not agreed with him in the manner of carrying it out. Dr. Fleming objected to the present system, which required that after a medical man had been eight years in office he must retire for a year. To remedy this, he proposed yearly elections, and that the physicians and surgeons should be eligible for an unlimited number of annual elections. The Directors have abolished the year of ineligibility, but have resolved that the appointments shall be for five years, and that each medical officer shall be eligible for an indefinite number of such periods. They have resolved, also, to raise the staff of medical officers to four surgeons and five physicians, instead of four of each as it is at present. In addition to this number there will also be, as at present, a fever-physician. In respect to clinical lectures, they have agreed to leave this in the hands of the physicians and surgeons themselves; so that on appointment to the hospital the medical man may either confine himself to bedside work, or deliver clinical lectures in addition. We cannot but think that this is an improvement on the present system, which insists on every visiting medical officer lecturing whether he considers himself qualified or not. A very slight modification has been made in the hour of visit; Dr. Fleming proposed that two o'clock should be the hour in future, his chief argument for this being that, by the present arrangement, patients were disturbed while enjoying their refreshing morning sleep, in order to have the ward prepared for the visit at half-past eight. The Directors have refused to change the hour of visit to the afternoon, but have agreed to make it half an hour later, namely, at nine o'clock.

The annual report of the Infirmary for the year 1869 has been recently issued. The institution appears to continue in a satisfactory state as to funds and general management, about £5,600 being carried to the stock account this year. Looked at from a medical point of view, the most remarkable fact is the very large increase in the number of patients treated during 1869 as compared with the three previous years. In 1868, for instance, the numbers treated were 744 fewer than in 1869. The cause of this very great increase during last year is the large excess of fever-cases admitted during the year; for, if we deduct the number of fever-patients from the total of cases treated during 1868 and 1869 respectively, we find that the medical and surgical cases in the former year are even slightly in excess of those in the latter. In relation to statistics, we would respectfully suggest to those whom it may concern that a more satisfactory method of nomenclature might be adopted in making up the statistics of the hospital. We have long columns of diseases, arranged in a most antiquated style, and some of them with names which are so general as to include a goodly number of affections.

The last winter session at what we may now call the Old University, was brought to a close on the 6th instant; and the Professors are now busy with the degree examinations. The old buildings will, we understand, be evacuated at the end of July next, that is, after the close of the summer session, which will still be held at the old buildings. There will necessarily be some awkwardness in the arrangements for medical students, in respect to hospital teaching, during the first session, or till the new hospital is built, for the Infirmary is about two miles distant from the new University.

## ASSOCIATION INTELLIGENCE.

### COMMITTEE OF COUNCIL: NOTICE OF MEETING.

A MEETING of the Committee of Council will be held at the Queen's Hotel, Birmingham, on Thursday, the 5th day of May, 1870, at 3 o'clock P.M. *precisely*.

T. WATKIN WILLIAMS, F.R.C.S., *General Secretary*.  
13, Newhall Street, Birmingham, April 20th, 1870.

### METROPOLITAN COUNTIES BRANCH.

AN ORDINARY MEETING of the Branch will be held at the rooms of the Medical Society of London on Friday, April 29th, at 8 P.M., when Dr. J. FORD ANDERSON will read a paper on "Provident Dispensaries: their Object and Practical Working."

A. P. STEWART, M.D. } *Honorary Secretaries*.  
ALEXANDER HENRY, M.D. }

### SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

THE next meeting of the above Branch is appointed to be held at the Union House, Dartford, on Tuesday, April 26th, at 4-30 P.M.

Dinner will be provided at the Bull Hotel at 6 P.M.

FREDERICK JAMES BROWN, M.D., *Hon. Secretary*.  
Rochester, April 12th, 1870.

### METROPOLITAN COUNTIES BRANCH: SPECIAL MEETING.

A SPECIAL meeting of this Branch, to consider the present aspect of Medical Reform, was held at the office of the Royal Medical Benevolent College, 37, Soho Square, on Thursday, April 21, at 4 P.M.

Dr. GEORGE JOHNSON, President of the Branch, occupied the chair. The following resolutions were adopted.

1. Proposed by Dr. SIBSON, and seconded by Mr. HENRY LEE—"That this Branch of the British Medical Association strongly approves of those parts of the Government Bill which concern the establishment of single Examining Boards in each of the three kingdoms, and the enlargement of the powers of the Medical Council in reference to the compulsory formation of such Boards, and the supervision of the curriculum of students and of the details of examinations. The Branch, however, believes that those parts of the Bill that relate to the formation of an Examining Board are capable of considerable improvement; especially that part of it which gives power to the Privy Council to modify the resolutions of the Medical Council."

2. Proposed by Dr. CHADWICK (President of the British Medical Association), and seconded by Dr. GEORGE WEBSTER—

"That this Branch is, however, of opinion that it is unwise to confer additional powers on the Medical Council, without at the same time taking measures to improve the method of electing its members and of securing a wider representation of the profession; and it greatly regrets the omission from the proposed Bill of all provision for this object. That this Branch is of opinion that provision should be made in the Bill for the direct representation of the profession in the Medical Council, in the proportion of not less than one-fourth of the total number of members of Council, to be elected by the registered members of the profession in such way as may be found most convenient; and the Branch is prepared to oppose this or any other Bill that does not contain such provision."

3. Proposed by Mr. ROGERS-HARRISON, and seconded by Mr. RIVINGTON—"That this Branch is also of opinion that the fees for examination at the three national Boards proposed to be established should be uniform; and that every means possible should be taken for making the examinations uniform also."

4. Proposed by Dr. GEORGE HARLEY, and seconded by Dr. G. WEBSTER—"That a Committee be appointed to examine into and watch the progress of the Medical Acts Amendment Bill, and of any other Bills introduced into Parliament affecting the medical profession; to communicate with the Committee of Council of the Parent Association, and with the other Branches; and to report to this Branch on all questions having regard to the political and social interests of the profession."

"That the Committee consist of the Council of the Branch, with power to add to their number."

## REPORTS OF SOCIETIES.

## CLINICAL SOCIETY OF LONDON.

FRIDAY, MARCH 25TH.

JAMES PAGET, Esq., F.R.S., President, in the Chair.

MR. CHRISTOPHER HEATH narrated five cases of Imperforate Anus upon which he had been called to operate within the last two years. The first and fourth (both males) were examples of an anal *cul-de-sac* with termination of the rectum about an inch from the surface. In both cases the bowel was reached, in the first being drawn down and stitched to the margin; but both children sank, and in the last case the peritoneum was found to have been opened. The second case was the male child of a medical man; there was no anus, but merely a dimple in the skin. Mr. Heath reached the bowel after cutting through some very dense structure, but was unable to draw it down to the skin. The child has thrived, and is now two years old. It has a bougie passed occasionally, and there is no great tendency to contraction. The third case was in a female child, 13 months old when brought to Mr. Heath in 1868. There was no anus, but a small opening into the vagina, through which feces escaped with difficulty and in small quantity. An attempt had been made to establish an anus in the proper situation soon after birth, but without any good result. Mr. Heath repeated the attempt, but, failing to give relief to the distension of the abdomen, afterwards divided the perineum, and opened freely into the rectum from the vagina. The child recovered its health, and did well until last month, when it died somewhat suddenly with symptoms of enteritis.—MR. WILLETT had operated on several cases. In one, he passed a trocar without difficulty in a child a week old; but it died the same evening. In a girl thirteen years old, he had made a minute opening in the vagina, and stitched the bowel to the integument. He would in future, however, make deep cuts, and not put the stitches through the integument only, as in this case the sutures cut their way through. This patient wore a bougie at night, and required a laminaria tent to be passed occasionally. Mr. Willelt mentioned another case which had just proved fatal under his care.—MR. T. SMITH always recommended a tube to be passed every night. He had seen a class of cases in which there was a ring between the bowel and the anus, which could be forced by the finger, but, unless attended to, soon contracted. The bowel might be brought down and stitched; but these cases did not do well. He had for the last few years, in children with no anus, but a recto-vaginal fistula, freely laid open the perineum. Great relief had followed in these cases.—MR. CALLENDER remarked that bleeding had occurred several times in his experience, and in one case with a fatal result. Another difficulty he had found was getting rid of the feces in the lower bowel. There is always, in cases of imperforate anus, deficiency of the levator ani muscle, and loss of the muscular power of the rectum.—MR. PAGET said that the failures were more numerous than the successes. He had under his care a patient upon whom he had operated fourteen years ago. There was an opening by the vagina at birth. He had made an artificial opening where the anus should have been, and had kept it patent ever since. There was no passage through the vagina, unless when the feces were fluid. He asked whether a patient with imperforate anus, who had been operated on, had ever lived to the age of thirty. He referred to the case of a female who for seventeen years had an opening between the vagina and rectum; but the collection in the gut became enormous. The rectum in these cases forms a large pouch, communicating by a very small opening with the colon; and it was so in this case. He dilated the opening, and scooped out masses of very hard feces and crystallised triple phosphate. It finally emptied itself, and now the patient passes the feces through the vaginal opening. He had treated ten to fifteen cases, and these were the only two cases which had proved so far successful.

Dr. DUCKWORTH communicated a case of the True Keloid of Albright which had been under his observation for two years. It was illustrated by a coloured plaster cast and a water-colour sketch. The points of interest in the case were that it occurred in a male, aged 65, and had been growing slowly for thirty-six years; that it occupied the sternal region, a locality affected in nearly half of the recorded cases; and that no cause of any kind was assigned as a starting-point for the disease. The case agreed remarkably with several that had been carefully observed and described, and Dr. Duckworth expressed his belief that we were in possession of sufficient facts to warrant the distinction of these cases, originally made by Albright, into true or spontaneous, and false or cicatricial, keloid. Mr. Hutchinson had lately asserted, in the BRITISH MEDICAL JOURNAL, that Albright's keloid was a disease of

scars and not of skin, and that the affection was scarcely ever met with in adults or in elderly persons, excepting with a short history, and that after reaching a climax of growth it commenced to soften and lose its irritability. This case appeared to disprove these statements, since it afforded the longest history of true keloid yet recorded, and the growth continued to enlarge and cause, perhaps, more pain and discomfort each year. Mr. Hutchinson's observations seemed solely to apply to the spurious or cicatricial form of the disease.—Dr. Duckworth stated, in answer to Mr. Richard Davy, that several microscopic examinations of these cases had been made; and the disease was found to consist of wavy fibrous tissue with spindle-shaped cells, and numerous large bundles of nerves.

Dr. HANDFIELD JONES related a case of Fatal Epileptic Stupor occurring in a young woman who had been admitted into St. Mary's Hospital in a state of unconsciousness. In the absence of any history, diagnosis was at first difficult. She had bed-sores; no decided paralysis; increased temperature; quiet respiration; no spots; the urine was not albuminous and was deficient in uric acid. She died in asthma twenty-five days after admission, and the autopsy showed chiefly an atrophied brain with much arachnoid and ventricular fluid. Three relatives had died insane or epileptic; she had suffered from epilepsy and from mania lasting one month, and a fit had occurred two months prior to the last seizure. It was considered that the encephalon was either originally imperfectly developed or had undergone atrophic change, and that the fluid in the arachnoid and ventricles was complementary. The stupor was probably consecutive to an epileptic paroxysm.—Dr. LEARED brought forward the case of a gentleman who was seized with epileptoid fits after an attack of apoplexy. The fits were so protracted that apparent death from apnoea ensued on six occasions, and the patient was restored to animation each time by Silvester's method of artificial respiration. The duration of apnoea after a fit was on one occasion two minutes and a half, and the length of the fit itself was certainly not less, during which, also, respiration was in complete abeyance from spasm of the glottis. There was therefore a period of complete apnoea of five minutes. By the aid of bleeding from the arm and the subcutaneous injection of bromide of potassium, he improved so much that he survived five days, during which he was at times able to converse rationally with members of his family. He died at length from asthma. As a last resource ammonia was injected into a vein, but with no good result.—Dr. JONES, in reply to Dr. Powell, stated that the temperature was 102 to 103 deg., but that there was not any other evidence of inflammation.—Dr. BEIGER asked if a patient, because he died in convulsions, died of epilepsy. He did not think the case of Dr. Jones was one of epilepsy. He considered that there was enough to account for the convulsions. These were not, he considered, cases of epilepsy.—Dr. JONES thought his case was one of cerebral hemorrhage.—Dr. BUZZARD had seen the case. The interest was in the difficulty of diagnosis. He had difficulty in recognising the benefit of artificial respiration in cases of cerebral effusion of blood. The asphyxia was perhaps caused by spasm of the laryngeal muscles from cerebral irritation; and, the venous blood being got rid of by artificial respiration, a further effusion of blood perhaps took place after this. The bromide of potassium, used subcutaneously, was a valuable means of treating patients when unable to swallow.

## MEDICAL SOCIETY OF LONDON.

MONDAY, MARCH 14TH, 1870.

JOHN GAY, Esq., President, in the Chair.

MR. CLEMENT GODSON exhibited a very convenient Obstetric Bag made by Knod of Smithfield. It carried all the necessary instruments for every kind of obstetric operation, conveniently packed in small compass in each side, while in the centre were cases for bottles to hold ammonia, brandy, &c.

Mr. HENRY SMITH exhibited the Head of a Femur, given to him by Mr. Price of Margate, from a case of strumous disease of the hip-joint, with abscess, in a lad of 15. The head of the bone came away in one of the poultices, the patient making a good recovery, with fair movement in the limb.

Dr. GREENHALGH showed a long Funis, on which were found two knots. The child was a small one, but living.—Mr. PETER MARSHALL had met with a similar case.—Dr. RICHARDSON and Mr. JABEZ HOGG thought that the knots were formed during birth.—Dr. ROUTH mentioned instances of amputation of limbs *in utero* by their becoming tied in the funis.

A vote of thanks, proposed by Dr. Routh, and seconded by Mr. Weeden Cooke, was accorded to the retiring President and officers of the Society, and was acknowledged by Mr. Marshall.



The PRESIDENT gave his Inaugural Address, in which he took a survey of the rise and progress of the Society, from its origin in 1773 to the present date.

Dr. RICHARDSON made a communication on the production of Rapid General Anesthesia for Short Operations, and introduced a new anæsthetic compound. Within the past two or three years, a practice had been followed of producing quick insensibility, which should be followed by equally quick recovery. Two agents had been employed for this purpose; (a) nitrous oxide gas; (b) bichloride of methylene. Dr. Richardson said, with regard to nitrous oxide gas, that an agent which excluded all atmospheric air during inhalation, which produced perfect asphyxia, which required for its administration cost and troublesome apparatus, and which, if administered beyond a given period, even for a few seconds, must of a necessity kill, was a bad anæsthetic agent. Respecting bichloride of methylene, though it was hard to speak against any application of a remedy which he had himself introduced, but he must say that he was not favourably impressed with the application of bichloride for quick general anesthesia. It was rapid in its action; it answered the end in view; and it had been used for rapid inhalation many times. But the bichloride of methylene belonged to a dangerous family of chemical substances. As it contained an equivalent of chlorine less than chloroform, it was materially safer, but the safety was relative only. Under these impressions, the author had recently reviewed experimentally the action of the whole of the more promising anæsthetic fluids and vapours, including chloride of methyl, bichloride of methylene, amylene, hydride of methyl, ethylic ether, methylic ether, and some others. He had decided in favour of methylic ether for rapid anesthesia. The anæsthetic properties of methylic ether were first discovered by Dr. Richardson in 1867, and the substance had been reported upon by him in two reports to the British Association for the Advancement of Science. On the 20th of May, 1868, he inhaled it, for the first time, himself; Dr. Sedgwick and Mr. Peter Marshall administering it to him. He was narcotised completely in one minute, was unconscious in 70 seconds, and recovered almost instantaneously, without nausea, headache, or other unpleasant symptom. From that time, he had been in the habit of narcotising occasionally with methylic ether, and, recently, with marked success. The ether is a gas even below zero; it has an ethereal odour; it is chemically an oxide of the radicle methyl; its vapour density is 2.3, taking hydrogen as unity; and it burns in air. The gas is very soluble in various substances. Water takes up 37 volumes, yielding an ethereal fluid of very pleasant taste. Pure ethylic ether and alcohol take up over 100 volumes; and chloroform and bichloride of methylene nearly as much. For practical purposes, the author preferred absolute ethylic ether of specific gravity 720, and boiling point of 92° Fahr., as the solvent. The ether is charged with the gas at a temperature of 32° Fahr., and the compound is at once bottled and firmly corked down. It should be kept for a time before being used, the process of keeping producing a comparatively stable compound. In using this compound, which he proposed to call methyl-ethylic ether, Dr. Richardson employed the simple mouth-piece invented by Mr. Rendle, and made merely of leather. He was adding to this a reserve bag, in order to conserve the ether. From one to two drachms might be put into the inhaler for quick narcotisation. Dr. Richardson next described cases in which the methyl-ethylic ether had been administered for the extraction of teeth. In eleven cases, the whole operation, from commencement of the inhalation to the complete recovery, was under three minutes; in several cases, one minute was sufficient; while, in two cases, forty-five seconds sufficed. In no case was there spasm, syncope, or asphyxia during inhalation, or any after nausea; and in all cases there was semiconsciousness. Methyl-ethylic ether produced no excitation of the nervous centres which supply the vascular system, as chloroform did, and consequently there was absence of muscular spasm, of contraction of blood-vessels, and of syncope from fatal contraction of the heart. When it was carried to the extent of arresting life in the inferior animals, it produced death by paralysing the organic nervous centres. This result was preceded by convulsive action similar to that which is seen in death from hemorrhage. So well, however, did the heart still retain its power that, in a guinea pig, the respiration returned, *spontaneously*, in pure air, four minutes and forty-five seconds after it had ceased.

#### PATHOLOGICAL SOCIETY OF DUBLIN.

SATURDAY, APRIL 2ND.

GEORGE H. PORTER, M.D., President, in the Chair.

Dr. E. H. BENNETT showed a specimen of Impaction of a Calculus in the Left Ureter. The obstruction had produced extreme dilatation of

the pelvis, infundibula, and calices of the kidney. In the areolar tissue at the upper and lower extremities of the organ, one or two small abscesses were found, which were probably the result of local irritative action. The calculus consisted exclusively of oxalate of lime. Dr. Bennett ascribed the absence of any deposition of ammonio-magnesian phosphate to the healthy state of the mucous membrane in the vicinity of the calculus. A cyst was found on the posterior aspect of the kidney, its contents being of the usual serous character. The dilated pelvis, on the other hand, was filled with undoubted urine. The remainder of the urinary tracts was healthy.

Mr. WHITE presented a large Plate of Bone which had separated by Exfoliation from the Cranium in consequence of a severe burn. The patient, a woman 45 years of age, had incautiously approached a candle, when her hair suddenly caught fire, and was almost entirely consumed. The scalp sloughed away, and even the bony structures suffered. The portion of bone presented consisted partly of the frontal, and partly of the right parietal bones. In one place, the dura mater was exposed. The patient made a good recovery.

Dr. R. W. SMITH was, by the courtesy of Dr. HENRY KENNEDY, enabled to exhibit an example of Cystic Disease of the Inferior Maxilla. The affection resulted from a violent blow, and occurred in a girl aged 12. When the tumour had attained a considerable size, its growth ceased for some time, until the patient was again struck violently on the affected jaw. The swelling now grew rapidly, and, after the lapse of four years from the first injury, Dr. Little, of Donegal, removed two-thirds of the lower jaw with complete success. As usually happens, a cartilaginous growth took the part of the bone, and the girl—now a woman—was able to speak as well as ever. The tumour afforded a good instance of a multilocular cyst, with fluid contents. The crepitating feel, described by Dupuytren as diagnostic, and almost pathognomonic of the disease, was present throughout.

#### SURGICAL SOCIETY OF IRELAND.

FRIDAY, APRIL 1ST.

RAWDON MACNAMARA, Esq., President in the Chair.

Dr. QUINLAN presented a case of Amputation of the Leg, rendered necessary by the existence of Strumous Disease of the Ankle-joint. The affection was of seven years' standing, and had engaged all the neighbouring bony structures, the astragalus and the inferior extremities of the tibia and fibula being carious.

Dr. MAPOTHER read a paper on some of the forms of Metallic Poisoning. In the course of his communication he detailed cases illustrative of the toxic effects of lead, mercury, copper, and zinc, among tradesmen. In one instance of lead poisoning, a peculiar stammer, or pectus, was observed. The marone gun-line discovered by Corrigan was present in the copper cases, one of which was due to the inhalation of Olympan green, a carbonate of copper, in painting Venetian blinds. The zinc was inhaled as oxide in brass foundries, and aguish symptoms were constant. In another case, mercurial symptoms followed the rubbing in of half a drachm of unguentum hydrargyri, for the killing of lice. It should be mentioned, however, that the patient was taking iodide of potassium at the time. Dr. Mapother was of opinion that all these metals entered the blood as *chlorides*, into which they were changed by the gastric juice, and that they spoiled the blood by coagulating the hæmatoglobulin. The loss of red cells explained the pale colour, local palsies, especially of the muscles least used, such as the extensors of the forearm and the abdominal muscles, the impairment of the senses, and the neuralgic pains of those poisoned. The coloured gun was probably due to the reduction of the chloride of the metal caused by the chemical rays of light, for it was never noticed round the molar teeth, which were not exposed to them. Blood restoratives, above all a milk diet, baths, and iodide of potassium, were urged as both curative and preventive agents. The use of a respirator, too, lined with cotton-wool and kept on by a piece of wood, which necessitated the closure of the mouth, was advised in some of the trades.

Dr. CORLEY communicated the particulars of a case of Croup, in which he had performed Tracheotomy with temporary success. The child was apparently moribund from asphyxia when the operation was performed, and the relief afforded was instantaneous and complete. After some time, all the distressing symptoms recurred, and the patient finally sank. On examination, the lungs were found quite healthy. Dr. Corley was inclined to think that tracheotomy was often deferred too long in cases of the kind just described.—An animated discussion followed the reading of the paper; and the balance of opinion was clearly against the performance of tracheotomy for croup, save under very exceptional circumstances.

## CORRESPONDENCE.

## THE PATHOLOGY OF CHOLERA.

SIR,—Dr. Murray, in his lecture on cholera, published in the *BRITISH MEDICAL JOURNAL*, does me the honour to refer to my theory of the disease. I wish that, before proceeding to criticise the theory, he had also done me the justice to read carefully what I have published on the subject. Dr. Murray attributes to me the doctrine that “the primary action of the poison is to cause spasm of the pulmonary artery”. Then he proceeds to object that this theory does not explain the symptoms of *malaise* when there is no evidence of impeded pulmonary circulation. Dr. Murray’s objection is based upon a misapprehension. I have never said that the “primary” action of the poison is on the pulmonary artery; on the contrary, I have always maintained that the primary action of the poison is on the blood; and I refer to the symptoms of *malaise* as evidence of blood-poisoning. The only symptoms which I explain by contraction of the minute branches of the pulmonary artery, are those of impeded circulation, which are associated with the stage of collapse; and I have yet to learn that this theory is inconsistent with the facts of the disease. Dr. Murray agrees with me as to the state of the lungs and heart after death in the stage of collapse, but he thinks that “the gorged state of the right side of the heart may depend on diminished power of the heart to empty itself, as much as on increased power of resistance to the passage of the blood through the pulmonary arteries.” I would ask Dr. Murray how he explains this supposed loss of power being limited to the right side of the heart? Can he refer to any instance of a poison paralysing one side of the heart and leaving the other side intact? And how does he account for the fact that, while the blood is abruptly stopped in the minute arteries before it reaches the capillaries of the lungs, the right cavities of the heart and the trunks of the pulmonary artery are so distended with blood that, on a puncture being made within an hour or two after death, the blood spurts out with considerable force? Most assuredly weakness of the heart’s walls does not explain the acknowledged facts of the disease.

Dr. Murray says the theory of arterial resistance in the lungs does not explain the symptoms of “the disease in its most intense form, when there is neither vomiting nor purging.” On the contrary, I maintain that this is the only theory that does satisfactorily explain the rapid arrest of the circulation which occurs in that class of cases.

I beg to refer those of your readers who are interested in this subject, to an article which I have published in the last number of the *British and Foreign Medico-Chirurgical Review*. In that article I have given my reasons for dissenting from Mr. C. Macnamara’s theory of cholera. Some of our Indian friends’ apparently need to be reminded that an acceptable theory of cholera must prove itself to be in accordance with the undoubted facts of the disease, and with the recognised laws of physiology. This condition is not fulfilled either by Mr. Macnamara’s theory that the cholera-poison has a merely local action upon the epithelium of the alimentary canal, or by Dr. Murray’s hypothesis that the chief phenomena of the disease are explained by paralysis of the sympathetic nerve.

As regards treatment, I am happy to find that there are few points of disagreement between myself and the head of the Indian Medical Department; I venture, however, to express a doubt whether our knowledge of the nature or the treatment of cholera will be much advanced by noting the effect of administering “cholera pills,” to the microscopic organisms in choleraic discharges.

Saville Row, April 18th, 1870.

I am, etc.,

GEORGE JOINSON.

## LICENTIATES OF THE ROYAL COLLEGE OF PHYSICIANS OF LONDON.

SIR,—Differences of opinion having been expressed as to the professional status of the Licentiates of this College, I am directed to forward you the following opinion of Counsel in reference to this question.

I am, etc., HENRY A. PITMAN, Registrar.

*Question.*—Is a licentiate of the College of Physicians a physician, and may he so entitle himself?

*Answer.*—We are clearly of opinion that the licentiates of the Royal College of Physicians who have obtained their licences to practise physic subsequently to December the 22nd, 1860, are entitled to call themselves physicians, and to hold appointments as such, under 21st and 22nd Vict., cap. 90, and 36, if duly registered as licentiates of the College, according to s. 27 and schedule D of the same Act.

(Signed)

ROUNDELL PALMER.

GEORGE DENMAN.

Lincoln’s Inn, February 25th, 1870.

## MEDICAL REFORM.

SIR,—The medical profession has the poor consolation of knowing that it is not the only profession urgently requiring reform. The present condition of medicine is decidedly a morbid one, replete with evils and abuses. Let us enumerate some of the unfavourable symptoms of the present invalid “*regime medicale*”. They are connected with medical education, medical administration, hospital appointments, and hospital relief. Dr. Headland, in a recent contribution, has most judiciously indicated the necessity for a very liberal curriculum of medical education. Accepting some such scheme as that proposed by the Medical Council, I would leave attendance on lectures to the option of the student. A good teacher will always command a good audience. The very existence and remuneration of a lectureship would depend on the ability of the lecturer, and students would be spared hours wasted in listening to drawing reiteration or antique rubbish. All examinations, whether conducted by corporate bodies, hospital authorities, or lecturers, should be chiefly practical. Every student should be examined on clinical work. With all the branches of his profession he should be compelled to show a practical acquaintance. No one accustomed to examine students can doubt the efficiency of practical tests in ascertaining the amount of properly digested knowledge possessed by a candidate. Let it be compulsory on every student to have acted in the capacity of junior clinical clerk or dresser, for a period of one to three months. The appointments of junior house-physician or surgeon should be left open to qualified students in the order of their application. The posts of senior resident physician or surgeon should be decided by open competition, under certain restrictions. These suggestions would only apply to hospitals with medical schools attached. The permanent staffs need the most complete reform. In London especially, the manner in which appointments to the hospital staffs are made is the highest degree reprehensible. The amount of work to be got through each day in the out-patient department of any one of the large metropolitan hospitals is something enormous. The number of medical officers is often quite insufficient. Why should this be so? Is it for want of well grounded competent men? The idea is preposterous, though I have heard it advanced by those who should know to the contrary. Is not the attitude of the senior portion of the staff a frequent explanation of the state I am alluding to? There is too often an evident desire on the part of the senior members of a hospital staff to keep down the number of juniors to a minimum. The reasons for this conduct are obvious. Assistant-physicians and surgeons are compelled to work as such for an almost indefinite period, sometimes as much as twenty or thirty years, before they can obtain the charge of in-patients and compensate themselves for their laborious out-patient duties. The senior members of a hospital staff ought to retire at a certain age. Let the junior medical officers be selected from open application, and, at the expiration of a fixed period of out-patient charge, be appointed senior members of the staff, with the care of in-patients. The assistant physicians and surgeons should be paid as well as the resources of the institution will admit; this remuneration to cease on promotion to the senior staff, as it may fairly be supposed, that at that time private practice will have brought in the means of livelihood. The number of junior medical officers, who would have the titles of full physician or surgeon, should be proportionate to the average daily attendance of out-patients, say seventy to each medical officer, new and old cases together. Thus, while there is an average daily attendance of from two hundred to two hundred and twenty patients, a staff of three junior physicians or surgeons would be required. This would not interfere with the employment of clerks or dressers, and the patient would be secured the certainty of seeing the doctor for the day.

Special branches of medicine and surgery should be undertaken by officers specially appointed; and no student ought to go forth to the public without having had practical experience of the special subjects of diseases of women and children; of skin-diseases; of diseases of the eye; and of mental disorders; followed by an examination on these subjects. It is disgraceful that men have been allowed to practise, almost totally ignorant of the above important branches of their profession. Are the diseases of women and children so rare in private practice that they can be slighted thus? In what class of diseases can an intelligent practitioner earn more credit than in dermatology? What more vital question to the patient than his sight? What more painful object than an imbecile?

With reference to medical administration, the Medical Council should represent the profession more directly than at present. Admirable as a conjoint examining scheme is, in the shape advocated at the recent meeting of the General Medical Council, it is utterly untrustworthy. Why cannot one examiner from each division of the kingdom, for each subject required, be selected by the proposed Medical Council



in the same manner as by the Senate of the London University and the Queen's University in Ireland? Let men, distinguished in different branches of professional study, be appointed for a definite period, at a fixed stipend, independent of the number of candidates passed. A diploma granted on passing the conjoint examining board should entitle to practise and direct registration. The proposed peripatetic collection of the diplomas of the separate colleges previously to registration, is an unfortunate effort at pleasing all parties.

Of all the most questions of medical reform, that of hospital relief admits the most satisfactory solution. The present agitation already commenced by the profession, will, it is to be hoped, arouse the earnest attention of the public, who are equally concerned in the proper distribution of hospital relief. What means can be taken that hospital aid shall be given to those only who are entitled to it? What universal control exists to which an additional power may be entrusted? We may premise, with tolerable certainty, that no scheme can be devised that will not create extra trouble for some of the individuals concerned. Private enterprise and charity are so much more prominent in this country than Government control, that almost insuperable difficulties exist under the former circumstances, which the national patronage could easily overcome. Let it be compulsory on the landlords of all houses let at a rental of £10 per annum, to give, on demand of any of his tenants, a printed form of hospital relief, with the name and address filled in. No erased form should be accepted. In the case of lodgers paying not more than, say five shillings per week, one of the above-named forms filled up and the lodger's name written across the back by the minister of the parish or the landlord, would suffice to establish a fair criterion of the applicant's claim to relief. If the local directory specially marked all houses occupied at a rental of £10 and under, a useful reference check would exist for the benefit of the hospital authorities. Here, I may suggest the propriety of carrying out the objects for which the "Contagious Diseases Act" was introduced, by the provision of special wards, male and female, in every hospital in the kingdom, for patients with venereal affections, in proportion to the demand, and supported either by Government or local rates. Into these wards all applicants could be admitted without further trouble, on evidence of their condition. To the introduction of a "Contagious Diseases Act" extended to the entire civil population of Great Britain, I must strongly protest. It is unjust and unreliable in its tendencies, and ill-calculated for the existing condition of society.

The present attitude of the Government and the profession, so favourable for a thorough settlement of topics vital to the progress of future medicine, is my apology for the length of this communication, which I offer in continuation of the subject-heading of Mr. Rivington's admirable letter in your issue of April 2nd.

I am, etc., F. M. PIERCE, M.D.

Higher Broughton, April 1870.

### THE PROPAGATION OF ENTERIC FEVER.

SIR,—Your issue of March 26th contains an interesting paper by Dr. Clifford Allbutt, in which the author lays down the rule, that enteric fever can only be produced when the specific poison, whose chief place of development is the infected human bowel, is introduced into the system of the patient; and, in support of this view, he gives the histories of several outbreaks which have come under his own notice, and in which he has been able to trace the source of the specific infection. He also calls attention to the severe epidemic which occurred at Terling in Essex, in the winter of 1867-1868, and adds that in that place the people had for years drunk water charged with sewage matter with impunity, until a young girl "commenced the specific process", her dejections being washed by heavy rains into the wells: then, and then only, did the epidemic spread.

My reason for addressing you is to call attention to the inaccuracies contained in this last statement. In the first place, it must at least be doubtful whether the young woman in question did import the disease, for her attack of enteric fever did not commence until the expiration of one entire month after her return from Somersetshire (a remarkably long period of incubation); and there was also a total absence of any evidence to show that the disease had prevailed in the locality from which she came. But even granting that she did bring the disease with her into Terling, it is quite impossible that the contamination of the well-water by means of her dejections could have given rise to the general outbreak which followed. This young woman's residence was situated outside the village, in an isolated spot, 180 yards from any residence, and at least 200 yards from any well. Her bowel-discharges were thrown into a privy which overhung and discharged its contents into the rivulet Ter; hence this stream alone could have conveyed the poison in the manner described by Dr. Clifford Allbutt. But, unfortunately,

the , instead of flowing from this spot towards the village, flows away from it, and the backward passage of any poison which is scattered over an area of several miles; and the wells, which are very numerous, are in many instances situated at a distance of nearly a mile from the stream. Soakage into them from it becomes hence practically impossible, and the more so because they are almost, without exception, situated on a higher level than the stream.

I have always felt that the history of this epidemic, instead of supporting the views of those who believe that the bowel-discharges of patients are the sole means of disseminating enteric fever, rather tends to prove that the disease may occasionally have a spontaneous origin. The clear connection, too, which was traced between the use of the well-contents, after a sudden rise in the subsoil-water, and the disease, as described in my account of the outbreak in the Tenth Report of the Medical Officer of the Privy Council, strongly opposes the view that the poison could in this instance have acted through the medium of the atmosphere.

I feel myself justified in concluding, first, that it is very doubtful whether the first case of enteric fever in Terling was an imported one; and second, that it is impossible that the alvine dejections from this patient could have been "washed into the well", and hence have caused the epidemic.

I am, etc., R. THORNE THORNE.

Seymour Street, Portman Square W., March 1870.

## UNIVERSITY INTELLIGENCE.

### UNIVERSITY OF CAMBRIDGE.

NATURAL SCIENCE SCHOLARSHIPS.—A. Livsidge, of the Royal School of Mines, and H. N. Martin, of University College, London, have been elected to Scholarships for Natural Science at Christ's College.

## OBITUARY.

### SAMUEL JOHN JEAFFRESON, M.D., F.R.C.P.

WE much regret to hear of the death, at the comparatively early age of 59, of Dr. S. J. Jeaffreson, formerly a President, and lately one of the Vice-Presidents, of the British Medical Association. Dr. Jeaffreson's death took place at Cannes, in France, on the 2nd inst. About five years ago, it was discovered that he suffered from diabetes; care, however, and regular diet improved him so much that he was able to do his professional work with his old energy. Last year, the disease returned. He became much broken down in health, and began to complain of dyspnoea and to show signs of weakened circulation. Sir Thomas Watson, whom he consulted, found that he had dilatation of the aorta. He went to Cannes for the benefit of the climate at the commencement of the year. A few weeks after his arrival, anasarca set in; and paralysis appeared. He remained at the University of Cambridge, and a Fellow of the Royal College of Physicians of London. He was physician to the Warneford Hospital at Leamington, in which place he had a large consulting practice.

Dr. Jeaffreson was a Doctor in Medicine of the University of Cambridge, and a Fellow of the Royal College of Physicians of London. He was physician to the Warneford Hospital at Leamington, in which place he had a large consulting practice. The early part of Dr. Jeaffreson's career was arduous and anxious, especially as he had a large family. Of his eight children, two sons are now in the medical profession. He was a kind father, and an accomplished physician, not only in his own profession, but in all that related to modern improvements in literature or science.

### JONATHAN COUCH, F.L.S.

JONATHAN COUCH was born in Cornwall, in 1788; he was educated in his native county, and articulated to a medical man at Looe, but completed his articles at Liskeard. He entered at the combined hospitals of St. Thomas's and Guy's, and when he had finished his London career returned to his native village, where his parents were living in comfortable circumstances. He remained at this village, Polperro, for the rest of his life, working steadily at natural history, and especially at ichthyology, and it is with the latter subject that his name has become especially connected. From his accurate and extensive knowledge of fishes, he gave most important aid to Bewick and, subsequently, to Yarrell, in their works on British Fishes; and his own book on the same subject is well known. He published several other books on cognate subjects, and very numerous papers in various scientific journals. Mr. Couch was, however, not only an ichthyologist in the scientific



sense, for he took great interest in the economic questions connected with fisheries. He was a good linguist, and even knew Hebrew and Syriac, and he devoted considerable time to antiquities. He was a man in whom simple tastes were combined with persistent industry and very accurate powers of observation; and he was one of few in whom these qualities were not spoiled by his easy circumstances.

## MEDICAL NEWS.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on April 19th:

Allwood, John Philip, Stafford (Guy's)  
 Blenkarne, William L'Heureux, Ladbrooke Road (Guy's)  
 Blyth, Alexander Wynter, Tollington Park North (King's College)  
 Chabot, Herbert, Camberwell (Guy's)  
 Cooper, Arthur, Stamford Street (Guy's)  
 Drake, Arthur John, Kingsclere, near Newbury (St. Thomas's)  
 Eager, Thomas Cowley, Ripley, Surrey (Westminster)  
 Herman, George Ernest, Chatham (London)  
 Kitching, Walter, York (London)  
 Lattey, Arthur, Cambridge Place, W. (St. Mary's)  
 Lloyd, Albert Eytan, St. Asaph (Leeds School)  
 Manby, Alan Reeve, East Rudham (Guy's)  
 Marshall, Lewis Walter, Bristol (Bristol School)  
 Mayo, Alfred Charles, Coleford, Gloucestershire (King's College)  
 Morris, John, Lewes, Sussex (Guy's)  
 Morris, John Edward, Gosberton, Lincolnshire (St. Thomas's)  
 Parson, Francis John, Old Cambridge Terrace, Clapham Road (St. Thomas's)  
 Rix, William Knibb, Thrandeston Close, Norfolk (Charing Cross)  
 Robinson, Richard Swaine, Gray's Inn Road (St. Bartholomew's)  
 Soutter, Mansfield Collier, Boundary Road, N.W. (King's College)  
 Sutcliffe, John, Ashton-under-Lyne (St. Thomas's)  
 Tosswill, Lewis Henry, Exeter (St. Bartholomew's)  
 Walker, Samuel, York (Guy's)  
 Wicks, Frederick, Cherrybinton, Cambridgeshire (Guy's)

Admitted members on April 20th:

Berry, Walter, Wisbeach, Cambridgeshire (King's College)  
 Brickerley, James Brassey, Churton Heath, Cheshire (Edinburgh School)  
 Cartwright, James Henry, Oakley Street, Chelsea (St. George's & St. Thomas's)  
 Crocker, James, Wetherby, Yorkshire (Leeds School)  
 Dickman, Henry, Kandy, Ceylon (Leeds School)  
 Fear, William, Clifton, Bristol (King's College)  
 Fitzgerald, Conrad, Bristol (Bristol School)  
 Lorraine, William, James, Wakefield (Leeds School)  
 Murphy, Francis Forster, Angulham Square, N.W. (Guy's)  
 Nicholson, Thomas Dickinson, Liverpool (Edinburgh School)  
 Patchett, William Ashton, Mottram, Cheshire (Manchester School)  
 Storey, Percy Butler, Londsdale Square, N. (St. Bartholomew's)  
 Wainey, Henry Edward, Gloucester (Guy's)  
 Willmore, Frederick William, West Bromwich (Birmingham School)

Six candidates having failed to acquit themselves to the satisfaction of the Court of Examiners, were referred to their hospital studies for the usual period. For the primary or anatomical and physiological examinations, commencing this day, there are again upwards of one hundred candidates.

**APOTHECARIES' HALL.**—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, April 14th, 1870.

Beach, Fletcher, Bridport, Dorset  
 Cox, William, Dorchester, Wiltshire  
 Crocker, James, Wetherby, Yorkshire  
 Frost, Richard Russell, Launceston  
 James, James Bowen, Middlesex Hospital  
 Lewis, Henry Harman Dendy, Somerset Street, N.W.  
 Lucas, Thomas Pennington, St. Neot's  
 Patchett, William Ashton, Mottram, near Manchester  
 Vickers, Charles William, Huddersfield  
 Westbrook, Charles, Sheffield  
 Westcott, William Wynn, Martock, Somerset

The following gentlemen also on the same day passed their first professional examination.

Biggs, George Moses, University College  
 Newberry, William John, St. Bartholomew's Hospital  
 Williams, Benjamin Harvey, Guy's Hospital

## MEDICAL VACANCIES.

The following vacancies are declared:—

**BALLINACLOE UNION, Co. Galway.**—Medical Officer for the Kiltmore Dispensary District, 26th; Medical Officer for the Killean Dispensary District, 5th.  
**BRENTFORD UNION, Middlesex.**—Medical Officer for District No. 8.  
**EARLSWOOD ASYLUM FOR IDIOTS.**—Assistant Medical Officer: applications, 26th.  
**CORK SOUTH CHARITABLE INFIRMARY AND COUNTY HOSPITAL.**—Medical Officer for the Intern Department; Surgeon for the Extern Department: applications, May 12th; election, 13th.  
**CRAIGNISH, Argyleshire.**—Parochial Medical Officer.  
**DUDLEY DISPENSARY.**—Visiting Surgeon: applications, 26th; election, 27th.

**GLASGOW OPHTHALMIC INSTITUTION.**—Two Assistant Surgeons: applications, 25th.

**GLENELG AND KNOVDART, Districts of,** in the Parish of Glenelg, Invernesshire.—Medical Officer: applications, May 14th.

**GUTHRIE, PERT, and FAIRLIGHT, Sussex.**—Medical Attendant for the families of poor labouring men in parishes of, under the Bradshaw Charity: duties, May 1st.

**HUNGERFORD UNION, Berkshire.**—Medical Officer and Public Vaccinator for No. 1 or Lambourne parishes, April 26th; election, May 4th.

**HUNTINGDON COUNTY HOSPITAL.**—House-Surgeon:  
**KELLS UNION, Co. Meath.**—Medical Officer for the Kells Dispensary District: May 26th.

**LEAMINGTON AND SOUTH WARWICKSHIRE HOSPITAL.**—Physician: applications, May 13th.

**LEXDEN AND WINSTREE UNION, Essex.**—Medical Officer for District No. 8.  
**LONDON, BRIGHTON, and SOUTH COAST RAILWAY PROVIDENT SOCIETY.**—Surgeon for the Brighton District.

**LONDON FEVER HOSPITAL.**—Assistant Physician: applications, May 6th; election, 13th.

**MIDDLEBURY, Dumfriesshire.**—Medical Officer: applications, May 1st.  
**NORTHERN INFIRMARY, Inverness.**—House-Surgeon and Apothecary: applications, May 26th.

**NORTH RIDING OF YORKSHIRE INFIRMARY, Middlesbrough-on-Tees.**—Two Honorary Surgeons: applications, May 13th.

**OUGHTRERARD UNION, co. Galway.**—Medical Officer for the Clonbron Dispensary District, 26th.

**PARSONSTOWN UNION, King's County.**—Medical Officer for the Kenney Dispensary District: applications, 25th; election, 26th.

**RETFOED (Nottinghamshire) GENERAL DISPENSARY.**—House-Surgeon and Apothecary: applications, May 1st; election, early in May; duties, end of June.

**ST. PANCRAS and NORTHERN DISPENSARY, Euston Road.**—Physician:  
**SUDBURY UNION, Suffolk.**—Medical Officer for District No. 6.

**UNIVERSITY COLLEGE.**—Resident Medical Officer: applications, 26th inst.  
**WALLS and SANDSTING, Shetland, Parishes of.**—Medical Officer.

**WARNEFORD, LEAMINGTON, and SOUTH WARWICKSHIRE HOSPITAL, Leamington.**—Physician: applications, May 3rd; election, 13th.

**WEOBLEY UNION, Herefordshire.**—Medical Officer and Public Vaccinator for the Dilwyn District: 25th.

## MEDICAL APPOINTMENTS.

*Names marked with an asterisk are those of Members of the Association.*

\*ALFORD, S. S., Esq., and \*GERRIS, F. H., Esq., appointed Joint Medical Officers to the Orphan Working School, Havestock Hall, *viz* H. C. Harris, Esq., deceased.  
 BOYER, J. J., M.D., appointed Resident Clinical Assistant to the Bethlem Royal Lunatic Asylum.

## BIRTHS.

**DRACEY.**—On March 31st, the wife of \*Arthur Drace, Esq., Surgeon, Birmingham of a son.

**LODGE.**—On April 12th, at St. Asaph, the wife of \*Llewelyn Lodge, Esq., Physician and Surgeon, of a son.

**WALES.**—On April 17th, at Downham, the wife of \*T. G. Wales, Esq., Surgeon, of a daughter.

## DEATHS.

**ATTWILL.**—On April 18th, at Dublin, the wife of Lombe Attwill, M.D.  
**FENN, Thomas H., Esq., Surgeon,** at Nayland, Colchester, aged 54, on April 13th.

\***JEAFFRESON, Samuel J., M.D.,** of Leamington, at Cannes, aged 59, on April 2nd.

**EASTBOURNE CONVALESCENT HOSPITAL.**—The Wandering Minstrels will give a concert in aid of this Hospital, at the Guards Institute, on Thursday, May 5th.

**TESTIMONIAL.**—Dr. William Bruce has been presented with a silver tea-service, a claret jug, and a dining-room time-piece, on the occasion of his leaving Crimond for Dingwall.

COMMUNICATIONS, LETTERS, &c., have been received from:—

Dr. Cotton, London; Mr. Ll. Lodge, St. Asaph; Mr. H. Taylor, Guildford; Justitia; J. S. A. Ward, London; Mr. T. Spencer, London; The Secretary of the Ethnological Society; Anxious; Mr. T. G. Wales, Downham, Norfolk; Mr. W. A. Bracey, Birmingham; Mr. Broadbent, Durham; Mr. C. J. Wright, Leeds; Mr. G. Naylor, London; Dr. C. M. Campbell, Staunton; Mr. C. S. Jeaffreson, Newcastle-upon-Tyne; Mr. S. Farrant, Taunton; Dr. Phillips, London; Dr. J. Ford Anderson, London, &c.

LETTERS, &c. (with enclosures) from:—

Dr. J. D. Heaton, Leeds; Dr. James Russell, Birmingham; Dr. G. M. Humphry, Cambridge; Dr. George Johnson, London; The House-Surgeon of St. Bartholomew's Hospital; Dr. Paul, London; Dr. Broadbent, London; The Registrar of the Royal College of Physicians; Dr. D. Campbell Black, Glasgow; Mr. H. Silverlock, London; M.D.; Dr. J. B. Ward, Hatton; Dr. W. Smith, Preston; The Registrar-General of England; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; Mr. T. M. Stone, London; The Registrar of the Medical Society of London; Mr. F. H. Gervis, London; The Secretary of the Royal Medical and Chirurgical Association; Dr. S. Myrtle, Harrogate; Mr. J. A. McBride, Gloucester; Dr. J. S. Hughes, Dublin; Dr. G. F. Elliot, Hull; Mr. G. May, jun., Reading; Dr. J. Edmunds, London; Dr. Fyner, London; Dr. J. J. Boyer, London; Dr. W. S. Savory, London; Dr. E. L. Penn, Nayland, Suffolk; Mr. T. Watkin Williams, Birmingham; Dr. A. Bennett, Edinburgh; Dr. Ellis, London; Dr. A. P. Stewart, London, &c.

## OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.  
 TUESDAY.....Guy's, 1.30 P.M.—Westminster, 2 P.M.—National Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.  
 WEDNESDAY...St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.15 P.M.—Middlesex, 2 P.M.—University College, 2 P.M.—St. Thomas's, 1.30 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Cancer Hospital, Brompton, 3 P.M.  
 THURSDAY....St. George's, 2 P.M.—Central London Ophthalmic, 1 P.M.—Royal Ophthalmic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.  
 FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.  
 SATURDAY....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.—East London Hospital for Children, 2 P.M.—Hospital for Women, 9.30 A.M.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY—Medical Society of London, 8 P.M. Mr. William Adams will bring forward the case of a person in whom a Subcutaneous Division of the Neck of the Thigh-bone within the Capsular Ligament was successfully performed for Extreme Deformity, with Bony Ankylosis of the Hip-joint; Dr. Andrew Clark will relate some cases of Basic Pneumonia arising out of Bronchitis in the aged; Dr. Thudichum, "On the Chemical Theory of Disease, with special reference to the Fungo-genetic Hypothesis." At the conclusion of his paper, Dr. Thudichum will demonstrate the newly discovered Normal Free Acid of the Urine—Kryptophanic Acid.  
 TUESDAY.—Ethnological Society of London, 8 P.M. Mr. E. B. Tylor, "On the Philosophy of Religion among the Lower Races of Mankind"; Dr. Donovan, "On the Brain in the Study of Ethnology."—Royal Medical and Chirurgical Society, 8.30 P.M. Adjourned Discussion on Mr. Gant's paper on "Excision of the Breast" will decide a New Sphygmograph; etc.  
 WEDNESDAY.—Hunterian Society, 8 P.M.  
 THURSDAY.—Harveian Society of London, 8 P.M.

## NOTICES TO CORRESPONDENTS.

All Letters and Communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen Street, Lincoln's Inn Fields, W.C.

CORRESPONDENTS not answered, are requested to look to the Notices to Correspondents of the following week.

TO PURCHASERS.—To insure attention, it is requested that all orders sent to the Office for extra copies of the JOURNAL, be accompanied with stamps for the amount.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

WE regret that the crowded state of our columns puts it out of our power to continue the controversy between Dr. Wynn Williams and Dr. Routh, and that we must decline to insert a rejoinder.

DR. SMITH (Preston).—We think you have just cause of complaint. As the medical officer of the district, you had certainly, in courtesy, if not in right, a claim to be employed. We do not understand from your letter whether the magistrate signed the certificate himself or not.

DR. DALE (Plymouth).—We could not insert your letter as an advertisement, excepting in our advertisement columns. Under no circumstances can any arrangements be made involving a departure from this rule.

MR. MOORE (Preston).—We are obliged by your letter; but there is really no object in inserting it, as it does not add anything material to our information. The statements referred simply to facts, and were not, in the most remote degree, intended to imply criticism.

MR. FARANT—Fauntun has forwarded to us copies of letters, which, as medical officer to the Workhouse, he has added to his, in compliance with the request of the inadequacy of his salary. It appears that he receives *s. 9d. a day*, and has to make daily visits and supply medicines. Many of the cases, he says, are exceptionally expensive in the way of drugs, being examples of chronic and severe disease. We do not care to the *modest*, whilst we may admit that we are very much interested in the fact. Believing that our readers are of the same opinion, we must decline to occupy our space in the manner requested.

MR. NAVLER.—We shall be glad to receive your papers, and shall probably give them early insertion.

WEST LONDON HOSPITAL.—Dr. Alfred Wiltshire has been appointed Junior Physician, not Junior Assistant-Physician, as mentioned last week.

ST. PANCRA'S BOARD OF GUARDIANS.—Dr. Edmunds has favoured us with an explanation as to his non-election on the St. Pancras Board. We can assure him that we do not care in the least as to the *modus*, whilst we may admit that we are very much interested in the fact. Believing that our readers are of the same opinion, we must decline to occupy our space in the manner requested.

VACCINE LYMPH.  
 Sir,—I should be much obliged to any of your correspondents who would inform me where I can procure some vaccine lymph from the last year, I am, etc.  
 April 1870. T. S.

NOTICES of Births, Marriages, Deaths, and Appointments, intended for insertion in the JOURNAL, should arrive at the Office not later than 10 A.M. on Thursday.

MR. SPENCER.—Your letter is deferred till next week, partly on account of its length. We cannot promise its insertion.

DR. ELLIS AND THE ST. PANCRA'S GUARDIANS.—The following has been forwarded to us for publication.

12, Hunter Street, Brunswick Square, W.C., April 21, 1870.  
 The charges recently brought by the guardians of St. Pancras against Dr. Ellis, the medical officer of the Workhouse, and investigated for Mr. Montague Bery, Q.C., and Dr. Seaton, on the part of the Poor-law Board, although satisfactorily disproved, have entailed upon Dr. Ellis an outlay of £150 for the law costs of his defence.

It is felt that Dr. Ellis, having been out on his trial, and thus mulcted, by the official representatives of the ratepayers of St. Pancras, may be entitled to seek reimbursement for these heavy expenses.

It is felt also that he was in some sense a representative of the medical profession inasmuch as many other union medical officer is liable to be subjected to similar treatment.

Under these circumstances a Committee has been formed, consisting partly of ratepayers in the parish and others, and partly of medical practitioners, for the purpose of raising a fund by which Dr. Ellis's costs may be defrayed.

The Committee at present consists of the following gentlemen; and I am requested to ask if you will allow your name to be added thereto.—W. E. Allen, Esq., Stock Exchange; Mr. Russell Carter, Esq., Surgeon to the Royal South London Ophthalmic Hospital; W. O'Connor, M.D., Physician to the Royal Free Hospital; W. A. Crump, Esq., Philip Lane, E.C.; Roger Ekyen, Esq., M.P., 13, Upper Grosvenor Street, W.; John Godfrey, M.D., 33, Finsbury Square, W.D.; Southam, Esq., 1, F. F. Esq., 48, Upper Grosvenor Street; Edgar Sheppard, M.D., Colney Hatch Asylum; Samuel Solly, Esq., F.R.S., Senior Surgeon to St. Thomas's Hospital.

By Order of the Committee, J. E. KERSHAW, Hon. Secretary.

Subscriptions Received.—John Godfrey, M.D., £5 15; W. A. Crump, Esq., £5; W. F. M. £5; W. E. Allen, Esq., £5.

Subscriptions have also been received from—James John Smart, M.D., Bethnal Green; T. Dickinson, M.D., Chelsea; C. F. Maunder, Esq., Surgeon, London Hospital; W. W. Griffin, M.D., Southampton; George Stulwell, Esq.; George Bowler, Esq., M.D., Old Street Road, E.C.; Edgar Sheppard, M.D., Colney Hatch Asylum.

THE LATE DR. W. F. GIBSON.

Sir,—Already I have repudiated, as "a silly falsification," the words upon which Mr. Morgan continues to ruminate. I have reproduced what I did say, and I have referred him to an authentic report which appeared in the *Times*, a journal to whose reports he greatly defers. I can do no more for Mr. Morgan, but you other readers, on referring to the *litera scripta* as they stand at pages 254, 354, and 402 of your JOURNAL, will at once see—Mr. W. F. Morgan notwithstanding—that I have not made the "mistake" he alleges, that I have not "admitted my error," and that I have never "told a different story."

4, Fitzroy Square, W., April 18th, 1870. I am, etc., JAMES EDMUNDS.

\* \* \* The correspondence on this subject must here cease.—ED. B. M. J.

THE COLLEGE OF SURGEONS IN IRELAND.

Sir,—The Council of this College has been informed that a statement, originating with Sir John Gray, upon the occasion of his moving in the House of Commons the second reading of the "Medical Act," had gained very wide circulation, to the effect that one of the candidates for the licence of the College recently displayed a very lamentable amount of ignorance with respect to an important surgical operation (that of trephining). I wish directed to express the very great regret of this Council that the fact was not also as publicly stated by the learned gentleman (who, having been present on the occasion, was well aware of the result) that the candidate in question, upon account of this very ignorance, was most properly rejected by the Court of Examiners of this College. As bearing upon the subject, and at the present moment, when medical reform occupies so prominent a position in the minds, not only of the profession, but of the public also, it may be interesting to add that, during the past three years, but 290 gentlemen have succeeded in gaining the licence of the College, whilst during the same period 14 have been rejected; and with respect to our preliminary examination (that in arts), it may be stated that within the past two years 310 gentlemen have obtained their certificates, whilst 55 have been rejected. These figures, speaking for themselves, need no further comment. The difference between the numbers is reason very much to be deplored, that some of those candidates who failed in passing our professional examinations have, without loss of time or further preparation, succeeded in qualifying themselves elsewhere.

J. SPANISH HUGHES, M.D., F.R.C.S.I., Secretary of Council.  
 Royal College of Surgeons in Ireland, Dublin, April 12th, 1870.

ROYAL COLLEGE OF SURGEONS.—The following were the questions in anatomy and physiology submitted to the 109 candidates who underwent their examinations recently at the College. 1. Describe the arch of the aorta, and its relations to contiguous vessels, the vessels of the vasa aortae, and the difference between the aorta and the fetus. 2. Describe the shape and structure of the trachea, bronchial tubes, and air-cells. 3. Describe the shape and structure of the placenta between the mother and the fetus. 4. How is the fate of the fetus maintained *in utero*? and how is it produced and maintained after birth? 5. Describe the position, shape, and attachments of the deltoid muscle. Name the difference between the deltoid and the pectoralis major, reflecting the deltoid from its attachments to the scapula and clavicle. 6. State the origin and insertion of the internal pterygoid muscles, and their precise action in mastication.—Candidates were required to answer at least four out of the six questions.

We are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest.—The Indian Medical Gazette, March 2nd; The New York Medical Gazette, April 2nd; The Parochial Critic, April 2nd; The New York Medical Record, April 7th; The Boston Medical and Surgical Journal, April 8th; The Medical and Hospital Gazette, Feb. 9th; The Gardener's Chronicle, April 16th; The Shield, April 18th, etc.



## CLINICAL LECTURE

ON

THE IMPORTANCE OF THE DIAGNOSIS  
BETWEEN LEUCODERMA AND  
WHITE LEPROSY.

By JONATHAN HUTCHINSON, F.R.C.S.,

Senior Surgeon to the London Hospital; Surgeon to the Royal London Ophthalmic Hospital, and to the Hospital for Skin-Diseases.

*[Concluded from page 404 of last number.]*

Thus, then, gentlemen, I think we have made it sufficiently plain that there exists in India a skin-malady which is identical with what we know as leucoderma, but which is confounded by many observers with true leprosy. Most of the quotations which I have brought before you show an acquaintance with the points of diagnosis, but some do not. Thus Dr. Carter of Bombay, who is himself perfectly aware of the great difference, writes: "The first and the second are commonly confounded under the term 'white leprosy.'" The first and second to which Dr. Carter refers are respectively anæsthetic leprosy and leucoderma. We find some observers styling leucoderma "benign leprosy"; others record that it is much slower in progress than the other forms, and tell us, with some apparent surprise, that they have known its subjects remain for several years without constitutional symptoms being developed. We assert that leucoderma is utterly and permanently distinct from leprosy, and that it never passes into the latter malady; and that if, as must be expected, the two are now and then met with together, their concurrence is an accident only. In reference to this assertion, that leucoderma is not even an ally of leprosy—not even remotely connected with the same cause—many facts might be mentioned. I have already referred to the differences which the two diseases present, to be reminded of which you have but to look again at our patient, or at the portraits which I now show you. In leucoderma we have the dead white patch so abruptly margined, and so entirely free from other peculiarities, possessing the same degree of sensation as other parts, continuing supple, soft, and free from either swelling or desquamation; whilst in true white leprosy all these conditions are altered. For the sake of contrast, I now show you a portrait of a leprosy patient in whom the white patches as closely resembled those of leucoderma as in any case that I have seen. Many of you have had opportunities of seeing leprosy patients for yourselves, for we have had several under care within the last few years. The man from whose thigh the portrait I now show was taken was the subject of the mixed form. On his face the leprosy was tubercular, and on his body and limbs there were numerous white anæsthetic patches. This coexistence of the two forms, as they are called, is very common. I have seen it scores of times in Norway; and it is acknowledged there and elsewhere by all competent observers. Perhaps instead of calling them two forms, we ought rather to consider the two conditions as different symptoms of the same malady. The man whose condition is shown in our sketch was not a native of a leprosy district, and his case will serve well to illustrate the importance of the subject under our discussion. If we are ever to arrive at a knowledge of the true cause of leprosy—and I am very sanguine that we have already hit upon it—we must be most careful to remove all sources of fallacy; and of these, none are more treacherous than errors in diagnosis. It is clear that if a number of maladies are jumbled up together, some of which have no real relation with each other, that our search for a common cause must of necessity be hopeless. There are few problems of deeper interest, or which are more certain to rivet the attention of those who engage in it, than the search after the cause of leprosy. It is a wonderful malady; and of late years our facts concerning it have greatly increased in number; and—thanks to the labours of many, and to none more heartily than to Drs. Danielsen, Boeck, and Bidentkap, in Norway, and Dr. Carter in India—they have also greatly improved in precision. If we have not got it yet, we are at any rate approaching the solution.

Let me tell you a few facts as to the man whose portrait I have exhibited. He was a Scotch sea-captain, aged nearly sixty, who came under my observation in one of Mr. Adams' wards in the London Hospital. Excepting the special disease from which he suffered, he appeared to be in good health, being active and energetic. His voice was rough and hoarse. His face was covered with thick bossy folds of dusky and

indurated integument, between which the skin was thin and pale. On his arms were very large patches of bluish-white skin decidedly thinned, and in most places quite without sensation. Between these patches the skin was raised, thickened, hot, hyperæsthetic, and of a dusky-livid colour. He complained much of "numbness and pins and needles" in his hands and feet; and the skin of these parts—especially that of the fingers and toes—was much thickened, and thrown into folds. These raised patches and folds of skin could scarcely be described as tubercles, either on his face and hands; though on his face rather resembled gigantic papules. The state of the skin on his left thigh is well illustrated in the coloured portrait which I have shown you. It was very similar to that of the skin of his upper arms. The white anæsthetic portions made up the larger half of the surface; their borders were always convex, showing that they were aggressive. *On these he could not feel when a pin was thrust into the skin. Between them the skin was thickened, and of a brownish-purple, being also exceedingly tender.* The commencement of the change to the white condition appeared to be very gradual. On one occasion, whilst testing his power of sensation, I touched with the compass-points a part on the upper region of the thigh, which I believed to be yet normal; but, to my surprise, he said he could not feel. On looking more carefully, I found that it was decidedly white, and had an indistinct margin; but the change was so slight, that it might easily have escaped notice. There was no doubt about it when once seen, and I demonstrated it to several students who were present. The man stated that the disease had begun about a year and a half before. He had for nearly thirty years sailed regularly to and from Barbadoes. His custom was to remain there about six weeks each voyage. During his stay there he always lived in his ship. He could not suggest any clue to its cause. He averred that he had never drunk spirits immoderately, nor ever suffered from syphilis. He was married, but had no family. He considered himself in excellent health when the disease began, and indeed should be so still, "if he could only get rid of the pain and numbness in his skin." His muscular force appeared to be fairly good. He had no bullæ, nor any scabs.

You will notice especially the numbness of the patches in this case, and the hyperæsthetic condition of their margins. You will observe, also, that the intervening integument was dusky rather than of the red-brown which is usual in leucoderma; and that there were distinct differences in elevation between the white parts and the brown parts. This difference is never observed in leucoderma, the skin being neither swollen nor atrophied.

In conclusion of our lecture, let me say a few words as to my reasons for bringing this somewhat out-of-the-way subject before you. In connexion with the case which I have detailed, I was led to speculate as to the probable cause of the man's malady, that malady being typical leprosy. It could not have been induced in him by any hereditary tendency, for he had been born in a country in which, during modern times, leprosy is unknown. It could not have been exposure to cold and hardship, for the simple reason that none whatever had occurred. It could not have been the result of the slow influence of poor diet, for the man had always been able to get what he liked, had lived well, and considered that he had enjoyed excellent health. It was improbable that it was in connexion with any specific malady, such as syphilis, our evidence on this point being that the observers living in leprosy districts have been quite unable to identify any such malady. That syphilis itself is not the cause of leprosy, it is scarcely necessary to assert to any one conversant with English practice. You will observe that the man had been repeatedly into a leprosy district, he had been backwicks and forwards to Barbadoes; and in the West Indies leprosy is endemic and prevalent. It appeared to me highly probable that he had partaken unwittingly during his frequent visits of some poisonous kind of food. I puzzled over the matter, and could think of no other explanation that would fit all the facts of his case. Following up this thread, and keeping in mind the general fact that leprosy is limited to the sea-board, and that when it occurs inland it usually follows rivers, I could not help suspecting that this poisonous food was some product of water. That the cause is not in the air of the affected districts is made almost certain by the fact that, in places where leprosy prevails most severely, the Bergenstift of Norway for instance, only certain classes of the inhabitants suffer. All breathe the same air, but all do not partake of precisely the same food. My suspicions as to the cause really being in connexion with some poisonous kind of fish gained in strength, more especially from what I saw in Norway during a visit last year. In examining the evidence recorded by observers in India, Madagascar, etc., I encountered, to my disappointment, repeated statements as to the frequency and prevalence of leprosy in inland positions, and now and then with the specific statement that its subjects had not been fish-eaters. When we find, however, that the statistics of the prevalence of leprosy have included cases of leucoderma, (and especially is this the case wherever reports



are based upon the statements of natives), we feel compelled to allow a considerable margin for errors in diagnosis. My impression is, that in India this source of fallacy has attained very large dimensions, and that many of the statistical statements on record are wholly devoid of value. In Norway, and in colder countries, leucoderma is an inconspicuous malady, and never attracts popular attention, hence it is never, even by the untrained, confused with leprosy. In hot climates, as we have seen, it not only becomes very conspicuous, but the blanched portions of integument, being less able to resist the influence of the sun, are liable to vesicate and to show conditions which further favour error in diagnosis.

Although the confusion of leucoderma with leprosy is, I believe, one of the errors which had led to the statements by writers that the latter disease prevails amongst people who are not fish-eaters, yet I suspect that it is only one of several sources of fallacy. Probably other diseases besides leucoderma are still counted with leprosy by untrained observers; probably, also, the statement as to the absence of fish as an article of diet has been made in many instances on vague and insufficient evidence. My suspicion is that different fish vary much in their poisonous qualities, and it is well known in hot climates that some fish are poisonous at one season of the year and wholesome at another. We may then, I think, without any violence to probability, believe that under some conditions small quantities of special kinds of fish may be able to produce effects for which, under other circumstances, a long continued and almost exclusively fish diet may be requisite. Very probably also some of the forms of leucoderma in common use in India and elsewhere may be much more poisonous than the fresh article, and thus it may come to pass that leprosy may in exceptional cases be found in populations living at a distance from either rivers or sea. It is these apparent exceptions which now require careful investigation; very possibly some of you may, in the future, have opportunities for throwing light upon them. I have endeavoured, in this lecture, to explain clearly one of the chief risks of error, and I hope that you will see in the importance and interest of the subject a sufficient excuse for my having brought it before you.

## HYDROTHERAPEUTICS: THE RESOURCES OF HARROGATE SPECIALLY CONSIDERED.\*

By A. S. MYRTLE, M.D., Harrogate.

LIKE dietetics, hydrotherapeutics has received too little attention from the great majority of the profession. Both were, it may be still rare, rarely mentioned in the class-room; consequently we need not wonder at the ignorance displayed, especially by the young practitioner, regarding the value of water in the treatment of disease on the one hand, or the advantages to be derived in furthering its cure, by attention to such every-day requisites as food and drink, on the other. There is not a doubt about it; ignorance in these matters has led honest, earnest men, not only to neglect the use of such simple measures, but, what is quite as bad, to form unjust and harsh opinions as to the motives actuating men as honest and earnest as themselves, who have studied hydrotherapeutics or made diet a speciality. Fortunately, old prejudices are rapidly giving way; the indiscriminate use of drugs is gradually becoming less the rule, and, as far as the public, or rather the patient, is concerned, their habitual prescription less a necessity. Hence, there is a decided disposition on the part of the thoughtful practitioner to base his treatment on principles having science instead of routine for their foundation, simplicity rather than complexity as their characteristic.

As to the history of hydrotherapeutics, let me call attention to two facts, its antiquity and its universality.

1. Its Antiquity. From the days of Hippocrates, throughout the middle ages, to our own time, the use of water in its simple, pure, medicated, or mineralised condition, internally or externally, has been advocated by some of the most enlightened professors of our art, and prescribed by them for the relief or cure of the very same affections which are now allowed to derive most benefit from its use; namely, diseases of a truly chronic character, having their origin in imperfect oxidation of the tissues, or faulty digestion and assimilation; such as scrofula, gout, rheumatism, gravel, dyspepsia, hepatic, and cutaneous affections—for the most part disorders depending on the presence and retention of certain impurities in the body, which water, in common with other means, is capable of removing by reason of its mechanical and chemical properties.

2. The Universality of Hydrotherapeutics. In all countries, baths and mineral wells have been resorted to from time immemorial. Among the ancient Egyptians, Jews, Grecians, and Romans, the former held a

high place among their most religious observances, and, doubtless, had as wholesome an influence on the bodies as on the souls of the worshippers. Russians, Germans, Mahomedans, and Turks, were as great patrons of their national baths hundreds of years ago as they are to day, and have consistently and perseveringly looked upon them as important agents in the preservation of health and removal of disease. Men of every clime and condition have exhibited faith in the curative power of natural waters, and have sought them irrespectively of trouble or cost, in order that by their means they might get rid of their ailments. The virtues, therefore, of hydropathy, as it has been stupidly called, are no recent discovery, although its scientific application to the treatment of disease, especially in this country, is of yesterday. Unfortunately for its success, its advocates overshot their mark, brought suspicion on themselves and failure to their system, simply because they were utopian. They proclaimed water to be the perfect cure for all diseases—themselves the very Priests of the Temple of Hygieia, where alone the sick might wash and be whole. Admitting that there was, that there still is, not a little exaggeration, not a little quackery in all this, are we, ought we, to reject the good in a system on account of the loud vulgar style in which it is advertised? Would it not be better and wiser to search for the wheat and separate it from the chaff, and so bring hydrotherapeutics within the field of rational medicine, using water with the same judgment we exercise in prescribing everything else? The great difficulty in doing so is to find the time and appliances necessary for the effectual carrying out this mode of treatment, as well as in making the patient conform to our wishes; hence, it is far better to send those who can afford it to a regular hydrotherapeutic establishment, under the care of a physician who has made this branch his special study: many eminent practitioners are in the habit of doing so, and assuredly this would be the most certain way of divesting hydrotherapeutics of much that is objectionable in its practice. The specialist would then naturally look to the profession, not to the public, for patronage, and would endeavour to supplement, not supplant, the regular attendant in the treatment of the patient. Where the patient has neither the time nor the money to enable him to procure the advantages of such a course, I wish to make it clear that it is possible to bring within his reach a wet compress, a sponge, shallow, or sitz bath, dripping sheet, or wet pack; and if with these you combine the drinking of pure water, in known quantities, and at stated intervals, with friction, exercise, and diet, you will sometimes place him under the most favourable conditions for the restoration of health.

There are two classes of patients who to me seem peculiarly fitted for this kind of treatment. The one suffers from chronic plethora, with great inactivity of the glandular system, and consequent derangement of the functions of secretion and excretion; the other labours under no very visible signs of disease, but complains of general inaptitude for business or pleasure, accompanied with great depression of spirit—a state in all probability having its origin in exhaustion or irritation of the ganglionic system. These cases (as most medical men too well know, if they do not admit it) do not respond to ordinary treatment, and frequently exhibit symptoms of improvement when sent away for change of air and scene; and they more especially do so when, with this change, they are subjected to a judicious course of hydrotherapeutic treatment. I cannot enter more fully into this matter, and shall only add that water is capable of being applied in the most opposite methods, with the most satisfactory results; that in it we have one of the most powerful means of acting at will, directly or indirectly, on the capillaries, thereby regulating the circulation and temperature of the body—no mean desiderata in the management of disease; and that its value and readiness of application cannot be too prominently brought before the profession, in order that it may become better known and more frequently resorted to in ordinary practice.

Before speaking of the waters of Harrogate, I must say a few words on its topography.

Standing on high table-land, about four hundred feet above the sea, midway between the east and west coasts, many miles removed from the contaminating influences of public works and stagnant waters, with ready surface-drainage, and destitute of trees, it commands two most important essentials to the healthiness of a locality—dryness of soil, and a constant change of pure bracing air. It may, therefore, be fairly classed among those highland districts where, by reason of a rarefied condition of atmosphere, greater amount of ozone, or freedom from impurities, oxidation of the animal tissues is more perfectly, more rapidly effected. The functions of the body are quickened; and the demand for new material, to replace the old used up atoms of the individual, is stimulated. The appetite is thereby sharpened, and the capacity for bodily exercise augmented. Change to such a place is, in many instances, all that the invalid or convalescent requires, and proves abundantly sufficient for the wants of those who stand in need of nothing but change. This I have observed especially the case with patients

\* Read in the Medical Section before the Annual Meeting of the British Medical Association in Leeds, July, 1869.

coming from the seacoast, low-lying marshy districts, or the more genial climate of the south. These derive almost immediate and marked benefit by a brief sojourn at Harrogate, without any kind of interference whatever.

The mineral springs of Harrogate have been so frequently written upon by local practitioners (myself among the number), that I feel no likelihood of difficulty in dealing with this part of my paper—a difficulty by no means lessened in my having to address such an audience as this. For full particulars regarding the analyses, mode of administration, and special uses of the different springs, I must refer you to the various treatises extant. My remarks must be brief and general. Dr. Macpherson, in his *Baths and Wells of Europe*, speaks of Harrogate as possessing the most important drinking-waters in England; and it is justly entitled to be thus mentioned—first, on account of the number, secondly, on account of the extraordinary variety, of its waters. There are three distinct classes—the sulphurous, saline chalybeate, and simple chalybeate; but each class furnishes springs of very different degrees of strength, in the actual and relative proportion of earthy salts, sulphur, and iron. Consequently, springs of the same order hold very different positions as hydrotherapeutic agents; and, by reason of this very diversity, we are able to treat a great variety of cases, and meet the wants of many individual peculiarities. For the same reason, no watering-place demands greater care on the part of the physician recommending a patient to visit it for hydrotherapeutic purposes; as, if told to drink the sulphur water or iron, he finds not one, but many wells, under the same head, all of which are used for drinking; the sulphur alone for bathing purposes. I cannot but regret that Dr. Macpherson has classed our sulphur waters among the salt springs. This can only lead to confusion, as Harrogate has always been famous for its stinking wells; and, were you to ask an inhabitant to direct you to a salt spring, he would tell you he never heard of such a thing. Not only so: the sulphurous class is by far the most important, as well as the most numerous and varied. It is most frequently prescribed on account of its aperient, alterative, or specific properties, in the great majority of cases sent to Harrogate for special treatment; and is very generally necessary as a preparatory for the chalybeate waters. The strong sulphur springs contain, in the imperial pint, 17 grains of the chlorides of sodium, potassium, calcium, and magnesium, with four cubic inches of carbonic acid, sulphide and carbide of hydrogen. The mild have one-fourth the same salts, one-half the same gases. The Kissingen has 100 grains of the same chlorides, with five grains of the carbonate of magnesia, and less than one grain of carbonate of iron. Dr. Muspratt's chalybeate—the most powerful, and, I believe, the most important, hitherto discovered—has fifty-four grains of the same chlorides, with between three and four grains of the chlorides and carbonates of iron. Both contain about four cubic inches of carbonic acid, which gives them a degree of sharpness when drank fresh. The simple chalybeates contain traces of earthy salts and carbonate of iron, with two inches of carbonic acid, and, weak as they are, they are sometimes occasion many of the unpleasant irritating effects of the pharmaceutical preparations of steel, which are familiar to us all.

The physiological effects of Harrogate, like all mineral waters, depend upon their osmotic influence on the blood, and may be divided into immediate or ecritic, and remote or hæmætic action. In the former, we have the emetic, aperient, or diuretic sequents, to the rapid absorption of from twenty to forty ounces; in the latter, we have the alterative, resolvent, or tonic sequents, to the gradual absorption and retention of from one to ten. In the immediate, we have a visible stimulation of secreting organs, followed by an increase of excretion; in the remote, we have certain changes produced in the tissues of the body or qualities of the blood, evidenced by the disappearance of gouty-rheumatic and glandular swellings, in the absorption of redundant fat, and in the increased number and redness of the blood corpuscles. That a mineral water should succeed in effecting changes in certain cases where medicines of a similar nature have failed, must be explained on the principle that its active ingredients are very readily taken up and carried with the blood through the entire system, whilst ordinary chemical preparations, by reason of their very coarseness and insolubility, pass through the body, without, as it were, having taken part in it. To this fact we must look for the explanation that natural waters frequently exercise the power of removing local symptoms depending on diathetic conditions, when drugs have been given without benefit. The Harrogate waters may be used advantageously in the same class of cases which I have named as suitable to simple hydrotherapeutic and hygienic treatment. And here the question may very properly be put, What advantages are to be got by treatment at Harrogate? and how does it show more control over disease than ordinary measures? The answer to these questions you will find in recorded cases. A vast amount of scepticism, I am fully aware, exists among medical men as

to the virtues of all mineral waters; and they say, "What are these but solutions of salts which we have at our disposal?" Others, "Your wells are all humbug; patients recover in spite of them. It is the rest, change of air, that does good; and nothing else." In many cases, it is so. But how about those cases which have run the gauntlet of all this physic; have at first tried change to one place, then another, perhaps even resided at Harrogate for a time, and, by advice, avoided all its special resources, without finding any improvement in their condition, and who do begin to mend, and gradually regain health, as soon as they are brought under the influence of its waters? What is to be said then? Still humbug? imagination? Will that explain the fact that, without them, illnesses proved intractable; with them, under the same general conditions of life, they ceased? This is no exaggerated picture; nor is it to be met with at Harrogate alone, but is common to all spas. Moreover, I have frequently observed that the less patients are capable of being influenced by ordinary medicines, the more amenable are they to hydrotherapeutics; and I am convinced that, were all the cases which, having resisted the former, recovered under the proper use of the latter, made known, the profession would willingly recognise in it one of the most powerful aids which can be brought to bear on many most protracted and painful cases of disease.

My friend and confrère Mr. Short, with twenty years' experience, during which time he has acted as surgeon to the Harrogate Bath Hospital, where between seven and eight hundred cases are received annually, bears me out in all I have said. The cases which he has to treat in that institution, in his own wards, are as varied as they are severe, all of them chronic, consisting of every form of skin-disease, rheumatism, dyspepsia, struma, etc.; many, if not all, having been under the care of skilful men at their own homes or in infirmaries. The success which Mr. Short has met with has been more than satisfactory; and he affirms "that he has seen so many desperate-looking cases relieved, such an amount of suffering removed, and such a vast number of thorough invalids restored to health, who had sought it in vain from ordinary means, by the exhibition of Harrogate waters, his only regret is, that medical men from a distance cannot for themselves witness and judge of the results; feeling assured that no stranger can sufficiently appreciate their value and range of application in the treatment of a wide variety of chronic cases."

I trust the object of this paper may be thoroughly understood. It is not to laud hydropathy, or even Harrogate, so much as to make it apparent that, ordinary medical resources having been fairly enforced without benefit—it may be, with aggravation of symptoms—I ask you then to give water, pure or mineral, a trial, under the supervision of one who has experience in its ways. Some doctors think they know as much as the resident practitioner about mineral waters and baths, simply because they have the analysis in their books; and they send patients to drink and bathe with the most minute and absurd instructions. This is a great mistake, and leads to much disappointment, often to serious mischief. If you will send patients to any spa, let one of its medical men take up the case where you lay it down; let him treat it according to his knowledge, and by the natural means at his command; give him a history of the case; look upon him as a specialist, if you like; but look upon him as one who will do his best to cooperate with you in accomplishing the cure of the patient.

## A CASE OF SOFT CANCER AFFECTING THE LACRYMAL GLAND AND OTHER ORGANS.

By JAMES E. ADAMS, F.R.C.S.,  
Assistant-Surgeon to the London Hospital.

SOPHIA MONTGOMERY, aged 7, a pale child, with blue eyes and light hair, fairly nourished, first came under observation January 29th, 1869. At this time there was a tumour at the upper and outer part of the right orbit, pushing the upper lid before it and displacing the globe downwards and inwards. The upper lid was freely moveable over it; the sight of the eye was perfect. In the course of a few days the swelling increased, and below the upper margin of the orbit could now be felt the lobulated edge of the lacrymal gland; the skin of the lid over it had assumed a bluish tint, and the whole tumour was soft and gave an impression of fluctuation to the finger.

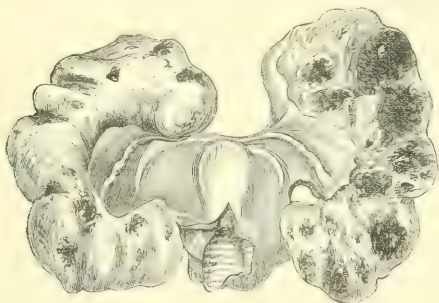
On February 10th, a puncture was made into it, and small portions of gelatinous material protruded, but no fluid escaped. I then determined to try to remove the gland without injuring the globe; and, having made an incision parallel with the edge of the orbit, and raised the tissues of the lid from the tumour, I removed a piece about the size of a walnut, but found that the tumour extended deeply into the orbit. It was very soft and friable, and it was impossible to take it all



out without removing the globe; but I postponed this in order to determine, if possible, the nature of the disease.

In the portion removed, the normal stroma of the gland could be seen, having imbedded in it innumerable small round cells and free nuclei. I obtained several normal lacrymal glands from dead bodies, and compared the microscopic appearances of these with the diseased one; and it appeared that in the tumour the gland-tissue remained almost perfect whilst these cells were growing in it. In about ten days all the tissues in the orbit, external to the globe, had become involved, and the edges of the previous incision covered with exuberant granulations. On February 23rd, I removed the globe and scooped out all the contents of the orbit, and applied the actual cautery to the edges of the lids and at the optic foramen. At the time of the operation, numerous hard moveable lumps were felt in the abdomen. A few days before the operation, the child's health, which hitherto had been very good, began to fail, and no improvement took place after it. The abdominal tumours increased rapidly, fluid collected in the peritoneum and in the right pleural cavity, and the child died on March 10th, being sixty-three days from the first appearance of the disease, it having been observed fourteen days before I saw her. There was no evidence of any of her relations having had cancer.

*Post Mortem Examination Twenty Hours after Death.*—The body was emaciated; the abdomen was distended with fluid; the superficial veins were full. Reaching above the pubes for several inches on each side of the median line were two large lobulated masses, apparently immediately beneath the abdominal wall. These were the two ovaries, which were removed in connection with the uterus and the upper part of the vagina. The accompanying drawing shows the external surface of the right one, and the central portion of the left, exposed by a longitudinal incision. The greater part of it was of a yellowish-white colour, in which were imbedded patches of soft material, presenting somewhat the appearance of recent clot. The Fallopian tubes were normal up to their point of



What showing the vagina, uterus, and both ovaries. The vagina has been laid open. The ovaries are symmetrically enlarged by deposit of soft cancer. The left ovary (to the right) is represented in section, and shows numerous large extravasations in the brain-like structure of the new growth.

entry into the ovaries. The broad ligament was slightly thickened. The uterus, bladder, vagina, and rectum, were healthy. The lymphatics of the pelvis were enlarged, and resembled the paler portions of the ovary.—*Liver.* On the diaphragmatic surface of the liver, immediately beneath the capsule, was a deposit, of a pale waxy appearance, about the size of a walnut.—*Kidneys.* In the cortical substance, and near the surfaces, were several small deposits, in which vessels and tubercles could be traced.—*Pancreas and Duodenum.* The whole of the pancreas was infiltrated with the disease, the chief deposit being at the head, which was so much enlarged as to embrace the duodenum, to which it was adherent, and constricting it slightly. The intestine at this part was healthy; but, about two inches from the pylorus, there was a deposit in the submucous tissue of about the size of an almond. Many similar deposits were found throughout the jejunum and ileum. The head also presented similar patches on the external surface of its walls.—*Orbit.* Around the margin of the optic foramen the disease had returned, forming a granulating mass through which the optic nerve passed. The sheath of the nerve was unaffacted by the diseased tissues, and the nerve was healthy throughout its course. On the right third nerve was a small swelling about the size of a pea, involving all the fibres of the nerve. The microscopic appearances of all these growths were similar

to those found in the lacrymal gland, the cells being very small, and hardly passing the nuclear stage.

**REMARKS.**—From the clinical history of the above case, it appears that the disease was essentially one of the class of cancers, running a very acute course. One chief object of interest is that it attacked two organs, which in children are rarely affected with malignant disease; namely, the lacrymal glands and ovaries. I think it is impossible to form any idea as to the primary seat of the disease; for, although the deposit in the lacrymal gland first attracted notice, it is highly improbable that such extensive growths in other organs could have taken place subsequently to the glandular affection. The lacrymal gland is very rarely the seat of any primary disease, and, it has been said, never of primary cancer; and this case certainly does not supply any proved exception to the rule.

A very interesting case of double cancer of ovaries and of mammary glands, which, in some features, may be suitably compared with the above, will be found in the *London Hospital Reports*, vol. iii, p. 303.

## SYMPTOMS OF CARBOLIC ACID POISONING BY ABSORPTION: DISCHARGE OF PIGMENTS IN THE URINE.

By JAMES WALLACE, M.D. Edin., Liverpool.

SOME weeks ago, a patient of mine called upon me, labouring under great excitement from an apprehension that he had poisoned himself with carbolic acid. His druggist had recommended him to give his dog a carbolic acid bath to destroy the fleas which infested it. He did so, and in ten minutes his favourite dog was dead; after which he hastened to me to know what could be done to arrest the danger which, he supposed, threatened himself. In the human subject I have used carbolic acid extensively, internally and externally; but until I met with the following case I had never observed any hurtful consequences following its use.

On January 25th, 1870, Mr. Bickersteth saw A. B., aged 5 years, in consultation with me. He was a strumous child, and was suffering from a third relapse of morbus coxarius in its suppurative stage; and the question to be determined was the opening of the abscess. Under chloroform this was done, and carbolic dressing applied—one part of acid to eight of olive oil. The case progressed not unfavourably until towards the second week in March, when it was remarked that after each dressing on every fourth or fifth day he was not so well, and subsequently vomiting and dysphagia invariably followed. I reduced the strength of the carbolic dressing, but the same symptoms persisted, though in a minor degree, and he became sallow and cachectic, with rapid pulse; and general debility speedily followed, from aversion to all nutrients. On examining the urine, I found it of a smoky dark tint, very similar to the appearance of the urine in bad cases of scarlatinal nephritis. This condition of the urine I had previously observed when making observations on the treatment of typhus by carbolic acid, as recorded in the *JOURNAL* (1869). The specific gravity of the urine, examined on several occasions, varied from 1010 to 1015; it was alkaline and effervescent on the addition of nitric acid. On standing, a deposit fell down, which the microscope showed to be composed of the granular urates of ammonia. On the application of heat, they became redissolved, and in several specimens a slight phosphatic haze was thrown down, soluble in nitric acid, but there was never a trace of albumen. On adding nitric acid to the boiling urine in considerable quantity, a heavy cloud of dark precipitate was invariably thrown down, which sometimes gave indication of the presence of bile-acids, but more frequently not. On collecting this precipitate and placing it under the microscope, it was found that the urine was loaded with yellow, brown, ruby-red, and black pigments; hence the pale, anæmic, and waxy hue of the patient. The carbolic acid was carrying off the colouring matter of the blood-corpuscles. That this remarkable property was possessed by carbolic acid was repeatedly demonstrated thus: that on the third, fourth, or fifth day after each dressing the urine had invariably resumed its normal character, but after another dressing it immediately became loaded again with pigments.

On March 22nd, I adopted Professor Lister's most recent method of carbolic dressing by oilskin coated with dextrin and shell-lac, and carbolic acid plaister. Formerly, there was a large discharge of pus on each dressing; now there is only a considerable serous oozing; vomiting has ceased; the appetite and general health are improving; pigmentation has ceased, and the urine is normal in character.

If carbolic acid can thus produce spermatism, may it not have a therapeutic significance in plethoric conditions of the system?



## REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN  
THE HOSPITALS OF GREAT BRITAIN.

## ROYAL INFIRMARY, EDINBURGH.

## THE HYDRATE OF CHLORAL.

MANY of the physicians and surgeons of this Infirmary have been making extensive trials with, and observations upon, the hydrate of chloral; and the general opinion of all seems to be, that this drug is a most important and valuable addition to the list of sedatives and hypnotics.

The experiments may, for convenience of description, be considered under two different classes—firstly, physiological, when the drug was given to healthy adults, and in the majority of cases taken during the day; and secondly, therapeutical, when it was given to relieve suffering or procure sleep.

1. *Physiological.*—With the view of determining the physiological action and effects of chloral, a large series of experiments were made upon healthy adults, comprising, first, students, nurses, and other persons following out their usual daily occupations; and secondly, patients lying in bed, suffering from complaints, such as fractures, etc., not likely to interfere with the action of the drug. In these trials, the dose varied from twenty to twenty-five grains, given either early in the morning, after a good night's rest, or in the afternoon, when the ordinary visit of the day had been concluded. The general results of these observations seemed to be, that the action and effects of chloral are not constant and uniform, but vary with the nature and habits of the patient, the time of administration, and the external conditions to which the individual or patient is subjected. It was particularly noticed, however, that upon those persons moving about, following their ordinary occupations, a dose of twenty or twenty-five grains in the majority of cases produced little or no effect, with the exception, perhaps, of slight unsteadiness, an occasional giddy sensation, or, more rarely, of a slight headache; all of which symptoms soon passed off. On the other hand, if the same dose was administered to individuals lying quietly in bed, and placed in circumstances favourable to hypnotism, in most instances, shortly after taking the chloral, they fell into a natural slumber, sometimes lasting for many hours. But it was noted, even in this latter class, if there were any noise or disturbance in the ward, that sleep did not ensue. In upwards of seventy carefully recorded experiments of this nature which have recently come under observation, in no less than thirty sleep did not follow the administration of the drug in doses of twenty to twenty-five grains; while most of the others fell at once into a sleep in from ten to twenty minutes, which generally lasted from thirty minutes to four hours. It was, however, remarked that the former number for the most part consisted of students, nurses, or patients walking about; while the latter, almost without exception, comprised those who were confined to bed and placed in circumstances likely to favour the narcotic action of the draught.

In all these cases, special observations were made to ascertain if the drug produced any deleterious effects upon the digestive system; but in no single instance was the condition of the tongue and appetite in any way impaired; on the contrary, many declared that, after the sleep, the desire for food was unusually augmented. In this series of cases, there were none affected with nausea; and in only one did anything occur which probably resulted from some accidental cause. Nor was there a single instance of excitement or delirium. It must, however, be mentioned that a few of the patients (about one in ten), after coming out of the sleep induced by the chloral, experienced a headache; which, however, in all cases passed away in less than an hour.

The conclusion to be derived from these physiological experiments seems to be that in healthy persons, even after a good night's rest, if the drug be given in doses of twenty to twenty-five grains, in the majority of instances a condition allied to natural sleep is produced, accompanied by no injurious effects, provided they remain quiet and undisturbed in bed. On the other hand, if moving about, exposed to excitement, or carrying on their usual duties, the same dose, while it occasionally produces a giddy or even slight drowsy sensation, rarely induces a special desire for sleep.

11. *Therapeutical.*—This series of observations has been by far the most numerous and extensive, and consisted in the administration of

chloral for the purposes of producing sleep in various abnormal conditions, and for the relief of painful and irritating symptoms. It is for these objects that so much interest has been excited, and such satisfactory results obtained. To enter into a complete *resumé* of the numerous symptoms and diseases for which the drug has been given with more or less success, would exceed the limits of a communication such as this. For convenience and brevity, we may be allowed to mention in detail the more important circumstances in a few of the leading uses for which it has been employed and found beneficial.

*Fevers.*—On account of the recent prevalence of fever in Edinburgh, there has been an ample field for investigating the action of chloral in that disease. From a large series of observations, it has been ascertained that, although the drug has no direct influence in cutting short or in any way affecting the natural course of the disease, it is a valuable means of assisting and promoting recovery, by its action as a palliative to the numerous distressing symptoms which constantly occur. In doses of thirty grains repeated every hour—two or three times if necessary—in most cases a quiet and refreshing sleep is produced, which serves greatly to maintain the strength of the patient, and to enable him better to withstand the violence of the disorder; and by thus preventing fatigue and exhaustion, especially in a weak and feeble constitution, it expedites the recovery and the elimination of the virus. It is found that no injurious effects are produced upon either the digestive or the nervous systems; on the contrary, the appetite is sometimes apparently improved, and the excitement and delirium are frequently diminished. It is also observed, when violent head-symptoms exist, that the ordinary dose should be increased to forty or sixty grains, repeated at intervals, if required, before a sedative effect is obtained. Also, although chloral, under some circumstances, lowers the temperature from half a degree to two degrees, it would appear, from a limited series of observations, that in fever it does not do so, and seems to produce little or no effect as determined by the thermometer. Its action upon the pulse, as ascertained by the sphygmograph, is that of diminishing arterial tension, rendering its quality softer and more regular, but not, apparently, having much effect upon its frequency.

*Phthisis Pulmonalis.*—Chloral, from many observations, seems to be a most valuable palliative in this disease. For producing sleep, for soothing irritation, and for relieving the painful cough, it has met with great success. Its advantages over opium in the relief of these symptoms will be obvious, when it is stated that careful trials have shown it to have little or no effect upon the digestive system of an injurious character. When opium is employed to any extent in phthisis, it frequently does more harm than good, by producing nausea, furring the tongue, destroying the appetite, and causing weakness and depression. Chloral, on the other hand, in doses of twenty or thirty grains, seems to fulfil all the requirements of this drug by inducing a healthy and refreshing sleep, without its deleterious accompaniments.

*Delirium Tremens.*—It is stated that in this disease chloral seems to be almost a curative agent, as in most cases, notwithstanding violent excitement or delirium, it produces a prolonged sleep, from which the patient frequently awakes sane and rational. In doses of forty or sixty grains, repeated every half-hour three or four times, a deep and lengthened sleep generally ensues. Although there are several exceptions, many most interesting and remarkable cases might be cited to prove the general rule.

*Surgical Practice.*—For various surgical purposes, chloral is largely employed. As a hypnotic, it has been found in many cases a valuable remedy when sleep is absent from any cause. As a sedative, it is useful in soothing pain and relieving irritation. In many surgical injuries, when great pain is experienced, it is generally the means, in doses of thirty or forty grains, of diminishing the suffering without of necessity causing hypnotism; but if the dose is increased, sleep is produced. After severe accidents or capital operations, similar beneficial results, in most instances, follow its administration. Many illustrative cases of this nature might be cited, which brevity compels us to omit.

We are informed—but have not had an opportunity of testing the accuracy of the statement—that if a dose of chloral be given shortly before an operation, the patient is more easily brought under the influence of chloroform, and that its effects are rendered more permanent, the patient sleeping for some hours afterwards.

The conclusion to be derived from these therapeutical inquiries seems to favour the very general opinion that the hydrate of chloral is perhaps the purest hypnotic and sedative we possess, its administration being followed, in most cases, by beneficial results, and comparatively rarely by injurious effects; also, that for these purposes it may be given with advantage in all cases where sleep is abnormally absent, and in diseases or injuries where any excitement or irritation of the nervous system exists. Its advantages as compared with other narcotics, such as opium, seem to be chiefly as follows: 1. It is perhaps more speedy and more

certain in its action and more prolonged in its effects; 2. It is less dangerous to children; 3. It is followed, as a rule, by no bad effects; the appetite is not impaired; the tongue is not furled; the excretions are not arrested.

While in the majority of cases the results of chloral are satisfactory, the fact must not be concealed that, occasionally, unpleasant consequences follow its administration. In upwards of fifty observations, when forty grains were given—the progress of all of which we ourselves had an opportunity of following out—in no less than seven the patients were greatly excited, four of them, in addition, being wildly delirious shortly after taking the medicine. This temporary delirium, although somewhat alarming at the time, passed off in all cases in the course of two hours, accompanied by the most profuse diaphoresis. In this number, about a dozen were afflicted with headache more or less severe, which, however, was also transitory.

Other observers in the Infirmary, after giving chloral largely, have not met with these distressing symptoms—at least, not to so great an extent.

## ST. MARY'S HOSPITAL.

### OUT-PATIENT DEPARTMENT.

#### CASES OF LOCAL PARALYSIS, ETC., FROM INJURY OR DISEASE OF NERVES.

(Under the care of W. H. BROADBENT, M.D., F.R.C.P., Senior Assistant-Physician.

It is sometimes of importance to distinguish paralysis arising from an affection of a nerve-trunk from the paralysis due to disease in the nervous centres. Usually this is very easy; it may be said always to be so if attention is directed to the possibility of paralysis occurring as a consequence of lesion in the nerves as well as in the centres. There is little danger, for example, of facial palsy from disease of the portio dura being unthinkingly attributed to central mischief, or that paralysis of the third nerve will be set down, without further inquiry, to disease of the brain, as these affections are comparatively common, and the diagnostic points are specially given in most treatises on the diseases of the nervous system; but mistakes of this kind are sometimes made when the arm or leg is extensively affected: or, on the other hand, paralysis, due to lesion in a nerve, may be attributed to lead-poisoning; or, again, inflammation about the nerve-roots may simulate rheumatism. In cases of this kind, diagnosis furnishes the key to treatment; and, though the various affections may not be attended with danger to life, they may cause much suffering, and may prevent the subject of them from earning his livelihood. The accompanying cases will exemplify these statements.

**CASE I.**—*Loss of Motor Power and of Sensation in Left Lower Extremity: Syphilitic Disease about Nerve-roots.*—Henry T., aged 30, became an out-patient at St. Mary's Hospital on August 20th, 1868. A month previously, he found one morning that he had lost the use of his left foot, and the entire limb, as he supposed, had since become completely paralysed. He was able to walk, but only straight-legged. There was no flexion of the knee nor movement of the ankle-joint, the limb being swung from the hip. In going down steps, the knee would be bent; but, as soon as the foot was free, it shot out, and the knee was straightened suddenly with a jerk: this would occur also in walking, when he made an effort to walk naturally, and was amusing to an on-looker. He said the leg felt numb.

On examination, it was found that he could not move the foot or ankle at all, and could not resist movements of these parts. He could bend and straighten the knee; and could resist flexion powerfully; but could not resist extension at all. The muscles paralysed were thus those of the calf and front of the leg, and the flexors at the back of the thigh—the latter not completely. The psoas and iliacus, and the adductors also, seemed to be weakened. The affected muscles were greatly wasted and very soft. Sensation was found to be greatly impaired, almost to abolition, all down the front of the thigh and leg and in the foot; not in the gluteal region, nor on the outer aspect or inner side of the thigh; but, below the knee, the region of impaired sensibility occupied the inner side of the calf. Sensation was impaired also over the left half of the lower part of the abdomen.

It was not difficult to fix upon the seat of the disease giving rise to the symptoms described. It could scarcely be the cord, seeing that the leg was perfectly sound and strong, and especially as the paralysis was partial and irregular in the limb affected. On the other hand, the symptoms could not be referred to lesion in any nerve-trunk outside the spinal canal, seeing that the paralysed parts were supplied by both sciatic and anterior crural nerves, other branches of the lumbar plexus also being more or less involved, while apparently some sensory branches of the anterior crural to the inner side of the thigh escaped; a simulta-

neous affection of so many nerves, again, was highly improbable. The only locality in which the various nerve-fibres affected could be involved in any single lesion was clearly within the spinal canal, where the nerve-roots (sensory and motor) which subsequently emerge from the lumbar and sacral intervertebral foramina, lie close together in the cauda equina. It could not be doubted, then, that here was the seat of the disease.

Fortunately, the nature of the morbid change was as clear as its seat. The patient said he had had no previous illness, and denied having had syphilis; but an unmistakable syphilitic psoriasis of gyrate form was present on the legs; there were spots also on the abdomen and chest, and the inguinal glands were enlarged and fused into a chain. The man had been twice married, but had only had one child. One does not expect gummatous exudation in internal parts in association with a cutaneous syphilide of the kind seen in this patient; but there could be little hesitation in attributing the symptoms to localised syphilitic exudation in the pia mater, either about the roots of the nerves or in the cauda equina.

The treatment was in accordance with this diagnosis. He was ordered potassii iodidi gr. vj; spiritus ammoniac arom. ℥x; infus. calumbæ ʒi; to be taken three times a day. The bowels also were acted on by blue pill and colocyth. The notes made at subsequent visits are as follows. On the 24th, sensation was returning. On the 31st, sensation had returned in every part of the foot and leg. The flexors on the back of the thigh still were very weak; so also were the psoas and iliacus. He could move the foot; the eruption was better. On September 7th, he was better; he only complained of weakness in the foot. On September 14th, he was better; he looked well, but still kicked out the foot; the spots were going fast. On October 22nd, he ceased to attend, having regained power in every part of the limb.

A case in some respects similar to the one just described may be briefly given, although it did not occur in hospital practice.

**CASE II.**—*Paralysis of Muscles Supplied by the Anterior Crural and Obturator Nerves, with Neuralgic Pains: Tumour in Iliac Fossa.*—Col. G. was seen in consultation with Mr. Walter Coulson on September 23rd, 1869. Four years previously he had been invalided home from India for lumbar pains, which were called renal neuralgia. Recovering from these, he had a fall from his horse in February 1868, and broke several ribs, and again had pain in the region of the kidneys. In July 1869, he had severe pain in the left loin, shooting down the thigh; and in this attack, paralysis of the left lower extremity came on. He gradually regained power, but again had neuralgic pain, which was accompanied by a return of the paralysis. He had been under the care of several medical men, and his sufferings had been attributed by some to disease of the kidneys, by others to disease of the spinal cord. It was under the idea that the cause of the pain and loss of power might be some affection of the urinary organs that he applied to Mr. Coulson.

In walking, the left foot dragged in a peculiar way; he could not lift this leg over the opposite knee, nor remove it when placed there; there was very little movement at the ankle.

When he was stripped, the power of extension was seen to be impaired in the ankle and knee, and of flexion at the hip. The gastrocnemius and the muscles at the back of the thigh were well nourished and contracted powerfully; those on the front and inner side of the thigh were powerless, flaccid, and remarkably wasted. There was no loss of sensation. The paralysis here was clearly in the anterior crural and obturator area, and not at all in the sciatic; and the cause was at once found on exploration of the iliac fossa. A tumour was discovered following the line of the great vessels along the edge of the pelvis. Slight pulsation could be felt in it, but not of an expansile character, apparently communicated by the artery, and not resulting from its dilation. The nature of the tumour could not be definitively ascertained, but it resembled a chain of glands. There was no history of syphilis; but a nodose enlargement was to be felt on the left tibia, and some dark scars were seen on the leg.

The treatment agreed upon was rest; injection of morphia if the pain returned; iodide of potassium in six-grain doses thrice a day; one-twelfth of a grain of biniodide of mercury at night. There was no recurrence of serious pain; and power gradually returned in the muscles during the time he was under observation, but the tumour was little diminished.

In another case of partial paralysis of the extensors of the thigh and leg, associated with pain, the loss of power in the limb had been attributed to rheumatism. The patient, a servant aged about 40, had for eight or nine years suffered from rheumatic pains in the left leg, especially on any change of weather; it was stiff in the morning, but became easier after walking. He walked lame, dragging the foot and swinging the limb from the pelvis. He was unable to lift the foot to a chair, and got up or down steps with difficulty. On examination, the extensors



on the front of the thigh were found weak and greatly wasted; there was no loss of sensation; the pains complained of were not seated in the joints, but wandered from one part of the limb to another. No definite cause could be assigned for the paralysis; but at times the patient had lumbar pain on the left side and pain in the groin, and the urine deposited much uric acid sand. No definite symptom of renal calculus, however, presented itself. After more than three months of treatment, during the whole of which period he took iodide of potassium and guaiacum, and for a part of the time strychnine, he so far recovered as to be able to lift the foot to a chair and to walk without a limp; his general health also improving.

Cases of a different character are met with in the upper extremity. Perhaps the most common local paralysis here is of the flexors of the hand on the forearm, causing drop-wrist; and the diagnosis is not between peripheral and central disease, but between the affection of the nerve and saturnine paralysis of the muscles. It is not always easy to ascertain the cause of the nerve-lesion; but sometimes it is clearly traceable to pressure. The musculo-spiral nerve crosses the back of the arm beneath the triceps, and the circumstances under which it becomes most liable to an injurious degree of pressure are, when a person goes to sleep with the arm resting on the back of a chair and supporting the head. The triceps muscle will probably protect the nerve where it covers it; but the nerve may be injured either before it gives off its branches to this muscle; *i.e.*, before it enters the canal, or after it emerges from it to reach the forearm; more commonly it is after, and it is then that the liability to mistake the case for one of lead-palsy of the extensors occurs. When a history of pressure is given, the diagnosis presents no difficulty; and when this is not the case, the absence of all indications of lead-poisoning, and the sudden occurrence of the paralysis, usually make the distinction clear.

No fewer than four cases of musculo-spiral paralysis came under my care in April and May 1869, and another in October.

*Paralysis of Triceps and of Extensors and Supinators of Forearm: Injury to Musculo-Spiral Nerve by Pressure.*—Frederick A., aged 30, a grocer, became an out-patient April 15th, 1869. On the 13th he fell asleep in a chair, his left arm resting across the back, but in what precise position he was unable to say. On waking, he found he had almost lost the use of the hand, and that the arm was weak. He could flex the elbow strongly, but the power of extension was very greatly impaired—so much so that, when he raised the arm, which he did perfectly well, and placed it across the top of his head, he was unable to bring it back, and had to stoop so as to let it fall off. The hand dropped at the wrist, as in lead-palsy, and the power of extension was completely lost, as was also the power of supination. He was, moreover, unable to grasp any object firmly; but this was not due at all to any loss of power in the flexors, but to the fact that the wrist was not fixed by the extensors, which is necessary in order that the flexors of the fingers may act at an advantage. When the wrist was held in the extended position, he could close the hand firmly.\* No diminution of sensibility could be made out.

The treatment ordered was repeated friction and deep kneading of the muscles; to insure which, soap liniment was given; and rest till the portion of nerve injured recovered its conducting powers. Mixture of iodide of potassium was also given. Galvanism is useful in these cases; but in hospital out-patient practice it cannot be systematically tried. On the 19th the arm was better, and could be brought back by the action of the triceps when placed on the head; the hand still weak, but gaining strength. He took a supply of liniment and medicine for a week, and did not return.

*Paralysis of Extensors in Forearm: Pressure on Lower Part of Musculo-Spiral, or an Intermittent Division of this Nerve.*—Thomas B., a butcher, aged 27, fell asleep with his right arm over the edge of a chair on May 9th, and came as an out-patient on May 10th, complaining of loss of power in it. He thought that the middle of the forearm rested on the chair, but the nerve must have been subjected to pressure at a higher point than this. The wrist was flexed as in lead-palsy. No extension of the fingers or hand was possible; his grasp was very feeble; the resistance to flexion of the elbow was good, but scarcely equal to that in the other arm. There was no loss of sensation. Here the musculo-spiral nerve must have been injured after crossing under the triceps, or the interosseous division only may have been compressed; but the fact that sensation was not impaired does not necessarily imply that the pressure was applied only to the muscular branch after its separation from the cutaneous radial division, as may be seen from the case last related, in

which from pressure on the nerve-trunk there was motor paralysis, but not loss of sensation.

The treatment here was similar to that employed in the former case: the recovery of power was slow but gradual; and the hand was still weak on June 7th, when he ceased to attend.

On the same day with the last patient, Dennis C., a labourer, aged 35, applied, giving almost precisely the same account. He had gone to sleep with his arm over the back of a chair, and woke up to find it numb and paralysed. Here, however, sensation was impaired; and on May 12th he burnt himself, through not perceiving heat with which the hand was in contact. He only attended a second time on May 13th, and was then not better.

The fourth case was that of William B., a cab-washer, aged 37, who became an out-patient on May 30th, having lost all power in the extensors of the left forearm. Here no cause could be found. He only attended ten days, and did not improve much.

The last case was that of John L., aged 59, a bricklayer, who came to the Hospital on October 14th, but did not at once come under my observation. He went to bed on the Saturday evening before well and sound, and on the Sunday morning discovered that he had lost the use of his left hand. The wrist dropped, and all power of extension was lost for the wrist and fingers, as in the cases previously related; supination also being impossible while the elbow was extended, and effected when it was bent only with difficulty, and apparently mainly by means of the biceps. There was no impairment of sensation. The cause of the nerve-lesion could not be made out. The improvement, while under this treatment, was very slight; but was more marked when a stimulating turpentine liniment was substituted for the soap liniment first ordered. Being a bricklayer, he daily practised at home with a brick to try whether he could raise it as he could at his work. It was proposed to fix the wrist in an extended position by a back splint, when the flexors of the fingers acted well, and the hand grasped a large object with considerable power, in the hope that in this way he would be able to pick up his bricks and earn his bread; but this was defeated by the want of power to extend the thumb, which was perpetually getting in the way. Galvanism was then tried, and he recovered rapidly.

The following case differs in several respects from the others.

*Paralysis of Extensors of Forearm: Spasmodic Action of Flexors: Loss of Sensation in Hand and part of Forearm.*—Margaret D., aged 28, was shutting a door when she felt her wrist give way. She applied as an out-patient on March 26th. The wrist was flexed as in lead-palsy; but there was resistance to extension, and a spasmodic trembling of the flexors. She had a sensation as of pins and needles in the hand; and sensibility, both tactile and painful, was impaired over the entire hand, along the back of the forearm as far as the elbow, and on the flexor aspect to about half way. The forearm was put on a splint to give support and to counteract the spasm of the flexors; and iodide of potassium was administered—at first alone, a week later with iron. On April 2nd, she had used the hand better, but it twitched at times. When the splint was removed, the flexors contracted with jerks. The fingers, and especially the first and the thumb, felt dead and pricked as if asleep; sensibility was impaired as before. On April 9th, she was better, the two middle fingers regaining power more rapidly than the others; and sensation was more distinct on the backs of these fingers than elsewhere; she had used the hand better. When the splint was removed, the hand dropped and was jerked about. All the forearm and hand was cold. The splint was left off, and she gradually improved.

The manner in which the symptoms set in seemed to indicate mechanical injury to a nerve-trunk; and unless it be supposed that the injury occurred simultaneously to the lower end of the musculo-spiral or to its radial and interosseous divisions, and the median, it must have taken place in or near the brachial plexus.

The remaining cases illustrate the simulation of rheumatism by inflammation about the nerve-roots. Here, again, the diagnosis is not difficult if the attention be drawn to the possibility of this mode of causation; but the conveniently vague name rheumatism covers ailments and pains which have a variety of causes, and very frequently the investigation stops short of any attempt to distinguish between these. In the cases in which the pains arise from inflammation about the roots of the nerves, the trouble of ascertaining this is rewarded by success in giving relief. The case which will first be related is one in which there was scarcely room for mistake; the patient had, however, been told that she had rheumatism, and it may be presumed, had been treated for this disease.

Ann C., aged 42, single, had been suffering from "rheumatism" in the right arm for a month. It came on suddenly, and extended from the nape of the neck down the shoulder and arm to the first finger. The pain had continued day and night ever since, with exacerbations at times; it was worse on first getting into bed, and she slept in the sitting

\* A well-known trick, by which the strongest man may be compelled to drop any object, is to flex the hand forcibly upon the forearm, when the fingers fall open, and the grasp is relaxed. It is on the same principle that the flexors appear to have lost power when the extensors are paralysed; they have already contracted almost to their full extent in bending the wrist, and cannot act powerfully on the fingers.



posture, as the pain would not let her lie down. The right arm was weak and could not be raised to the head; the neck was stiff and could not be moved in any direction without pain. On examination, a degree of fulness was found along the right side of the cervical spines, from the third to the seventh vertebrae, with tenderness on pressure, especially at the seventh, and across the back of the neck and in the posterior triangle, deep pressure causing pain down the arm to the finger. The signs of local inflammation were obvious, and its seat was judged to be most probably the periosteum of the vertebrae, involving the nerves in the intervertebral foramina near the junction of the roots. Three leeches were applied, and iodide of potassium was given with tincture of gentian. Relief was at once experienced, and, four days later, a small blister was applied. The improvement was rapid and continuous, and, in six weeks, she was discharged quite well.

Eliza W., aged 30, single, had been suffering for four months from pain in the occipital region, and on the back of the shoulders, sometimes down the arms. There was stiffness in the movements of the neck, especially when the head was bent down. At times, she was very cold, and shivered; at others, hot. It was noticed that her hair was falling. Iodide of potassium was given, with ammonia and infusion of calumba, and a blister was applied. She was relieved, and the blister was repeated in ten days. She continued to improve, but did not long remain under observation.

The two cases given were not altogether free from a suspicion of syphilis; and in another patient, Jane F., aged 30, married, pain along the left arm to the hand, worse at night, so as to prevent sleep, with tenderness on the left side of the vertebra prominens, and pain on turning the head, was associated with a superficial round ulcer of syphilitic character on the left side of the soft palate; but there is no necessary connection between this affection and syphilis. In the following case, the history seemed to negative any supposition of syphilis; and relief followed the application of a blister, the only medicine taken being the hospital squill mixture.

Charlotte L., aged 44, married, complained of pain, from the back of the neck down the right shoulder and arm as far as the elbow, of a burning and pricking character; it was worse on turning the head to the right, not when it was turned to the left; worse when it was turned backwards, not when bent forwards. There was tenderness along the right side of the cervical spine. She was feverish and had a cough. Compound squill mixture was given for the cough, and a blister was applied to the right side of the back of the neck. Relief was at once obtained.

#### MEATH HOSPITAL, DUBLIN.

ATAXIE LOCOMOTRICE PROGRESSIVE: IMPAIRMENT OF THE SENSES OF SIGHT, SMELL, AND HEARING.

(Under the care of Dr. HUDSON.)

From Notes taken by Mr. FREDERICK W. STOKES.

THE subject of the malady is a man, aged 28, and unmarried. He was admitted to Hospital on the 4th of March last. His history was briefly the following. Up to the age of nineteen, he had enjoyed unimpaired health; but at that period of his life he contracted syphilis. About twelve months ago, he had an attack of gonorrhoea; and, while suffering from this, he was troubled by incontinence of urine. He now for the first time became conscious of a feeling of numbness and a weakness in the right thigh and leg, the sensibility of which parts was simultaneously increased. He also experienced some difficulty in going upstairs, as the right limb tended to give way beneath his weight. The toes became pointed, and a sense of contraction was experienced in the calf of the leg. In about six weeks' time, the left limb became similarly affected; not dull aching pains flitted through both extremities, particularly at night. His sexual appetite was greatly increased, and frequent seminal emissions occurred. The bladder was rather irritable; and at times, when seeing or thinking of water, an imperative desire to micturate seized him. His bowels remained regular, there being a slight tendency to constipation. Until about three months ago, the upper extremities were unaffected; but at that time a numbness was experienced in the hands.

When admitted to Hospital, he complained of having lost all sensation, excepting that of heat and cold, in the hands and in the lower extremities from the knees down. When he was desired to walk, the characteristic lesion of coordinating power in the lower extremities was clearly demonstrated to be present; his staggering gait, the toes coming first and spasmodically to the ground, and the difficulty experienced in starting and turning, all formed a striking picture. On being made to shut his eyes while standing, he immediately tottered and fell backwards. Meanwhile, muscular power seemed to be unimpaired in the affected limbs; and the soft parts were full and firm.

There was considerable loss of memory, and all the mental functions were but imperfectly performed. Thus, when a sentence was read to the patient, he experienced great difficulty in attending to, or in following it. His sense of smell was lessened, and it was strange to hear him describing the odour of assafoetida as "pleasant". Carbonate of ammonia he did not seem to recognise at all, though it made his eyes water. He complained of impaired sense of hearing; but this lesion was not well marked. As he spoke much of losing his sight, a careful examination with the ophthalmoscope was instituted. The pupils were rather contracted. The greater portion of both optic discs was white, and presented a distinct tendinous lustre, like that of mother-of-pearl. The retinal vessels were congested. Both eyes were equally affected, being at the same time amblyopic and myopic; and the lesion seemed to depend on primary or progressive atrophy of the optic papillae. There was likewise posterior staphyloma of both eyes. The urine, on March 7th, was clear, high coloured, and of acid reaction. The specific gravity was as high as 1029. It was free from albumen and from sugar. On boiling, a copious deposit of earthy phosphate occurred. Urea was present in excess. Microscopical examination resolved a very slight deposit into cells of granular and nucleated pavement-epithelium, some mucus-corpuscles, and a few prisms of triple phosphate.

As the presence of a large quantity of earthy phosphate in the urine seemed to indicate a waste of the phosphatic constituent of the brain and spinal cord, Parrish's syrup was prescribed, together with half-grain doses of nitrate of silver thrice daily.

ANEURISM OF THE THORACIC AORTA, THE RESULT OF AN INJURY: MARKED EFFECT ON THE PHYSGMOGRAPHIC TRACINGS OF THE LEFT RADIAL ARTERY: IMPROVEMENT UNDER THE CONTINUED USE OF LARGE DOSES OF IODIDE OF POTASSIUM, WITH OCCASIONAL LOCAL DEPLETION AND THE APPLICATION OF ICE.

(Under the care of Dr. HUDSON.)

From Notes taken by Mr. WILLIAM REED MURPHY.

THE patient was admitted into Hospital on the 25th of January last, complaining of boring pain above the left breast, considerable difficulty of breathing, and cough, without much expectoration. He was by occupation a miner, and had always been healthy until early in May 1869, when, in raising a heavy stone with a lever, he received a violent strain, and was immediately afterwards seized with a sharp pain in the neighbourhood of the left nipple. He was obliged to give up work for a short time, but was soon again able to return to his occupation, though the pain was apt to recur whenever he made any over-exertion. In August, he left the mines where he had been employed, and hired himself out as a farm-labourer. In the following November, he again strained himself while lifting a sack of potatoes with his left arm (he is a left-handed man); and the pain subsequently annoyed him very much. After this second injury, the slightest exertion was attended with great difficulty of breathing, giddiness, and dimness of vision; the old pain being at the same time intensified. He stated that he had always been of temperate habits, had never had syphilis, and was the father of a healthy family. He was 34 years of age, tall, and well-made. The existence of a troublesome cough, much difficulty of breathing, and of pain in the left breast, led him to solicit admission to Hospital.

Physical examination of his chest gave the following results. Although the seat of pain was referred by the patient to the præcordial region, and to an area above it extending obliquely towards the left shoulder, yet in this situation there was no tenderness on pressure. The pulmonary expansion of the left side was perceptibly less than that of the right; and in the upper portion of the lung the respiratory murmur was rather feeble, mixed also with some bronchial rales. The area of cardiac dulness was not increased, and the heart-sounds were perfectly normal. On the right side of the chest, neither percussion nor auscultation gave any evidence of a departure from health; but on the left side of the sternum there existed a localised area of absolute dulness, situated immediately over the second intercostal space, and having a diameter of about one inch and a half. On bringing the eye to a level with the chest-wall, a distinct excentric pulsation was plainly visible over this area; while, on auscultation, sounds as of another heart were distinctly heard. These sounds were, however, much stronger than, though in other respects similar to, those of the heart itself; and a rough loud *bruit* accompanied the first sound. The murmur was heard chiefly towards the right; and the patient stated that he was himself conscious of its existence. This *bruit* was audible only when the patient was lying down. On his assuming the erect position, it at once vanished, though the double sound remained. The impulse of the heart preceded that of the second source of pulsation by a slight but appreciable interval. The chief extrathoracic signs were a permanent turbidity of the veins of the left side of the neck, and a marked diminu-

tion in the fulness of the left radial pulse as compared with the right. This latter was well shown by some sphygmographic tracings, which were taken at different times during the patient's sojourn in Hospital.

On February 5th, it was determined to treat him with repeated doses of iodide of potassium; to aid its effect, absolute rest was enjoined, a moderate diet was ordered, and the imbibition of liquids was as far as possible prevented. The iodide of potassium was at first given in doses of seven-and-a-half grains thrice daily.

February 10th.—The patient complained much of the old boring pain, which he now described as being most intense at the seat of pulsation, and thence darting into the shoulder. His cough was troublesome, and he had, early in the morning, slight hæmoptysis, the blood being of a florid colour. The area of dulness was evidently enlarged, and the strength of the pulsation was increased. Above the left scapula the respiratory murmur had become stridulous, and, in the same locality, a faint and distant *bruit* was audible. Leeches were now applied over the seat of pulsation, and the dose of the iodide was increased to fifteen grains three times a day. The local depletion was on this, as on other subsequent occasions, followed by the happiest results; the pain diminished, and the impulse was greatly lessened. The stridulous breathing and *bruit* were now no longer audible above the scapula.

On the 14th of February, the iodide was intermitted, as it had produced nausea and vomiting. Otherwise, the line of treatment adopted on the 5th was carried out, and ice was ordered to be kept applied over the seat of pulsation. On the 23rd, leeches were again deemed necessary, as the patient complained of a violent paroxysmal pain. The following day only traces of this remained, and the iodide was once more prescribed, in twenty-grain doses thrice a day.

In the course of the ensuing six weeks, a marked improvement in both physical signs and symptoms had taken place. The dyspnoea and pain decreased, the area of dulness became smaller, the force of pulsation lessened, and the *bruit* lost its rough harsh tone, and assumed a soft blowing character, at times somewhat musical. In fact, as the patient expressed himself much better as regarded the symptoms for which he sought admission to hospital, and as there was in the physical signs the improvement indicated above, he was permitted to leave for the country, which he accordingly did on the 11th of April last.

## CARLISLE FEVER HOSPITAL.

### CHLORAL HYDRATE IN ENTERIC FEVER.

(Under the care of Dr. HENRY BARNES.)

WM. B., aged 35, a carter, was admitted on March 9th, 1870. His wife stated that he had been confined to bed since February 28th, but had been ailing for a week before that, complaining of pain in his head, shivering, loss of appetite, looseness of the bowels, and want of sleep. He had also had great thirst, and had taken little else than cold water since the commencement of his illness. A son who had just recovered from an attack of enteric fever was brought home on February 1st. On admission, the patient was in an intensely stupid state, and did not answer questions readily. The pulse was 84; the tongue thickly coated white; the skin moist; and there were several rose spots on the chest and abdomen. He felt pain on pressure in the right iliac region. He was ordered beef-tea diet, and twenty minims of dilute sulphuric acid in water every four hours.

March 10th.—Pulse 84; temperature 104 deg. He slept little last night, and was slightly delirious. His face was flushed, and he had a troublesome cough. He had taken food well, but remained in a stupid state.

March 11th.—Pulse 76; temperature 103.6 deg. He had slept only about one hour and a half since the previous day, and was occasionally delirious. The stupor continued, and it was extremely difficult to rouse him. He had well marked subultus tendinum. The pupils were contracted and insensible to light. The tongue was thickly covered with white fur. He took food well, and had one formed motion from the bowels. He was ordered twenty grains of hydrate of chloral, to be given in syrup, at one o'clock, and ten grains every two hours afterwards, until sixty grains were given; the dose to be omitted if the patient were asleep. The acid mixture was discontinued.

March 12th.—The nurse reported that the patient went to sleep almost immediately after each dose of chloral, sleeping about one hour after the first dose, and half an hour after the others. Pulse 80; temperature 102 deg. The pupils were still contracted, but sensible to light. The tongue was not so thickly coated. He took food well. He was ordered thirty grains of chloral in divided doses. At the evening visit he seemed very weak, and his pulse was 80, very soft and compressible. He had one formed motion from the bowels. He was ordered half an ounce of brandy every two hours during the night.

March 13th.—Pulse 66; temperature 102 deg. He slept well during the night, and was more conscious to day. The subultus was quite gone. He took his food well and did not complain of pain. The tongue was cleaner and the pulse less compressible. The brandy was ordered to be taken every four hours, and thirty grains of chloral in divided doses.

March 14th.—Pulse 64; temperature 100.6 deg. He slept well and had no delirium. He was very deaf, but understood what was said to him in a loud voice. He had one formed motion. He was ordered thirty grains of chloral in divided doses, and brandy as before.

March 15th.—Pulse 66; temperature 99.9 deg. He was somewhat restless and delirious in the early part of the night, but slept better this morning. He took his food well and had no pain. He was ordered forty grains of chloral in divided doses.

March 16th.—Pulse 60; temperature 99.6 deg. He did not sleep so well, and rambled a little. He took food well, and had one motion. The eruption was fading. He was ordered forty grains of chloral in divided doses.

March 17th.—Pulse 60; temperature 96.4 deg. He slept well all night, and had no delirium. A few rose-coloured spots were still visible. The tongue was covered with white creamy fur; but he took food readily. No chloral was ordered.

During the following two days he continued to make progress.

March 20th.—Pulse 66; temperature 99.3 deg. He slept a little better, but was still restless. He was ordered thirty grains of chloral in ten-grain doses.

March 21st.—Pulse 64; temperature 98.8 deg. He slept after each dose of chloral. The eruption was quite gone. He was ordered forty grains of chloral in ten-grain doses.

March 22nd.—Pulse 72; temperature 99.2 deg. He slept about half an hour after each dose of medicine, and also during the night. He complained of feeling dull and heavy. The tongue was cleaner; the bowels were moved after an enema. He was ordered to have fifty grains of chloral in divided doses of ten grains each.

March 23rd.—Pulse 54; temperature 97.3 deg. He slept well during the night. The tongue was cleaner. The chloral was discontinued.

March 24th.—Pulse 60; temperature 96.1.

March 25th.—The temperature, taken daily since the 25th, had varied from 96.2 deg. to 97.8 deg. His pulse was stronger, and he said he felt better. The tongue was clean, the appetite good, and the bowels regular.

April 2nd.—His strength was gradually increasing, and he was now able to be up and walk about the ward.

REMARKS by Dr. Barnes.—The above case presents many features of great interest. It was undoubtedly a case of enteric fever; but the symptoms of continued fever were of a severer type than usual, and more marked than those referable to bowel lesion. The chloral was given at the suggestion of my friend Dr. Maclaren, and exerted a marked influence on the progress of the case, by producing sleep, calming the nervous excitability, lowering the pulse, and more especially the temperature; thus meeting the most important indications in the treatment of fever. The delirium, the subultus, and the intense stupor, soon disappeared after the chloral was first given, and the temperature fell from 103.6 deg. on the 11th, to 96.4 deg. on the 17th. The remedy was then discontinued; and, on the day following, the thermometer registered 100 deg. On the chloral being again given, the temperature fell, and the patient rapidly became convalescent. It is worthy of note that the chloral did not affect the appetite, which continued good throughout. All the temperatures were taken about 10 a.m.

## LINCOLN COUNTY HOSPITAL.

### TWO CASES OF HYDATID CYST IN THE LIVER SUCCESSFULLY TREATED BY PUNCTURE.

(Under the care of T. SYMPSON, Esq., Surgeon to the Hospital.)

CASE 1.—A healthy looking woman, aged 39, was admitted into the Lincoln County Hospital on Sept. 16th, 1867, on account of an uniformly rounded swelling occupying the right hypochondrium, which distinctly fluctuated, was slightly painful, but scarcely at all tender on pressure. She had been troubled with some pain in the hepatic region for two years, but had only noticed an enlargement for twelve months. She had not suffered from jaundice, nor was her general health in any way interfered with. She was put upon ordinary diet, and ordered to take a drachm of tincture of kamaela with a drachm of syrup in an ounce of water every four hours.

On the 28th, the kamaela having purged her, it was reduced to half a drachm, to be taken in mucilage three times a day.



On October 17th, as the swelling was not at all reduced in size, the kamela was omitted and the cyst punctured with a small trocar, when three pints of perfectly clear fluid were drawn off through the cannula. The aperture was afterwards closed by a pad of lint, and the whole abdomen firmly invested by a specific gravity of 1012, but did not present either membranes or hooklets under the microscope.

November 7th. The cyst, having refilled, was again tapped to-day, a pint and a half of yellow opaque fluid passing through the cannula; specific gravity 1020; reaction alkaline, highly charged with albumen. It being evident that the sac had suppurated, the aperture was left open and a poultice applied.

November 23rd. There were slight discharge from the puncture, and some constitutional disturbance. The patient was ordered a dose of calomel immediately, and effervescent saline mixture every four hours.

December 1st. As she suffered from rigors and considerably increased constitutional disturbance, Mr. Sympson introduced a large trocar deep into the cyst with the result of evacuating an enormous quantity of greenish fluid, so horribly offensive as to be smelt all over the ward—a large one. A quantity of carbolic acid solution (one part to thirty) was then injected into the cyst through an elastic catheter, which penetrated six or eight inches; and a large poultice was afterwards applied. She was ordered to have meat-diet, beef-tea, eggs, and eight ounces of port wine daily.

December 27th. The cyst had been washed out daily with solution of carbolic acid. Many large pieces of cyst-wall had come away. She was greatly improved in health; but her urine presented a peculiar dark-green discoloration, which, upon testing, was found *not* to depend on the presence of bile.

January 15th, 1868. On omitting the use of carbolic acid as an injection, the urine had resumed its normal appearance. There was less discharge, and she was gaining flesh. The wine was reduced to four ounces daily.

May 4th. She was discharged cured.

The permanence of the cure in the above case is attested by the fact of the patient continuing in excellent health from the time of her leaving the Hospital up to February of the present year, when last seen.

CASE II.—A fine tall farm-labourer, aged 29, became an in-patient of the Lincoln County Hospital on October 4th, 1869, suffering from a fluctuating swelling occupying the whole right hypochondrium; painless when first observed six months before admission, but latterly the seat of considerable suffering. There was no constitutional disturbance, and he had not been bled.

Oct. 31st. Sixteen ounces of fluid were evacuated by puncture with a fine trocar and cannula. The fluid presented the ordinary characters of that contained in hydatid cysts, and deposited "hooklets," visible under the microscope. A pad and flannel bandage were applied.

With the exception of the occurrence of some pain in the side and slight febrile disturbance on the fourth day after the performance of the operation, which symptoms speedily subsided, this man made an uninterrupted recovery, and was discharged cured on November 20th.

REMARKS BY MR. SYMPSON.—As in both these cases the precautions recommended by Dr. Murchison were implicitly obeyed; viz., to employ a small trocar, to puncture the most prominent point of the swelling, to remove the cannula before the whole of the fluid was withdrawn, and on withdrawal to press the punctured portion against the cyst; it is evident that the difference in their progress must have been due to some circumstance unconnected with the mode of performing the operation, which circumstance was, doubtless, the far greater age and larger size of the cyst in the first case, as well as the development in it of numerous secondary cysts, some of which, when expelled through the opening made by the large trocar, proved of very considerable dimensions. A point of interest is the peculiar character assumed by the urine after injecting the large cyst with dilute solution of carbolic acid.

## COMPARATIVE PATHOLOGY.

### GREASE IN HORSES (CHRONIC ECZEMA OF THE FEET).

THERE are two diseases in the horse to which the name grease has been applied. The one best known, because much the most common, in this country, is a local skin disease, affecting the parts most exposed to cold, wet, and dirt, viz., the hind legs, below the hocks. The other is the variola of the horse, or horse-pox, which is now generally believed to be the same disease as variola of the cow (vaccinia), and human small-pox. The term grease ought to be restricted, for the future, to

the former malady. It seems curious at first sight that two diseases so entirely different should ever have been confused; but the mistake has arisen from the fact that the eruption of variola in the horse, as in the cow, is generally local, and in the former occurs chiefly in the lower parts of the hind extremities.

We do not propose to describe the horse-pox; the admirable account of the chief features of this disease, given in Dr. Seaton's *Handbook of Vaccination*, is doubtless well known to our readers; but it may not be amiss to mention the chief points in connexion with the true grease, in order to avoid, if possible, any confusion between the two diseases for the future.

Grease may be defined to be an inflammation of the skin of the extremities of the horse, accompanied by oedema, and resulting in the formation of fissures, from which a fetid glutinous discharge issues. The fissures sometimes ulcerate and discharge a thin purulent matter, while, if the disease remains unchecked, large masses like hypertrophied granulations sprout from the fissures. During the acute stage of the disease, vesicles sometimes form, and their presence has probably given rise to the opinion that every vesicular disease of the horse's heels is of the nature of grease. There is at first considerable heat and redness of the affected parts, and the swelling causes the hairs (if moderately short) to stand out. The heat and swelling naturally interfere considerably with locomotion, and produce stiffness of gait and some lameness. When the disease continues for a considerable time, the signs of acute inflammation give place to a condition of hypertrophy of the whole thickness of the skin with chronic oedema; the sprouting granulations, already mentioned, which at first were tender and bled easily, now become still larger, but paler, harder, and less vascular, and at last they may assume almost the firmness of cartilage. In this chronic state the outgrowths are often as large as marbles, and it is to this condition that the expressive name of "grapes"\* is often applied. The "grapes" are devoid of pain, and are kept moist by a morbid or less constant oozing of fetid, acrid discharge from their intersices; their bases are often somewhat narrower than their apices, but we do not know that they ever show signs of fissure, and in this they differ from cauliflower warts. Some of the hairs fall out and are probably not reproduced; so that a leg covered with these outgrowths is also but thinly clothed with hairs, which project from between the warty growths.

Grease may occur in any of the four extremities, but it is far more common in the hind than in the fore legs. It attacks the parts just above the hoof, viz. the heel, pastern, and illeok, but the cutaneous outgrowths, or grapes, sometimes extend for some distance above the last-named joint on the hind aspect of the limb. It is most frequent in large heavy horses, especially in those with light-coloured heels and feet, and that general abundance of subcutaneous areolar tissue in the extremities which predisposes to oedema. Such horses are sometimes said to have "fleshy" legs, and they often have flat feet. Among the immediate causes of grease may be mentioned various local irritants, such as dirt and the acrid emanations from the floors of badly kept stables; and, secondly, all causes which produce stagnation of blood in the extremities, or rapid and unequal changes in its distribution there. Thus, long standing in the stable without exercise, violent exercise after prolonged idleness, loss of heat by evaporation when the wet legs and feet are allowed to dry spontaneously, cutting the hoofs, thus exposing them to cold; from the heels of hairy-legged horses, and thus exposing them to cold; all these and other similar influences may cause the condition of skin which we have endeavoured to describe.

In its principal features, grease in the horse corresponds to eczema with oedema in man. In both cases, the disease occurs in the parts most distant from the heart, most exposed to abstraction of heat by external agencies, and most favourably situated for gravitation of exuded fluid; in both there is at first often considerable heat, redness, and pain; and in both the chronic state is, or may be, accompanied by general hypertrophy of the skin and by outgrowths from its surface. Lastly, both are curable by the same kind of treatment; locally, poultices and fomentations, cleanliness, moderate exercise, astringent lotions, powders and ointments, furnish the most effective remedies for grease in its various stages. Occasional purgatives may be useful in plethoric animals when the oedema is recent and considerable. Various powerful astringents and caustics, and even the knife, are recommended for the treatment of the cutaneous outgrowths or "grapes"; and in some cases considerable benefit follows heroic treatment, but, as a rule, the disease is not cured when it has once reached this advanced condition. In extreme cases grease approaches the cases of bastard elephantiasis sometimes seen in the human subject and not unfrequently complicated by eczema.

\* The same term is applied to growths of an entirely different character in the chests of oxen.



NOTICE.

THE ANNUAL SUBSCRIPTIONS TO THE BRITISH MEDICAL ASSOCIATION FOR THE YEAR 1870 ARE NOW DUE: and it is a matter of great convenience to the Association, and conduces to the efficiency of its working, that they should be paid promptly.—Members of Branches, and all others who usually receive circulars at the beginning of the year from the local Secretaries, will greatly oblige, and will prevent trouble, by PAYING THEIR SUBSCRIPTIONS TO THE LOCAL SECRETARIES, AND NOT TO THE GENERAL SECRETARY.—All other members should pay their Subscriptions without delay to the General Secretary, T. WATKIN WILLIAMS, Esq., 13, Newhall Street, Birmingham.

Members of the Association residing in the counties of Middlesex, Essex, and Hertfordshire (except those belonging to country Branches), should pay their Subscriptions to Dr. A. P. STEWART, 75, Grosvenor Street, W.; or Dr. ALEXANDER HENRY, 16, Great Cornam Street, W.C.

Gentlemen wishing to become members of the Association are requested to apply to the General Secretary, to the Branch Secretaries, or at the office of the JOURNAL, when forms of application and the rules of admission will be forwarded.

BRITISH MEDICAL JOURNAL.

SATURDAY, APRIL 30TH, 1870.

ISOLATION-HOMES.

THE constables of Great Staughton, in Huntingdonshire, in the year 1710, charged an item in their accounts to the following effect: "Pd. Thomas Hawkins, for whipping two people that had the small-pox, 8d." In the absence of express information, we can feel little doubt that the persons thus punished had either brought the contagion into the parish, or, by otherwise transgressing the rules as to seclusion, had caused needless risk to others. The parish records of that day contain numerous proofs that the prevention of the spread of contagious maladies occupied considerable attention, and that very rigorous measures were deemed justifiable with that object. Rewards were paid to those who brought the first news of an outbreak in a neighbouring town or village, and forthwith precautions were enforced. Friendly parishes would send notice to their neighbours, or perhaps more often the conveyance of the news was a matter of private speculation. The rewards granted were, according to the value of money then, not inconsiderable. Thus we find that two messengers from Halstock, who came to Lyme "to give notice the small-pox was there", were paid five shillings. At Lewes, in 1710, a Mr. Holmwood, who had a son ill of small-pox, and was suspected of intention to bring him home, occasioned a charge of twelve shillings for several men to watch him and prevent his doing so.

The precautions taken consisted chiefly in the enforcement of the common sense measure of isolation. When those concerned were poor, the parish which secluded them had to make provision for their support during the period of quarantine. In 1645, the records of Lyme contain an entry of £10:0:7 charged by the constables "for relieving thirty-two poor persons shut up from suspicion of infection." On August 7th, 1593, the Mayor of Whitechurch makes note that he had "delivered to the constables of that town 20s. for the infected people", adding to his entry, "whereof I could collect but 14s. 6d., so the rest to the town account."

Another point to which attention was given was to watch the homes of those amongst whom disease had broken out, in order to prevent their leaving them, and thus endangering others. Those who escaped without permission from plague-infected districts were advertised in the newspapers, and the place where they were supposed to have secreted themselves was also made known. In 1590, there was paid at Lyme, "to those that did watch by day, for fear of the sickness, for four days, the sum of 1s. 6d." The Leicester municipal records contain the following: "Any one having been visited with the plague, who for two months presumes to go among those that are clean, to forfeit £5, or

lose his freedom, and be banished for ever out of the town, without any redemption." (Nichol's *History of Leicester*.) In 1602, a parish registry records the payment to two surgeons of 6s. 8d. "for searching a corpse suspected to be of the plague". This would probably mean making a *post mortem* examination; and, considering the risk involved, the fee (less than a guinea) was certainly not exorbitant.

Mr. Roberts, from whose very valuable work on the *Social History of the Southern Counties* most of our extracts have been made, finally mentions an instance of unusual difficulty as regards a tainted house—a difficulty which was surmounted by measures not less unusual. When only part of a family died in a house, the rest remained in it, and effected such sanitary works as were deemed desirable for its disinfection. In some instances, where all were dead, the house was probably cleared of its furniture immediately, and everything likely to be contaminated, was at once destroyed by the officers. The case which presented the difficulties referred to was the following. A poor man named Symon Turrell owned a house, upon the rent of which he greatly depended for maintenance. His tenant, one Richard Street, died of the plague, together with all his family. The magistrates refused to allow the house to be relet, or even entered; and it was kept closed. The poor owner was compelled, under these circumstances, to appeal to the court; and the following order resulted: "That the inhabitants of Shaston and the liberty of Alnchester shall procure some person to go into the said house, and to carry out such stuff as shall be found therein, and cause the same to be burned; and then that the same party shall be shut up within the said house by the space of one month next after, and that he be maintained indifferently between them." It would not be uninteresting to know how much was paid to "same party", whether he was easily found, and what became of him. Possibly there were a few bold unreasoning non-contagionists even in those days. Yet, although the record of the transaction reads rudely, it was perhaps the best thing that could have been done. There was good sense in restricting the area of risk as narrowly as possible; and it was unavoidable that some should be encountered.

Our object in asking our readers' attention for a few minutes to the customs of our forefathers is not exactly to recommend their imitation. It would not do in the nineteenth century to attempt to repeat the arrangements of the sixteenth without certain adaptations. Our notions as to individual liberty of action have, for better or for worse, undergone some modifications—on the whole, doubtless, much for the better. Still we have to urge seriously that the aims of the legislation to which we have alluded have been far too much neglected in our own times. We have done excellent work in the way of preventing such diseases as arise from the neglect of sanitary conditions, and we have attempted much in the way of disinfection; but, as regards the class of diseases which arise from specific contagions, we have been comparatively supine. Some of our more advanced sanitarians have, indeed, tried to discredit the theory of contagion altogether, and to assert that ventilation and cleanliness are all that are needed. Miss Nightingale has assured us that she has witnessed the conditions under which small-pox begins spontaneously, and some members of our profession have gone to nearly equal lengths. On the whole, however, there can be no question that recent investigations have emphasised the old-fashioned doctrines of contagion, and have reaffirmed their importance. We have proceeded boldly on this basis in reference to epidemics amongst the lower animals, and with great success. How our knowledge is best to be applied in reference to the specific diseases of the human family, is one of the most important social problems of our age. We cannot resort to any such stamping-out measures as were found efficacious in the cattle-plague; nor dare we even think of returning to the old laws and customs which have just been mentioned. Our measures for the prevention of the spread of small-pox, typhus fever, cholera, scarlet fever, and the like, must be such as are suitable to human beings and to the most advanced conception of individual freedom.

Before referring to the measures which seem most important, let us remark that it is probable that we at present much overestimate the

powers of disinfectants in reference to specific germs. At any rate, we assume in their favour much more than is proved. In all probability, isolation of the sick is a measure infinitely more reliable than Condry's fluid, carbolic acid, and all the disinfectants put together. Without designing to discourage in the least the use of the latter, we may venture a hint that in many instances they rather divert attention than remove danger. It is extremely difficult to employ them effectually; and whether or not the atmosphere can be disinfected by any one of them, is a problem as yet wholly without proof. We cannot but believe, then, that the isolation of the sick is by very far the most effectual measure by which to prevent the spread of epidemic diseases; and, amongst the needs of the day, we must mention the provision of Isolation-Homes in all our large towns. At present, the accommodation for this purpose is very defective both in amount and in character. Excepting our workhouse infirmaries, which must, of course, take everything, we question whether throughout the breadth of England there are more than half a dozen institutions which admit small-pox. The number of those which receive the other contagious fevers is also very limited. What is desirable, as it seems to us, is the provision of homes to which access should be as easy as possible, at which the best possible treatment should be obtainable, in which seclusion should be complete, and to which all classes should be eligible. They should be made as attractive as possible to the poor, in order to favour resort to them promptly, before the contagion has had time to diffuse itself. We will not even hint at any legal enactment compelling the transfer of contagious diseases to such homes; but, after the public had become used to them, and aware of their advantages, it is quite possible that such measures might come to be desired, in order to protect an overwhelming majority against the reckless caprice of a few.

The name is, we think, of some importance. That of "Fever Hospital" is objectionable on many grounds. It causes alarm and excites feelings of repulsion in patients and their friends; whilst, in many towns which are desirous of a reputation for health, motives of interest would wholly prevent the erection of any building which was to bear a name so ominous. The name "Isolation-Home" is perhaps not the best that could be found; but would, at any rate, excite no prejudice. The many, to whom at first it would be incomprehensible, would become acquainted with the great importance of the institution at the same time that its meaning was explained to them.

We have said that such homes ought to be made as attractive as possible. There would be no fear of their abuse; and the good of the community would be manifestly served by every family which availed itself of them. They ought to be placed in healthy positions, usually out of town; and it is probable that a number of small cottages would be preferable in many ways to a single large building. Under the latter plan, it would be easy to disinfect by disuse any single cottage in which such measure might be thought desirable. Special arrangements might also easily be made for the reception of patients who could pay, and perhaps, in some instances, for whole families. Amongst the richer classes, instances would probably not be infrequent in which a mother would be only too glad to avail herself of the opportunity of retiring with a part or the whole of her family to a cottage well fitted with every requisite for sickness. For the use of apprentices, children from boarding-schools, persons living in lodgings, etc., such retreats, in the case of infectious fevers, would be invaluable. Many a surgeon must have often been put to his wits' end to obtain suitable arrangements for such cases; and but too often those which are made tend to diffuse rather than to restrict the risk of contagion. One great advantage of such homes would be, that they would be always ready, and could be used at an hour's notice; whereas at present very often much danger is encountered by the unavoidable loss of time before suitable lodgings can be found to which to remove the patient.

Isolation-Homes ought to be in the healthiest localities obtainable; and, where practicable, they ought to possess the adjacent grounds, so as at once to disarm the prejudices of neighbours and afford advantages for convalescents. They ought to aim at obtaining reputation as

special hospitals, in which the chance of recovery was greater than at home. They would, of course, be provided with special arrangements for the disinfection of persons and clothing, such as no private house could obtain. As a suggestion in detail, we may hint that a carbolic acid vapour room at the lodge, in which every one leaving the premises should spend five minutes before going out, might possibly be useful.

It is needless to add that in connection with such institutions the interests of the profession should, of course, be properly considered. There is reason to believe that, under such arrangements, the convenience of the profession would be as much advanced as the well-being of the public. The importance of the subject is such that we cannot but think that it will soon receive recognition, and that the time will come when the indolent habit of allowing contagious fevers to remain in private houses will be regarded as an evidence of but ill-developed civilisation. Our remarks apply, of course, with additional force to hospitals. No hospital ought to be without its isolation wards, to which any cases involving risk to others could at an hour's notice be transferred.

### THE REPRESENTATION OF THE PROFESSION IN THE MEDICAL COUNCIL.

REFORMERS have discovered two great faults in the Government Bill for amending the Medical Act of 1858—a fault of commission in conferring large and arbitrary powers on the Privy Council, and a fault of omission in containing no provision for the representation of the profession at large in the Medical Council. The latter fault especially has occasioned so much dissatisfaction, that many are prepared to oppose the Bill altogether, and occasion its miscarriage, rather than permit it to pass through Parliament without the addition of clauses which shall transform the Council from an oligarchy, elected by a small proportion of members of the profession, into a popular and representative Medical Parliament. There will be much to be said in favour of this course of action, if it should prove impossible to enlighten the minds of those who are in a position to influence legislation, and to open their eyes to the great importance and the obvious justice of giving to the practitioners, whose money pays all the expenses of the Council, an influential share in its election.

For effecting the needed conversions the Metropolitan Counties Branch of the British Medical Association is most favourably placed; and, now that the question has been referred to the Council of the Branch, our readers may expect that vigorous action will be taken to propagate the faith. Meanwhile, we desire to draw attention to the various plans which have been advocated for carrying out the object in view. These may be stated to be three in number: the plan of direct representation, the plan of representation through the Corporations, and the plan which combines the two others. Without writing as partisans of any one of these plans, we will pass in review the arguments which may and which have been advanced both for them and against them respectively. We will confine ourselves in this article to the plan of representation through the Corporations, which consists in conferring the franchise in the election of the representatives of the Corporations on all who hold their diplomas. The parentage of this plan is claimed by Dr. Prosser James, and, so far as we know, without dispute, although a contemporary consistently suppresses the paternity, and has lately upheld the plan as if it were its own original creation. The plan itself has been lauded up to the skies by its adherents. Its chief merits are said to be that it can be carried out without an Act of Parliament by the spontaneous action of the Corporations; that it is the simplest of all plans; that it is the cheapest of all plans; that it kills all the birds that want killing with one stone, inasmuch as it reforms the Council and the Corporations at a stroke; and, greatest merit of all, that it avoids an increase in the number of members of the Council. If all these recommendations could be substantiated, we should be inclined at once to urge the adoption of the scheme without delay. But "the native hue of resolution" or resolutions "is sicklied o'er with the pale cast of thought" which evolves considerations apparently altogether disregarded, but which must be

satisfactorily dealt with before we can join without reserve in the advocacy of the scheme.

The first consideration which arises springs out of the constitution of the Corporations whose representation in the Council is under discussion. We presume that everyone will admit that the representative of a Corporation cannot be chosen by those who are not members of the Corporation. If so, the plan of representation of the profession through the Corporations is at once met with a serious obstacle. It so happens that the College of Surgeons of England is the only Corporation which consists of all who hold its diplomas; and at this College alone could the indirect plan of direct representation be carried into effect agreeably with its fundamental constitution as a Corporation. Even here it is open to doubt whether, under the existing Charter, which places the governing power in the hands of a selection of members called Fellows, the Members of the College could fairly be admitted to the privilege of voting for the representative of the College on the Medical Council. However this may be, and it is a point for the law to settle, it is certain that at none of the other Colleges and at neither of the Halls could the contemplated reform be effected, for the very simple reason that their Licentiates do not belong to the Corporations. The College of Physicians of London and the College of Physicians of Edinburgh consist of Fellows and Members; the College of Physicians of Ireland, the College of Surgeons of Edinburgh, the College of Surgeons of Ireland, and the Faculty of Physicians and Surgeons of Glasgow consist of Fellows; and the Societies of Apothecaries are companies of traders who have accidentally acquired the power of examination and the right to confer licenses to practise. The greatness of the Halls has been thrust upon them. It must, therefore, be obvious that, unless some radical alterations were effected in the constitution of these Corporations, their Licentiates could not enjoy the privilege claimed for them, but would be shut out of representation, unless they happened, at the same time, to be members of the College of Surgeons of England, at which institution alone is the indirect plan at present practicable.

The second consideration is derived from an estimate of the comparative numbers of the constituencies which would be created by the adoption of the plan under review. We presume that it will be granted that, in conferring representation, some regard must be paid to the size of a constituency, and that the amount of representation must be more or less directly proportionate to the numbers in each case to be represented. At present, all the Corporations are on an equality. They are represented in the Council because of their right to confer diplomas and degrees qualifying for registration; and none can be said to have a greater right than the others. But the moment a new element is introduced, namely, the representation of the practitioners of the country in a Council regulating admission into their body and supported by their taxation, regard must be paid to the numbers to be represented. We are not in possession of more than a near approximation to the actual numbers of diplomates connected with each Corporation. This, however, will suffice for our purpose. In 1868, there were 15,000 Members and 1400 Fellows of the English College of Surgeons. Many of these are resident abroad; but the number resident in the United Kingdom probably exceeds 12,000. Connected with the English College of Physicians there were, at the same period, about 800 Fellows and Members and 600 Licentiates, an available constituency of about 1200. Connected with the College of Physicians of Edinburgh, there were 208 Fellows and Members and 2045 Licentiates. These figures will suffice, without going further, to show how unequal in number the constituencies would be. The constituency of the Edinburgh College of Physicians would be nearly double that of the London College of Physicians, whilst the constituency of the English College of Surgeons would be six times as numerous as the former and twelve times as numerous as the latter. It would, therefore, be obviously unfair to give one representative to each of these unequal constituencies. Justice would demand two representatives for the Edinburgh College if the London College had one, and twelve for the English College of Surgeons. But to assign representatives in this way to the Colleges would

entirely destroy the equality now existing at the Council between the Corporations, and might be expected to lead to divisions and jealousies. We do not know how the advocates of the corporate plan of representing the profession will deal with this difficulty; but we place it before them as it has occurred to us.

The third consideration which arises is connected with the plurality of voting which would obviously be created by the plan under discussion. The more Corporations any practitioner belonged to the more votes he would have—one vote at each of the Corporations whose diploma he held. That seems fair; and, so far, nothing can be said against such an arrangement. A member of the community may have a vote in any Parliamentary constituency where he possesses the requisite qualification; but the mode in which the plurality of votes in the election of members of the Council would work would be this, that the lowest grade of diplomates would in all the Colleges have the power of choosing their representatives; the constituencies would be of the same kind in each Corporation, and ultimately might be nearly identical at a College of Surgeons and its conjoined College of Physicians. For example, all candidates for licences to practise will pass one of the three Examining Boards which will doubtless soon be established. On passing their examination, they will probably enrol themselves in the lowest grade at a College of Surgeons and a College of Physicians. By-and-by, the old constituency in each College dies out and leaves identical constituencies at a College of Physicians and a College of Surgeons. In other words, a constituency of *general practitioners*—identical, or nearly so, in each College—elects the representatives for a College of Physicians and for a College of Surgeons.

We do not know whether this is the result aimed at; and we do not say that the result is undesirable. It would certainly lead to amalgamation of the Colleges of Physicians and Surgeons in each country, and probably to the establishment of what many desire to see—one Medical Faculty and one Medical Corporation, consisting of all the members of the Medical Faculty. But in regard to voting, it might fairly be urged, on the other side of the question, that if plurality of votes is to be permitted, extra votes should be given—not to the holder of several minimum qualifications, but to those who possessed the higher qualifications in addition to the lower. It may be said that, the franchise for the election of Councillors being educational, plurality of votes should accompany the possession of honorary educational distinctions.

The limit of our space has prevented us amplifying the foregoing considerations, and the addition of others; but we think that enough has been said to show that the plan of representation of the profession through the Corporations is not so simple as it is alleged to be, and has not the recommendations claimed for it. If representatives are to be assigned in proportion to numbers, some of the Corporations must possess more than one; and that greatly vaunted and peculiar merit—the non-increase of the size of the present Council—altogether disappears; therewith also disappears the advantage of cheapness. At least eight additional members would be added to the Council, as nearly as we can calculate; the constitution of the various Colleges would have to be altered by new charters; additional expense would thus be entailed; and, instead of the plan enjoying any advantage over the direct method, it would be complicated by the introduction of sundry inconveniences which would appear to be absent from the simple method of electing representatives of the profession immediately from the profession itself.

#### DEATHS FROM ANÆSTHETICS.

We regret to know that accidents with anæsthetics still continue unusually frequent. At Moorfields, ten days ago, an elderly man died under the influence of chloroform. He was a patient of Mr. Couper's, and had taken chloroform without any unusual occurrence a short time before. On the second and fatal occasion, very little had been given, and he had struggled violently. The inhaler had been removed, in order to add more chloroform; and, whilst it was away from his face, although there was no special change in the man's countenance to excite



alarm, his pulse suddenly stopped. He continued to breathe for some time after absolute absence of pulse at the wrist. The case remarkably resembles some others on record in this feature, that the pulse gave the first sign of danger. All the usual means of resuscitation were promptly employed, but without avail. At the *post mortem* examination, the heart was found very thin, loaded externally with fat, and its muscular fibre also in a state of fatty degeneration. The left cavities were empty, but flaccid.

On the day following this event, a death occurred at University College Hospital, in a patient upon whom Mr. Heath had just performed amputation of the thigh. The patient was a lad, in a very anemic condition. The operation was completed; and the inhaler (Clover's) had been removed from his face for two minutes, when the heart suddenly ceased to beat.

A death from the effects of bichloride of methylene occurred at Guy's Hospital this week. As deaths under the influence of this agent have as yet been very infrequent, we purpose to give the full details respecting it. They have been kindly promised to us by Dr. Bader, under whose care the patient was.

### POISONING BY CARBOLIC ACID.

THE subject of tar-poisoning, which is now attracting a good deal of attention in connection with the extensive employment of carbolic acid, is not by any means a novel one. It has been long well known that various preparations of tar if applied freely to the skin were capable of absorption, and might bring about certain special symptoms. The reader will find an account of these in Hebra's work on Skin-Diseases, vol. ii, p. 43. Numerous observers have recently met with cases in connexion with the use of carbolic acid; and we publish this week an interesting account of one, by Dr. Wallace of Liverpool.

We may briefly advert to some of the points to which future observers should direct their attention. The most constant symptom is *black urine*. It has been proved that this occurs in an equally marked form, whether tar or some colourless preparation of it be the agent employed. It has been noticed over and over again from carbolic acid. There is yet some hesitation on the part of chemists in deciding as to the exact cause of the colour. Dr. Stevenson, of Guy's Hospital, gives his opinion against the presence of colouring matter from the blood. He proved that the black urine did not contain more than the normal quantity of iron. We may note, also, that black urine does not usually earn the epithet of "smoky," since it does not become opaque. Sometimes it is perfectly bright. It rarely contains albumen. The hypothesis that the colouring matter is derived from the tar itself seems the most probable. Dr. Hughes proved years ago that creasote given internally produced exactly the same changes.

Next, we want careful observations as to the constitutional symptoms which attend this condition of urine. In slight cases there appear to be none; but in the more severe, vomiting, delirium, and even tendency to coma, may be induced. Does the condition of slight blood-poisoning by carbolic acid prejudice, or otherwise, a patient's chance of recovery after an operation?

Thirdly, we want more information as to the occurrence of the symptoms, referred to in connection with different forms of solution of carbolic acid. A weak watery solution freely used appears to involve the most risk; and some believe that with oil there is but little, and in the form of plaster none.

Lastly, it is well worth investigation, whether the use of carbolic acid and its allies may not exert considerable influence on certain diseases of the nervous system. We noticed a few weeks ago the remarkable rapidity with which it causes the skin to tingle after immersion, and the fact that it would induce aching of nerves in the limb far above the parts which had been immersed.

In conclusion, we must offer a caution as to the too free external use of this agent; it would appear to be quite possible to encounter, inadvertently, considerable risk. Although we are not aware of any cases of actual death from its legitimate surgical use, we know of several in

which alarming symptoms occurred. Dogs are very easily killed by carbolic acid baths. The remedy is the free use of diluents taken by the mouth; and it is equally useful if employed as a precaution.

THE Bishop of Lincoln's daughter, having gone through a course of training to fit herself as a nurse for the sick poor, is now engaged in one of the London hospitals.

THE Board of Governors of the Sheffield General Infirmary has resolved to erect a new building, to be isolated for the treatment of offensive surgical cases and contagious diseases. Very liberal subscriptions were announced for the purpose.

THE *Poor Law Chronicle* for April 21st contains a leader speaking highly in favour of the appointment of a Royal Commission to inquire into the administration of the Poor-law, in preference to a Select Committee. On May 13th, Mr. W. H. Smith will move for a Royal Commission.

THE new wing of King's College Hospital will be commenced shortly. It will contain increased accommodation for the administrative department and for residents' rooms.

AN anonymous benefactor has forwarded £1000 to the Treasurer of the Royal Hospital for Diseases of the Chest, City Road, under the initials W. P. D.

THE *Poor Law Chronicle* reprints with approval the Report of the Orphan Training Committee of the Chorlton Union. We gather from the reprint that the experiment of boarding out the pauper children, which has been carried out for twelve months, has been so far very successful. The children improve in health and happiness; and their foster-parents, with a few exceptions, have treated their charges kindly and well. There is an excellent article on the same subject in the current number of the *Westminster Review*.

### ILLNESS OF SIR THOMAS WATSON.

THE whole profession will bear with much concern that Sir Thomas Watson has been seriously ill. The attack began during the cold weather with severe muscular and neuralgic pains in the back and one thigh. This attack confined him to bed. Then, probably in consequence of a chill while sitting up in bed, he got inflammatory congestion of the lower part of both lungs. The pulmonary symptoms soon began to subside, and have now almost passed entirely away. Sir Thomas is still confined to his bed; but there is every reason to hope that he will continue to make steady progress towards complete recovery. The medical friends in attendance upon him are Dr. Burrows and Dr. G. Johnson.

### THE BRITISH WORKMAN AT THE COLLEGE OF SURGEONS.

THE Council of the Working Men's Club and Institute has for some time past been engaged in organising Saturday afternoon visits to public museums, for the benefit of the artisans who are members of the workmen's institutions in London; the object being to create an interest in subjects of scientific or artistic character in the minds of these men, and to afford the means of popular instruction. The special feature of these visits is, that on each occasion there are engaged the services of some gentleman qualified to explain the nature, history, and value, of the objects in the particular collection to which the attention of the visitors is directed. Visits have been made to the Egyptian Department of the British Museum, and to the Geological Collection; and on Saturday last, Professor Flower, F.R.S., Conservator of the Museum of the Royal College of Surgeons, received about fifty working men, to whom he delivered three short and interesting lectures on human and comparative osteology; and between the lectures the visitors examined some of the specimens, asking and receiving information. So pleased were the men with the treat provided for them, that one of them proposed, in eloquent and grateful terms, a vote of thanks to Professor Flower for the valuable instruction which they had received from him.

## FEVER IN WHITEHAVEN.

DR. BUCHANAN'S visit to Whitehaven, for the purpose of making an inquiry, on behalf of the Privy Council, into the prevalence of the fever there, appears to be very little appreciated by the residents. A local paper says that there was no necessity for this notice of the town on the part of the Government; and that the deaths were actually less during the month ending March 19th than they were in the corresponding period of last year. There is no doubt, however, that typhus fever has lately been very prevalent in Whitehaven. Out of a population of 19,000, between 360 and 370 cases have occurred during the last four months, and about one in six has proved fatal. Bad sanitary conditions appear to be the rule.

## ECONOMY IN SICKNESS.

FIGURES equally interesting to the economist and the humanitarian were produced by Dr. Rogers, the President of the Poor-law Medical Officers' Association, in his address on Wednesday evening. They were drawn from an official return moved for by Mr. Smith, and indicate the great economy resulting from satisfactory medical arrangements for the treatment of the poor. In Ireland, where the sanitary and medical arrangements for the treatment of pauper invalids are much less imperfect than in England and Scotland, the result is shown in a material diminution of the losses from zymotic and preventable disease. The total average mortality for the five years returned was: in England and Wales, 1 in 43 of the population; in Scotland, 1 in 44; in Ireland, 1 in 60. The average annual mortality from zymotic disease was, in England and Wales, one-fourth of the annual mortality, and 1 in 190 of the population; in Scotland, the same; while in Ireland it was only one-fifth of the total mortality, and 1 in 308 of the population. While Ireland spends proportionally just twice as much on the medical relief of her population, she is rewarded by having the smallest death-rate, and by having a total poor-rate which is proportionally less than half that of England and Wales.

## THE LONDON COLLEGE OF PHYSICIANS: A YEAR'S WORK.

SIR JAMES ALDERSON'S Presidential Address to the Fellows on April 11th has been reprinted by order of the Council. It affords an interesting summary of the year's work, which was one of considerable importance. The Chancellor of the Exchequer had, at the instance of the College, distributed at the Government cost, twenty thousand copies of the Nomenclature of Disease in Great Britain, and many more in the British dependencies, and to foreign countries through the legations. Thus, an uniformity of registration had been successfully promoted. The labour and expenditure of the College had thus been honourably recognised. Dr. Sibson's eminent services were recognised by the presentation of a piece of plate from the College. The new plan of receiving recommendations to the Council as to the selection of members for the Fellowship has worked well. Several members so recommended have been duly nominated and elected. The Licence is now received by the Poor-law Board as a qualification to practise both Surgery and Medicine, and, therefore, qualifies for minor appointments. The library has been open to Members; the reading-room to Licentiates. A special tribute is paid to Dr. Roget, Dr. John Bright, and Sir Charles Hood, among the Members who have deceased during the year. Sir James Alderson reports that he personally attended the audit of the Tancred Trust at York, and that among the results of the inquiry relating to that trust was an increase in the number of studentships. The Committee on the project for a single Board of Examiners for the whole of England had obtained a cordial assent to the scheme from the Universities of Oxford, Cambridge, and London, and the College of Surgeons. The Apothecaries' Society interposed a claim to appoint Examiners of Medicine; but hospital physicians were the most competent to conduct clinical examinations, and could alone command examples of clinical facts. "It is also unreasonable to ask," says Sir James Alderson, "that members and licentiates of our Colleges, as well as gentlemen preparing for

graduation at the English Universities, should be required to pass an examination in Medicine conducted by apothecaries." Their opposition had proved a hindrance, but would not prevent the maturing of the scheme. The College was congratulated on its large and liberal exertions for the general good throughout the year, and especially on the prospect of its success in steps towards establishing uniformity in examination.

## THE PROVIDENT SYSTEM AT BRISTOL.

DR. J. G. DAVEY has lately advocated the extension of the provident system to the Bristol Royal Infirmary, as a means of increasing the income of that institution. It appears that there are already two provident institutions near Bristol which have proved successful. We are quite in favour of the provident principle; and think Dr. Davey has acted wisely in bringing the subject before the general public.

## MEMORIAL OF THE LATE DR. EASTLAKE.

IT is proposed to erect over the grave of the late Dr. Eastlake at Kensal Green, a memorial cross. The following gentlemen have formed themselves into a Committee to collect subscriptions for this purpose, and for liquidating a part of the law expenses incurred by the late Dr. Eastlake in connection with the affairs of the British Lying-In Hospital: Dr. Scott, Chandos Street, Cavendish Square (by whom the late Dr. Eastlake was attended in his long and trying illness with more than brotherly kindness and unwearied watchfulness); Mr. Wells, Manchester Square; Mr. T. W. Nunn, Middlesex Hospital; Mr. Leaf, late Surgeon to the St. Marylebone Dispensary, Furnival's Inn. The latter gentleman has undertaken to act as Secretary, and will be glad to receive the names of any who may wish to be added to the Committee.

## PROPAGATION OF FEVER.

WE have been at pains to chronicle, on more than one occasion, the facilities which were afforded by the public-spirited efforts of the Hospital Carriage Fund Committee for carrying out the useful provisions of the Sanitary Act prohibiting the conveyance of fever and small-pox patients in public conveyances. It appears, however, that it is not yet sufficiently known that suitable hospital carriages are provided by the fund which this Committee collected; and that these conveyances are at the service of the public, under simple and convenient regulations. The abuse of public cabs for the conveyance of fever-patients still continues. It renders both the driver and the hirer liable to a penalty of five pounds. Two such cases have recently come under notice at the metropolitan police-courts. There is reason to believe that many more escape notice. The following are the particulars, for which it is desirable to secure extensive publicity, concerning the hospital carriages. They are taken from a document signed by Dr. Horace Jeaffreson, the Honorary Secretary to the Committee.

"The Committee of the 'Hospital Carriage Fund' have had six proper fever and small-pox ambulances built, and have disposed them so as to obviate as much as possible the use of street-cabs for conveying fresh cases. Two of these hospital carriages are established at a station on the grounds of the London Fever Hospital, Liverpool Road, N.; one to be used for small-pox, and the other for fever patients. The other four carriages are, the London, St. George's, St. Mary's, and Middlesex. Persons desirous of removing patients suffering from fever to any of the above hospitals, or those attacked with small-pox to the Small-pox Hospital, will, on application at the London Fever Hospital, find an ambulance placed at their disposal. Whenever practicable, a certificate from a medical man of the nature of the disease from which the patient is suffering should be presented. Should the Small-pox Hospital, London Fever Hospital, or any other hospital, be the destination of the sick person suffering from small-pox or fever, a small-pox or fever ambulance, as required, will be sent on application, by telegram or otherwise, at the Hospital Carriage Station, London Fever Hospital, Liverpool Road, N., to the address of the patient, which must be included in the message. The necessary cost of horse-hire will be the only expense to which the friends of the patient will be put. The carriages in question are not intended for the use of pauper patients, whose conveyance in parish ambulances is already provided for by the Vestries and Boards of Guardians."

## THE GENERAL MEDICAL COUNCIL.

THE first meeting of a special session of the General Medical Council was held at the College of Surgeons on Thursday last, for the purpose of considering the Medical Acts Amendment Bill introduced by the Lord President of the Privy Council. It was decided that the Council should at once form itself into a Committee to discuss the Bill clause by clause. The first point on which discussion was raised was the position of the present Corporations with respect to the licences of the proposed Examining Board; and the opinion was very generally expressed, that it would be desirable that all persons seeking legal qualification to practise should be affiliated to some one of the Corporations or Universities, besides having a certificate of competency from the central board.

## LADY-DOCTORS.

It will be a source of satisfaction to the medical members of the University Court of Edinburgh who opposed the proposition to admit ladies to sit side by side with male students in the medical classes, to find that the force of educated public opinion goes with them. In any case, it would have been their duty to themselves and to their profession, and from which they were very unlikely to flinch, to display the courage of their opinions, and to protest against a measure which would imply either the emasculation of their courses of instruction, or a violation of the reserve and a forgetfulness of the delicacy—nay, even of the decency—which has always hitherto pervaded, and, it must be hoped, always will pervade the relations of the two sexes. Between the courses of South Kensington and elsewhere to which ladies are admitted, and those which are necessary for the education of medical students, there is no sort of accurate similitude. In lecturing to students seeking information on botany as a subject of general education, or chemistry for an arts examination, or even on anatomy in relation to art, it is very possible to exclude all topics or references which could not conveniently be discussed before an audience of the two sexes. But it would be far otherwise with the subjects of medical chemistry, and of medical and surgical anatomy. The idea of admitting young girls and young men to the conjoint study of such subjects, and their association in the *post mortem* house and the dissection-room, is simply intolerable to our British sense of decency, and to our notions of the relations which should pervade the two sexes. Their association in classes of medicine, of surgery, of midwifery, would not be endured. We concur with Professor Laycock in believing that there are deep and well-founded *à priori* reasons why the medical profession is one of the least desirable fields in which female intelligence and activity could occupy itself. Unless the relations of the sexes should be altogether revolutionised after a fashion which is very undesirable, it can never happen that women should advantageously study or profitably practise the treatment of other diseases than those of their own sex and of very young children. Such partial study and practice must of itself greatly limit their field of usefulness and of success. It is only in great towns and in large and prosperous communities that specialities of the kind are possible. General practice, especially in country districts, involves a readiness to treat all cases that occur, a fitness to travel distances, to brave all weathers at all times, and without delicate and convenient modes of conveyance. For women it would involve celibacy. The ordinary duties of public service, of Poor-law medical practice, of general practice, could in fact never be undertaken by women. The attempt of women to undertake the practice of medicine is no new thing in the history of civilisation. It never has prospered: we do not believe that in the nature of things it can ever attain more than a very limited development. The history of the extended effort made in America favours this view entirely. The outlet for such endeavours in ordinary and legitimate practice is found to be exceedingly small, from the operation of the natural causes which we have cited. Of the whole number who have graduated after one fashion or another, a great proportion are engaged in irregular forms of practice of one form or another—some of them of a very objectionable kind. The upshot has been to diminish very much the credit which there was

a tendency to accord to them. We have no idea that the effort to force them upon the male classes at the regular hospitals will end otherwise than disastrously. The medical Professors of the Edinburgh University deserve, we think, professional thanks for the stand which they have made against it; and we hope, although we can hardly anticipate, that this is the last effort which will be made in that direction by the friends of female medical education.

## POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

A QUARTERLY meeting of the Poor-law Medical Officers' Association took place on Wednesday evening. The President, Dr. J. Rogers, delivered an address, in which he pointed out the difficulties resulting from the Poor-law Medical Administration in England, Scotland, and Ireland, and referred to Dr. Brady's Superannuation Bill. The following resolutions were passed.

"1. That this meeting cordially approves Dr. Brady's Medical Officers' Superannuation Bill, and requests the Council to memorialise the President of the Poor-law Board in support of the measure."

"2. That this meeting has observed with satisfaction the steps taken to establish Poor-law Dispensaries in the metropolis, and, while regretting the slow progress hitherto made, earnestly hopes that the system may be speedily introduced, not only in all parts of London but also in all large towns and other suitable localities."

We shall give a full account of the meeting next week.

## A NEW SPHYGMOGRAPH.

AT the meeting of the Royal Medical and Chirurgical Society on Tuesday evening, Dr. Broadbent exhibited a sphygmograph which he had devised. The instrument is so contrived that it can be applied to the radial artery while the arm is in the semi-prone position; thus obviating the necessity of a forced maintenance of supination of the limb. More extended observation than it has as yet been possible to make will, however, be required before it can be determined whether the increased comfort to the patient in applying the new sphygmograph is accompanied with the necessary accuracy in its action.

## MEMORIAL OF THE LATE MR. ALEXANDER BRUCE.

It is not yet decided what form the memorial will assume. It is proposed to have a tablet containing a medallion portrait. Subscriptions will be received by J. E. Erichsen, Esq., 6, Cavendish Place; or Dr. A. Wiltshire, 58, Queen Anne Street.

## OUT-PATIENT HOSPITAL ADMINISTRATION.

ON Monday evening, a meeting of the Committee appointed by the public meeting of the various hospital staffs was held at the Hospital for Women, Soho Square, Mr. T. Holmes in the chair. There was a good attendance of members, and the names of Drs. Hawksley and Montague Thomas, and of Messrs. Rivington and Hill, were added to the Committee. After some discussion, it was resolved to appoint four subcommittees to make special investigations, and to report on the out-patient department of (1) the General Hospitals, (2) the Special Hospitals, (3) the Dispensaries, including provident dispensaries, and (4) the Poor-law; each committee to consist of five members, two having connection with the class of institutions into which inquiries will be made. The following gentlemen were nominated:—1. On General Hospitals: Dr. Anstie, Dr. Meadows, Mr. C. Heath, Mr. Gant, and Mr. Teevan. 2. On Special Hospitals: Dr. Clapton, Dr. Morell Mackenzie, Dr. Pollock, Mr. Rivington, and Mr. J. D. Hill. 3. On Dispensaries: Dr. Stewart, Dr. Buzzard, Dr. Murray, Mr. Curgiven, and Mr. Ebsworth. 4. On Poor-law: Dr. Hawksley, Dr. Dudfield, Mr. Spencer Wells, Mr. T. Holmes, and Dr. M. Thomas. Dr. Stallard undertook to act as secretary to the subcommittees on General Hospitals and Poor-law; and Dr. Heywood Smith to the others. The subcommittees were authorised to fill up any vacancies which might arise, and were requested to report progress on July 19th. The Secretaries will be happy to receive the names of any gentlemen who would desire to express their opinions, or afford any information, to the above subcommittees, which will assemble not less frequently than once a fortnight.



## CONTAGIOUS DISEASES ACT.

THE Committee of the Association for extending the Act to the civil population will meet on Tuesday, May 3rd, at 12 Cavendish Square, at 2 P.M., to discuss the Annual Report and other business.

## HYDROPHOBIA.

A CHILD between two and three years of age was bitten by a dog on the 18th of March last, at St. Helen's, West Auckland, Durham. The wound was a slight one on the forehead. The child remained well till April 19th, when symptoms of hydrophobia came on, and death resulted on the following day.

## POISONING BY MISTAKE.

A MAN has been poisoned at Sherborne, in Dorsetshire, by taking nitric acid in mistake for gin. The deceased called at a public-house for ale, when the landlord showed him a bottle of white stuff which he had bought of a pedlar for cleaning harness. Knowing that, as a dyer, he used some chemicals, he thought he might tell him what it was. The landlord left the room for a while, and, on returning, found he had taken some of it, thinking it was gin. He was soon seized with vomiting, and became very ill. Medical assistance was not called for till the lapse of an hour. Death did not occur for about twenty-four hours. The liquid was found to be nitric acid.

## THE GERM-THEORY OF DISEASE.

DR. BASTIAN replies to Professor Tyndall's last letter in the *Times*, and denies the probability that lung-filtered air should be unable to produce putrefaction, and asserts that putrefaction may occur *in vacuo* and after the destruction of all germs. He declines at present to explain the particular facts alluded to by Professor Tyndall, considering it sufficient to point out that they do not necessarily bear the interpretation which had been given to them.

## NOTTINGHAM NURSING ASSOCIATION.

WE are glad to see that a Nursing Association has been started at Nottingham, and has been fairly successful during its first year of its existence. Such institutions are very much needed; and every attempt to supply skilled and reliable nurses, both for private patients and for attendance on parish and hospital cases, deserves to be warmly supported. It is hoped that arrangements will soon be come to for training probationers at the Nottingham General Hospital; and an attempt, to which we wish all success, is being made to establish a Convalescent Hospital in connexion with the Nursing Association and General Hospital.

## THE ROYAL SOCIETY CONVERSAZIONE.

THE second *conversazione* given by the Royal Society was held on Saturday evening at Burlington House. The guests were received by General Sir E. Sabine, K.C.B., President of the Society. There was a very large and distinguished attendance. The number of objects exhibited was more than usually numerous and interesting. Amongst these were some of the results of Dr. Carpenter's Deep Sea Dredging, Mr. Haviland's Medical Maps, and Dr. Lionel Beale's Self-illuminating Ophthalmoscope lately figured and fully described in this JOURNAL. The medical maps, which excited considerable curiosity, were explained throughout the evening by Mr. Haviland.

## MEDICAL EDUCATION FOR WOMEN.

THE *Times*, in an article on this subject, remarks: "In a word, we think it would be a loss to both sexes if the respectful reserve hitherto maintained between them were lessened; and we fear this could not fail, in a great measure, to be the result of indiscriminate instruction in mixed classes. It would be hard that women should be refused the opportunity, if they really desire it, of pursuing an honourable profession; but if there be any considerable demand for scientific instruction, there can be no difficulty in providing it separately. Justice may surely be done them without trenching upon the wholesome restraints of Eng-

lish life. The relation between the sexes would lose half its charm if the 'softening veil' of simplicity and privacy were rudely withdrawn from the life of young women." In the same journal, Miss Garrett objects to separate classes on the following grounds: firstly, "that a separate school for women would probably always be an inferior one, from the most able men being continually absorbed into the teaching staff of the larger schools for men"; and secondly, "that women who practise medicine must frequently meet men in consultation. To those who have been accustomed to study with men at the bedside of hospital patients, it is perfectly easy and natural to consult with them in after-life. Is it not possible, however, that if women had only to do with women during their student-life, they might hesitate about availing themselves of the wider knowledge and experience of consulting-physicians and surgeons?"

## THE UNIVERSITY OF LONDON.

THE Annual Committee of Convocation of the London University have completed their report on Medical Education. It will be presented to Convocation at its meeting on the 10th of May. The Committee report that, in their opinion, it would not, at the present time, be conducive to the interests of the University to abolish the existing regulations restricting the admission to the examinations for medical degrees to the students of certain specified medical schools. They are, however, of opinion that Convocation should be recommended to request the Senate to take into consideration at once whether attendance at the principal foreign schools and hospitals might not with advantage be recognised by the University. The subject referred to the Committee by Convocation was the abolition of existing regulations only, and this has been considered fully and fairly in the report. There can be little doubt, however, that some modifications in respect of certificates or mere lectures and other matters will be, ere long, adopted.

## THE MEETING OF THE ASSOCIATION IN 1871.

AT a well attended meeting of the profession in "the Three Towns", Plymouth, Devonport, and Stonehouse, and their neighbourhood, held in the Athenæum, Plymouth, on March 30th—W. P. Swain, Esq., in the Chair—it was proposed by Dr. Rolston, the Mayor of Devonport, seconded by Mr. Graham, and resolved *nem. con.*, "that the British Medical Association should be invited to hold their annual meeting for 1871 at Plymouth." As a preliminary Committee, with power to add to their number, the Chairman and the Secretary, Dr. Littleton, with Dr. Rolston and Messrs. Kerswill, Bulteel, C. Whipple, and W. Square, jun., were appointed to make the necessary arrangements for carrying out this resolution. At a meeting of the Committee, on Saturday, April 16th, the Secretary was requested to inform the General Secretary of the Association that they now felt themselves in a position to carry out the resolution passed on the 30th ult. At this meeting also the following addition was made to the Committee; viz., Dr. Barham, President of the South-Western Branch, Dr. Row, and Messrs. M. Coates, R.N., Greenway, and Leah.

## CLINICAL TEACHING AT THE VETERINARY COLLEGE.

WE are glad to see, from an article in the *Veterinarian*, that the subject of admitting animals free to the Royal Veterinary College is being agitated. Our readers will probably be surprised to learn that, at the largest and most important veterinary school in Great Britain, the owners of the animals, unless under very exceptional conditions, are required to pay. Several bad results follow. In the first place, some of the cases are, or we would rather say *were* when we attended the *clinique*, quite trivial. Again, the owners of paying and in many instances valuable animals naturally do not relish the notion of allowing veterinary students to meddle much with them; and in this way, at the time of which we speak, both teachers and pupils found difficulties in clinical work which ought never to have existed. We are, therefore, very glad to hear that efforts are being made to secure greater facilities for learning practical veterinary medicine and surgery.

## SCOTLAND.

## RELAPSING FEVER IN GLASGOW.

A FEW cases here and there continue to occur; but it does not appear to be spreading at all rapidly. Meanwhile the cases of typhus are rapidly diminishing in number.

## SIR JAMES Y. SIMPSON, BART.

WE hear, with the deepest regret, that the state of Sir James Simpson's health, although happily improving, will prevent him from again resuming his Universities duties, and that he has been advised to resign the Chair of Midwifery in the University of Edinburgh, which he has filled with brilliant distinction for a long term of years. It is needless for us to allude to the very great loss which the University will sustain in the resignation of her distinguished professor. We can only hope that Sir James's health will continue to improve, and that his genius will yet for long be spared to medical science.

## PUBLIC MEETING IN GLASGOW AGAINST THE CONTAGIOUS DISEASES ACTS.

A CROWDED meeting was held on the 21st instant for the purpose of considering these Acts. Resolutions were unanimously adopted, condemning the principle of the Acts, and calling on Parliament not only to refuse to extend their operation to the civil community, but to repeal them as at present in force. Two of the resolutions were moved by medical men.

## UNIVERSITY OF ABERDEEN.

THE ceremony of capping for medical degrees took place on the 20th instant, when thirty-eight gentlemen received degrees in medicine and surgery. Dr. Macrobin, Dean of the Faculty of Medicine, delivered an address after the ceremony.

## THE ROYAL COLLEGE OF SURGEONS, EDINBURGH.

AT the meeting of the Fellows of the College on the 22nd to consider the new Medical Bill, a resolution was agreed to approving of the general principles of the Bill, the meeting reserving its opinion with regard to the details of the measure until a future meeting. The opinion of the Fellows was in favour of direct representation in the Medical Council. A committee was appointed to watch the progress of the Bill through Parliament.

## PROPOSED CONVALESCENT HOSPITAL FOR ABERDEEN.

IT is proposed to erect a Convalescent Hospital for Aberdeen in connection with the Royal Infirmary. When the necessary funds are provided, the Trustees of John Gordon's Charitable Fund intimate their intention of appropriating the sum of £300 *per annum* for such number of years as they may hereafter determine in furthering the movement. Donations amounting altogether to £1,200 have already been given for the purpose of assisting such a hospital in Aberdeen, and will be available so soon as a hospital of that nature shall be commenced.

## THE UNIVERSITY OF EDINBURGH AND FEMALE MEDICAL STUDENTS.

THE Council of the University of Edinburgh has determined not to admit women to the medical classes "as recent students are" admitted, "and on the same terms." At the recent meeting of the Council, Professor Masson's motion in favour of equalising the conditions for male and female medical students was keenly debated, being opposed by Professor Laycock and Professor Christison, and ultimately negatived by a majority of 11 (58 and 47 being the numbers).

THE SHEFFIELD GENERAL INFIRMARY.—A wing is about to be added to the Sheffield General Infirmary for the treatment of infectious diseases and special surgical cases. The following handsome donations have been already promised, in addition to the Bailey and Hounsfield bequests, towards the building fund—The Duke of Norfolk, £1,000; Thomas Firth and Sons, £500; three donations of £250 each; one donation of £200; and six donations of fifty guineas each.

## MEETINGS RELATING TO THE MEDICAL ACTS AMENDMENT BILL.

## MEETING OF THE COLLEGE OF PHYSICIANS OF LONDON.

THE Committee appointed by the College to consider the Bill to amend the law relating to the qualification of practitioners in medicine and surgery has reported to the College recommendations which were on Tuesday last substantially adopted. The resolutions declare that, whilst the College approves of a single examining board for each division of the kingdom, the College sees great objection to the creation of a new license irrespective of enrolment by one of the recognised medical bodies. It regards it as essential that some one or other of the established medical authorities shall exercise supervision or moral control over all its members. It protests against the almost unlimited power reposed in the Privy Council by this measure. It holds that the General Medical Council ought, by its constitution, to be held to be a body fit to be entrusted with the power of framing rules for regulating the examinations under the Act: that the Register should be annually revised: that the affiliation of licentiates to the corporations should be conditional on their compliance with the bye-laws and regulations of such corporations: that the College cannot consent to any repeal of the Acts affecting the profession until it sees that the future government of the profession is substantially vested in the profession: and that the College cannot understand why it is not proposed to repeal any of the Medical Acts relating to Scotland and Ireland. The College, in considering the Bill, has not regarded any required surrender of rights or privileges, nor any pecuniary loss which it may sustain, but has looked to the interests of the public and the good of the whole profession.

## MEETING OF THE PROFESSION IN LIVERPOOL.

A MEETING of the medical profession of Liverpool and neighbourhood was held in the Medical Institution, Mount Pleasant, on Monday evening, to take into consideration the Medical Act (1858) Amendment Bill. Mr. Bickersteth, President of the Medical Institution, was in the Chair; and there were about fifty gentlemen present.

Dr. STEELE moved—"That this meeting regards with much satisfaction the introduction by Government of a Bill to amend the medical acts, and, without pledging itself to concur in every detail of the bill, strongly approves the establishment of one joint examining board for each division of the kingdom, and the investing the General Medical Council with the power of controlling, and, if necessary, of enforcing, the formation of such boards, and also of revising and regulating the details of medical education and examination." He thought the bill would remedy abuses which now existed in the profession. There was no possibility at present of distinguishing upon the Register whether a practitioner was really competent to exercise all the branches of his profession, so that the public were placed at a serious disadvantage. This arose from the fact that, in order to become registered, all that was necessary was to pass one of the examining boards, of which there were nineteen. The bill would remedy this by providing a medical board to test every man's knowledge in every branch of the profession, and unless he satisfied them he could not become a registered and licensed practitioner. If the bill did nothing more than that, he thought it was deserving of their support. But it went further, and remedied another abuse, namely, the obstructive monopoly and selfish policy of the corporations, which stood in the way of medical reforms as much, perhaps, as anything. [*Hear, hear.*] The bill would strike a blow at the corporations, which would be curtailed in their power to obstruct.

Mr. FRANCIS BAILEY seconded the resolution.

Dr. CAMERON objected to the institution of a new grade of practitioners such as the L.M.S., for which the bill provided. He thought a higher standard of medical education might be procured without the new machinery created by the bill. He contended that the medical corporations had done a great deal for the medical profession, and for the progress of medical science; and if they were left alone they would do all that was desired. He moved as an amendment—"That this meeting approves of that part of the bill which gives to the Medical Council power to supervise and regulate the details of medical education, but objects to the further subdivision of the profession by the institution of a new grade of practitioners to be termed licentiates in medicine and surgery; especially as this licence, which represents the lowest qualification, will not entitle its possessors to claim affiliation with any of the existing corporations."

Dr. WHITTLE seconded the amendment, which, after some discussion, was lost by a large majority, only seven gentlemen voting for it.

Mr. R. HAMILTON proposed—"That this meeting is convinced that no enactment will give satisfaction to the profession at large which does not provide for a more direct representation of the general body of practitioners on the General Medical Council."

Dr. DE ZOUCHE seconded the resolution, which was unanimously agreed to.

On the motion of Dr. PARSONS, seconded by Mr. M'CHEANE, a petition to the House of Lords embodying the resolutions was adopted, and it was agreed that it should be signed by the chairman, and transmitted to the Earl of Derby for presentation to the House of Lords. A telegram was read, sent by Mr. S. R. K. Graves, M.P., in London, to Dr. Steele, stating that a strong opinion existed among the medical profession there against the great powers given to the Privy Council. A vote of thanks to the chairman terminated the proceedings.

## MEETING OF THE METROPOLITAN COUNTIES BRANCH.

A Special General Meeting of this Branch was held at 37 Soho Square, on Thursday, April 21st, at 4 P.M.; George JOHNSON, M.D., President, in the chair.

The PRESIDENT explained that the meeting had been called to consider the question of Medical Reform.

Dr. SIBSON, in moving the first resolution, said that there were in the Bill certain technicalities which the Branch could at present neither approve nor disapprove. It could only give a general approval to the principle of the formation of single Examining Boards. There was a general agreement that the present corporations and universities should be retained as constituting the profession, and as forming the medical men for the service of the country; and that their right to enter the profession should be merely by simple examination, and were not incorporated in the great bodies which guarded professional honour, there was no doubt that, while the large mass would do right, many would lose the wholesome restraint under which they had been hitherto placed. More than this, the Colleges had acquired the habit of examining. At the same time it was felt that, with a few exceptions, the examinations of the different bodies had not been practical enough; and also that they had clashed with one another. The Bill would prevent this; and in future all the examinations would be practical. With regard to the suggestions that the Examining Boards should be appointed either by the Privy Council or the Medical Council, he would remark that both plans were fraught with evil. If the Medical Council constituted the Board, how could they be watched? On the other hand, if the Privy Council nominated the Board, the matter would be placed in the hands of their medical adviser, who would have the chief influence.

Mr. HENRY LEE seconded the motion. He said that the time was now come when the medical profession in England was called upon to exercise the power of self-government. It was, he believed, in perfect unison with the feelings of the great mass of our profession, that the Branch should willingly and cheerfully meet to carry out any satisfactory measure which the Government might propose. But it was equally repugnant to their feelings any longer to act blindly at the dictation of others, either in corporate or in individual capacities. The day for exclusive privileges was gone. The members of the medical profession were no longer prepared to be governed by statutes passed in the time, it might be, of Henry VIII; nor, indeed, were they prepared to place themselves under any regulations in which the rights of the members of the profession were not fairly and impartially considered. We were now in the proud position not only of carrying out any wise and salutary regulations for ourselves, but also of advising the Government what measures might most conduce to the elevation of our profession and to the welfare of the community at large. By a very general law, every nation, society, and institution, as well as every individual, attained the power of self-government when that nation, society, or institution, showed that it could exercise its power with wisdom and discretion. If moderation marked our deliberation, and prudence guided our counsels, we need not fear but that our voices would be heard not only through the length and breadth of the land, but also in the Council chamber of those who are appointed to legislate on our behalf.

Mr. HECKSTALL SMITH had proposed an amendment at the meeting at the Royal College of Surgeons, in favour of a single Examining Board. He still wished that such a Board could be formed, and feared that there would be a time when the want of it would be regretted. But, on reflection, it seemed to him that the proposal contained in the Bill was at present the best; and he thought that it would be scarcely right to endeavour that which was evidently unattainable.

Dr. J. SEATON (Sunbury) said that the Bill had done good by making the different corporations fear that they would lose power. He did not see what practical difficulty there was in the amalgamation of the colleges into one body. He moved as an amendment—"That this Branch of the British Medical Association, whilst it recognises in the proposed Bill several manifest improvements upon the existing laws regulating the medical profession—more especially in the provision that in future there shall only be one portal in each of the three Kingdoms by which the profession may be entered—declares its belief that no real and solid reform of the profession can be effected until the several Medical and Surgical Corporations shall have become united into one body."

Dr. WEBSTER (Dulwich) agreed with Dr. Seaton's proposal, but could not second it. The profession was not yet ripe for it.

Dr. GIBSON said that there was a constant reference to the Privy Council in the Bill. He contended that the Medical Council and the Corporations would be perfect dummies. He regretted that Mr. Heckstall Smith had given up his amendment. It was a retrograde movement to form three Examining Boards; and he saw no practical difficulty in forming a single Board.

Dr. SIBSON suggested the addition to the resolution of words expressing the opinion of the Branch on the share of power given in the Bill to the Privy Council. The resolution was accordingly carried in the following form—"That this Branch of the British Medical Association strongly approves of those parts of the Government Bill which concern the establishment of single Examining Boards in each of the three kingdoms, and the enlargement of the powers of the Medical Council in reference to the compulsory formation of such Boards, and the supervision of the curriculum of students and of the details of examinations. The Branch, however, believes that those parts of the Bill that relate to the formation of an Examining Board are capable of considerable improvement; especially that part of it which gives power to the Privy Council to modify the resolutions of the Medical Council."

Dr. CHADWICK (Leeds) said that he had come to London to attend a meeting at the Royal College of Physicians. He was convinced that there was more danger than many anticipated. He had voted for the first resolution; but in regard to two points the Bill could not have the confidence of the Association of which he was the President. He had pleasure in complying with the request made to him to move the following resolution.

"That this Branch is, however, of opinion that it is unwise to confer additional powers on the Medical Council, without at the same time taking measures to improve the method of electing its members and of securing a wider representation of the profession; and it greatly regrets the omission from the proposed Bill of all provision for this object. That this Branch is of opinion that provision should be made in the Bill for the direct representation of the profession in the Medical Council, in the proportion of not less than one-fourth of the total number of members of Council, to be elected by the registered members of the profession in such a way as may be found most convenient; and the Branch is prepared to oppose this or any other Bill that does not contain such provision."

He was quite satisfied that, unless some provision for the direct representation of the profession formed a very prominent part of medical legislation, satisfaction would not be afforded to that body over which he had the honour to preside.

Dr. G. WEBSTER seconded the resolution. Without direct representation, the profession would be in the hands of the corporations. He was glad to find that the Colleges had seen the error of their ways, and were amending; but he did not look on them with so much approval as some did. He feared that the Bill would be very indifferent, if passed in its present form.

Mr. HECKSTALL SMITH said that the Branch might congratulate itself on the presence of Dr. Chadwick, as he had a knowledge of the feelings of the British Medical Association. He was astonished that the Government had omitted to provide in the Bill for the amendment of the Medical Council, notwithstanding that the Council had itself admitted that a more direct representation of the profession in it might be necessary.

Dr. SIBSON said that the Branch ought to take its stand on this point, and to resist the passing of any Bill which did not provide that there should be representatives of the profession in the Council.

After some remarks from Dr. SEATON and Dr. GIBSON, the motion was carried.

Mr. ROBERTS-HARRISON moved—"That this Branch is also of opinion that the fees for examination at the three national Boards proposed to be established should be uniform; and that every means possible should be taken for making the examinations uniform also." Even if the Bill should pass, containing the provisions referred to in the other resolu-



tions, it would be incomplete without this. There would be great evil if the fees and examinations were allowed to be different.

Mr. RIVINGTON seconded the resolution. The possibility that the fees and examinations might not be uniform was the only objection to the formation of these boards. It had been argued that the fees ought to be less in Scotland and Ireland, because living was cheaper there; but he thought that this was rather a reason for making the fees the same as in England.

Dr. WEBSTER supported the resolution. The old plan of one faculty of medicine was to have a tripartite faculty. The present proposal was a preparation for carrying out that plan.

After some remarks from Mr. C. Heath, Mr. Rogers-Harrison, Dr. Gibbon, Mr. Heckstall Smith, and Mr. Gant, the resolution was carried.

The appointment of a Committee on Parliamentary Bills was then moved by Dr. GEORGE HARLEY, seconded by Dr. WEBSTER, and carried.

## ROYAL COLLEGE OF SURGEONS OF ENGLAND.

### MEETING OF FELLOWS AND MEMBERS.

AN adjourned meeting of the Fellows and Members of the Royal College of Surgeons, to consider the position of the College in reference to proposed Medical legislation, was held in the theatre of the College on Friday, April 22nd. The President took the Chair at 3 o'clock. The Secretary, by the direction of the President, read the advertisement summoning the adjourned meeting and the minutes of the previous meeting.

THE PRESIDENT expressed a hope that those present would be of opinion that he had fully redeemed his pledge with respect to the date of summoning the adjourned meeting. The first meeting had taken place on the 24th of March, and this day was the 22nd of April [*Heard*]. He said that the discussion would be resumed at the point where it left off at the previous meeting; and that Mr. Holmes, as the mover of the adjournment, was entitled first to address the meeting.

Mr. HOLMES said that he had moved the adjournment of the debate at the last meeting, because he felt strongly that neither the motion nor the amendment coincided with the sentiments of the majority present. The motion proposed aimed, as far as he could understand it, at placing the formation of the Examining Boards entirely in the hands of Government. He would only say of this, that he was quite sure that it did not express the sense of the majority. The profession did not intend to abrogate the chief of its functions, its internal regulation. Nor could he agree with the seconder of the motion, who appeared to imagine that there might be a plan by which the profession and the Government might form a partnership in the direction of medical affairs. So far as the amendment implied a negation of the motion, he would support it; but the case was very different when it was proposed to affirm that the power ought to be left entirely in the hands of the present corporations. This was a very strong proposal, and one to which he could not consent.

It was for these reasons that he had asked the meeting to suspend its judgment. He hoped that the amendment would be rejected; and if so, or if it should be carried and put as a substantive motion, he would then propose a further amendment to the effect that the appointment of examiners in Anatomy and Surgery should be left wholly, or in great part, with the Royal College of Surgeons. No Examining Board satisfactory to the profession could, he thought, be formed unless the College took charge of the departments of Anatomy and Surgery. He regretted that much had been said at the last meeting that was not deserved by those of whom it was said. He could not approve of the reflections thrown on those who had called the meeting; and thought that the expressions about "holes and corners" were to be regretted. Much, too, had been said, not always very courteously, about the faults of the College in past times. Even if what was said on this subject were deserved, it was not at all germane to the matter in hand. What the Fellows and Members wanted, was to secure that there should be efficient examiners for the licence to practise. The College of Surgeons had never failed to provide a succession of Examiners of whom the profession was rightly proud. The Board of Examiners had always contained the *dile* of the profession; and from what had been, a very strong argument might be derived as to what would be. But there was no such guarantee as regarded any department of the Government. Even though confidence might be placed in the present Privy Council and their medical adviser, it was impossible to know who their successors might be. He had not made any reference to the relations between the Council of the College and the body of Fellows and Members. At

some time, there might be an improvement of the existing relations. The amendment which he would offer would not bind the meeting in any way; but either the resolution or the amendment before the meeting would, if passed, impede the making of reforms in the constitution of the College, or in its relation to the Government or the Examining Board.

Mr. CHRISTOPHER HEATH approved of the proposal for the formation of a Council consisting partly of members elected by the Corporations and partly of Government nominees. This was the manner in which the Senate of the University of London was constituted; and this body had done more to forward medical education than any other. The Senate of the University appointed the Examiners; and their selections had always been excellent, as was proved by the fact that many of the Examiners at the College of Surgeons had been Examiners in the University of London. It was very evident, therefore, that a body so constituted could perform its functions with the greatest success. The question before the meeting was in a very different condition from what it was on the last occasion, in consequence of the introduction of a Bill by the Lord President of the Privy Council. In this Bill, the representation of the profession in the Council was a nullity; while the interests of the Corporations were perfectly taken care of. It was well known that the Medical Corporations, even the College of Surgeons, had in times past departed from the wishes of the profession. He would refer to what had recently taken place in the Council of the College regarding the appointment of Examiners. At the last meeting, by one resolution, that one-half of the Examiners should be appointed from Fellows who were not members of the Council, was carried. There was then a feeling of some doubt as to what would happen at the meeting of Fellows and Members about to take place in the College; and so much was this the case, that one of the officials of the College had been sworn in as a constable. [*Oh! oh!*]

THE PRESIDENT here interposed, and explained that some months ago it had been thought expedient that one of the servants of the College should be appointed a constable; but it was quite absurd to assume that this was done in contemplation of the meeting about to be held.

Mr. HEATH said that it had been for years felt that members of the Board of Examiners in the College ought not to be appointed merely on the ground of seniority in the Council; but it was only when a general meeting was about to be held, that the resolution that not more than half the Examiners should be members of the Council was brought forward and passed. After the meeting of March 24th, another Council meeting had been held; and the confirmation of the resolution had been postponed. The gentlemen who passed the resolution had changed their opinion. [*No! no!*] Well, then, he would put it in a mild form, and say that the confirmation had been postponed; but all knew what postponement meant. He did not know how those present could reconcile it with their feelings to support a Council which acted in this way.

Mr. QUAIN had not intended to make any remarks; but he could not allow Mr. Heath's statements to go unanswered. As to the Senate of the University of London, what Mr. Heath had said was true; but not the whole truth. He had omitted to mention that the Government supported the University of London by pecuniary grant; while the College of Surgeons, receiving no aid from Government, had given largely of its funds to the profession and the public. It had spent a quarter of a million of money on its Museum alone. The cost of each M.B. at the University was about £60 for fees of Examiners only; of which the candidate himself paid £15. The State spent yearly several thousand pounds on the University; and it was right that the Government, as representing the State, should nominate persons to see how the money was spent. No doubt, if the University became self-supporting, the graduates would no longer consent to State interference. In France, when liberty prevailed, the profession regulated itself; but, under the monarchy and the empire, when either became absolute, the State interfered. Was the profession here to place itself under the Government? or to remember that self-government was one of the attributes of the institutions of the country? What would the lawyers and the clergy say, if it were proposed that the State should interfere with them in the way it was proposed that it should interfere with the medical profession? Mr. Heath had implied that the resolution regarding Examiners had been passed by the Council of the College in fear of the meeting to be held—under the influence, as he said, "of tremor." As the proposer of the resolution, he would say that when he brought it forward he knew nothing of any proposed or intended meeting; and moreover that, in order that he might further the carrying out of the resolution, he had placed his own resignation as an Examiner in the hands of the President. Mr. Heath had said that the confirmation of the resolution had been postponed; but he should have also said that, at the same meeting, the Council had resolved that the

Examiners in Anatomy and Physiology should be distinct from the Examiners in Surgery. The minute containing one of these statements contained the other also. Only one, however, was stated to the meeting by the last speaker.

Mr. BUSK referred to a statement which had been made, that the Council of the College had private interests to which it attended. He did not understand on what grounds this statement was made.

Dr. EDWARDS CRISP was astonished at what had been said by Mr. Holmes and Mr. Quain. He thought that no good would arise until a large meeting were held out of the College. The College was going to the bad; the pretended liberal measure of opening the Hall was one of necessity rather than choice. The number of diplomas had fallen off to the amount of 129, and the funds were diminishing. [Question.] Was not the state of finance of the College the question? He could not understand the statement that half a million had been spent on the museum; in thirty-four years, only £88,916 had been so spent. Mr. Quain's denunciation of the French system was most unjust. Nearly all English students who could afford it went to Paris, Berlin, and Vienna; but who ever heard of a foreign student visiting our schools? What could better show the rottenness of our system than the absence of foreign students from our schools?

Mr. HECKSTALL SMITH asked that the resolution and the amendment might be again read. This having been done by the Secretary, he said that, since they had been proposed, the introduction of the Lord-President's Bill had made an important difference in the extent of view of the subject. The Bill did not leave the examinations in the hands of the Corporations, but required that they should propose a scheme to the Medical Council; if they failed to do this, the Medical Council was to take the matter out of their hands; and the scheme in either case was to be submitted to the Privy Council. How did the College stand? The Government Bill removed from the Corporations all power of granting licences for general practice, leaving them, however, the right of conferring honorary diplomas. He had at the last meeting proposed the formation of a common Examining Board for the whole kingdom; and he still feared that, if this plan were not adopted, those evils would again occur which it was now sought to avoid. But, at the present time, the formation of a Board for each division of the kingdom, as proposed in the Government Bill, appeared to be the most practicable. There was another question beyond all which had been brought forward. To what authority was the power of forming the Examining Boards to be delegated? This power was to be placed in the hands of the Medical Council; but he thought that the profession had better remain as at present if the Council were not to be improved by means of the exercise of a general franchise on the part of the profession. It had been admitted in the Medical Council itself that the profession should be directly represented in the Council, if the legislature should think proper to invest it with extended powers and fresh duties. The British Medical Association had also again and again affirmed that the profession ought to be represented directly in the Medical Council. All that might be done would be not enough without this.

Dr. EDWARD SMITH said that the Medical Corporations had already agreed on the principle of the formation of conjoint Examining Boards; and no new legislation was required for this. The Bill, however, threw the whole organisation into the hands of the Government, which would have a thorough control over the Medical Council and the Examining Boards. It would be a great mistake if the profession allowed the regulation of its affairs to be thrown entirely into the hands of the Government. If there were a Minister of Instruction, some supervision might be admissible; but why should the medical profession, which had done more than any other during the last thirty years to improve its education, be specially placed under Government control? There had not been time to discuss the Bill; but there should be a distinct expression of opinion regarding it. He thought that, for the present, it would be enough to negative the resolution.

Dr. BAXTER LANGLEY regretted that the first resolution had been carried as it had been, as it committed the meeting to the approval of the principle therein contained. The last two speeches had brought forward the real point; for the profession stood in much danger. It was very desirable that the College and all the existing Corporations should maintain their integrity, and should manifest their activity by making their degrees and diplomas as valuable as they possibly could. He would be prepared to move a resolution in favour of improving the relation of the profession to the existing Corporations by providing for the election of their Councils by the general body of members.

Mr. WEBSTER said that the Bill proposed to add new Corporations to those already existing. He was dissatisfied at being called on to vote for a proposal to root up the College. It had been the practice to abuse the College; but it had held its ground, and was reforming itself; and he did not think that anything should be done to destroy its influence. He

objected to the placing of the profession in the hands of the Government.

Mr. J. F. CLARKE said that it was through the dissensions in the profession that the Government had had advantage over it. He would be sorry to see the College injured, which, notwithstanding its failings, had done well for the profession. Unless the Bill were modified, the medical profession would be placed under Government control; and why should it be singled out for this purpose? It could only be because of the want of agreement. He did not believe that the passing of the Bill could be prevented; but modifications might be introduced during its passage through Parliament.

Mr. ROGERS-HARRISON said that he had heard nothing which led him to alter his opinion, and he must therefore adhere to his amendment. He hoped that every member of the College would oppose the proposal to place the profession entirely in the hands of Government.

The President then put the amendment to the vote, when it was lost by a large majority.

Mr. HOLMES moved as a second amendment—"That, in the opinion of this meeting, the Examiners in Anatomy and Surgery in the Licensing Board for England ought to be wholly or in part nominated by the Royal College of Surgeons."

Dr. CARR seconded the amendment, which was carried. It was then put as a substantive resolution, and carried.

Dr. EDWARD SMITH proposed—"That this meeting protests most strongly against the powers which the Medical Bill proposes to confer upon the Privy Council; and that a copy of this resolution be signed by the Chairman and forwarded to the Lord President."

Mr. J. F. CLARKE seconded the motion.

Mr. HECKSTALL SMITH said that the Bill did not propose to place the profession in the hands of the Privy Council. It gave the powers necessary for passing schemes for the formation of Examining Boards either by the Corporations or by some other authority. Was it not the fact that the Corporations had had difficulty in framing such a scheme? The Bill merely provided that the Privy Council should compel the formation of one. There would be reason for regret if this part alone of the Bill were selected for censure. He did not think that, if the medical authorities did their duty, there would be any danger of placing the profession in the hands of the Privy Council.

Mr. HOLMES asked Dr. E. Smith what central authority he would propose.

Dr. E. SMITH directed attention to those clauses of the Bill which provided that the Privy Council might approve the schemes submitted to them, with or without modification, as they might think fit. They might introduce new matter into the schemes. The proper central authority would be the Medical Council.

After some remarks from Mr. HOLMES and Dr. BAXTER LANGLEY, the motion was put to the vote and carried.

Mr. C. HEATH moved—"That, if representatives of the Medical Corporations should be continued by a new Medical Act, the Fellows and Members of the Royal College of Surgeons have, as a Corporation, the right to elect a representative."

In the Government Bill, the constitution of the Medical Council remained as before; but he believed that the Fellows and Members of the College had a right to elect their representative. The Council of the College had hitherto relied on the decision of Lord Campbell as to the University of London. In the Charter of that body, there was a clause which gave wide power to the Senate, but there was no such clause in the Charter of the College.

Mr. HODSON RUGG seconded the motion.

Mr. GANT moved as an amendment—"That this meeting regrets the omission from the proposed Medical Act of any amended scheme of representation in the Medical Council; and that, to secure the direct representation of the general body of Fellows and Members of the Royal College of Surgeons, provision should be made distinctly empowering them to elect the representatives of the College in the said Council."

Mr. ROGERS-HARRISON seconded the amendment.

Dr. BAXTER LANGLEY suggested that the governing bodies of the Corporations should be elected by the Fellows and Members.

Mr. J. F. CLARKE said that, if the question were submitted to competent legal advisers, it would be found that the Fellows and Members of the College had the right of electing a representative in the Medical Council.

Dr. CRISP was of opinion that the College ought to send more than one representative.

Mr. HECKSTALL SMITH trusted that the amendment would be carried. The general feeling was, not that the Corporations should be deprived of power, but that the central authority should not consist of a number of mere nominees.

The amendment was then put to the vote and carried.

Mr. HOLMES moved, Mr. HECKSTALL SMITH seconded, and it was carried without discussion—"That a copy of the foregoing resolutions be forwarded to the Lord President of the Privy Council."

The meeting then separated. There was present at the meeting 53 Fellows, 80 Members, and 9 representatives of the medical and general press—making a total of 142, against 231 at the former meeting.

## SPECIAL CORRESPONDENCE.

### PARIS.

[FROM OUR OWN CORRESPONDENT.]

Paris, Monday, April 25th, 1870.

1. *Condition and Prospects of the Ecole de Médecine de Paris.*—2. *Small-pox and General Mortuary Statistics.*—3. "Animal" or "Arm-to-Arm" Lymph?—4. *Humbling Spectacle: Funeral of Dr. Genson.*—5. *Small-pox Incident on the Boulevards.*—6. *Dr. Henri Roger's Carriage Upset.*—7. *Banquet to Gambetta by Students.*

#### CONDITION AND PROSPECTS OF THE ECOLE DE MÉDECINE DE PARIS.

—Medico-political questions become wonderfully dwarfed in their proportions when—as is to-day the case—the walls of Imperial Paris exhibit a stirring appeal by the Emperor to the people to crush, by their millions of votes, on the 8th of May, "les menaces de la révolution." On the one hand, the Imperial manifesto says—"Donnez-moi une nouvelle preuve de confiance. En apportant au scrutin un vote affirmatif, vous conjurez les menaces de la révolution, vous assurez sur une base solide l'ordre et la liberté, et vous rendez plus facile, dans l'avenir, la transmission de la couronne à mon fils." On the other hand, the anti-Imperial manifesto, printed in all the revolutionary and in many other newspapers, after denouncing "l'auteur du coup d'Etat," says: "L'Empire, non content de vous écraser d'impôts, vous enlève vos fils vos uniques soutiens, pour en faire les soldats du pape, ou semer leurs cadavres abandonnés dans les terres incultes de la Syrie, de la Cochinchine, et du Mexique." While the battle thus rages in the great arena of the State, the lesser affairs of the Ecole de Médecine and the crude projects afloat for remodelling—overturning, rather—the existing platform of medical education are naturally less talked of. For that very reason, however, it is more necessary to watch and chronicle the events and tendencies of medico-political strife in transpontine Paris. They may be thrown into the shade for the time being by the great political drama which is about to be performed by nine millions of Frenchmen on the 8th of May; but they will assuredly at no distant day crop out again and again, bearing marks of the coming plebiscite and its agitating discussions and consequences. The turbulent manifestations at the Ecole de Médecine have, no doubt, very decided medical and personal aspects; but they can only be rightly understood when the present state of political excitement in France is taken into account; and when it is borne in mind that nine-tenths of this great nation are blatant worshippers of democratic socialisation—worshippers (real or pretended) of the phantom-goddes—*Égalité*!

In my last (BRITISH MEDICAL JOURNAL, 23rd April, p. 421), I referred to the agitation in favour of what is termed "enseignement médical libre," and the proposal to form a "Free School of Medicine." There are some zealous workers in this cause; but great diversity of opinion prevails as to the character and extent of required changes. Meetings have been held, committees have been formed; and several aspects of the question have been discussed in the medical journals and daily newspapers. The most advanced medical reformers have the five following principal objects in view.

1. Professors to be absolutely free to teach either separately or in combination with one another.
2. Students to be absolutely free to select their own professors.
3. Fees for inscriptions to be abolished.
4. Buildings and institutions necessary for teaching to be erected and established; such as museums, amphitheatres, and a town clinic (*clinique de ville*), with affiliated small hospitals and dispensaries. Such hospitals and dispensaries, it is alleged, are imperatively demanded as the only means of preventing the fearful mortality resulting from the insubordinately great aggregations of sick persons in the existing hospitals.
5. Granting of degrees to be wholly intrusted to boards composed of examiners who are not professors.

No one who wishes well to the progress of medical science, and has a humane heart towards the poor of Paris, can desire to see this programme of medical reform carried out abruptly, or at any time carried out in its integrity. At the same time, it must be admitted that various modifications of the existing system are required, and that the

present agitation may evolve useful changes in the teaching and examining of students, as well as in the regulation of hospitals and dispensaries. Upon the whole, however, matters are better here in these respects than in Great Britain.

**SMALL-POX AND GENERAL MORTUARY STATISTICS OF THE WEEK ENDING 23RD APRIL.**—The following is the bulletin of deaths in Paris for the week from 17th to 23rd April.

Small-pox ... ..	132
Scarlatina ... ..	17
Measles ... ..	23
Typhoid fever ... ..	12
Typhus ... ..	—
Erysipelas ... ..	9
Bronchitis ... ..	81
Pneumonia ... ..	133
Diarrhoea ... ..	8
Dysentery ... ..	8
Cholera ... ..	1
Membranous sore-throat ... ..	5
Croup ... ..	15
Puerperal affections ... ..	6
Other causes ... ..	766

Total ... .. 1209

In estimating the mortality of Paris, the population is taken at 1,825,274; the population of London is taken as being 3,170,754. Bearing in mind the population respectively of the two capitals, it is interesting to contrast with the above mortuary statistics of Paris, the subjoined extract from the official report of London mortality for a nearly corresponding week; viz., the week from the 10th to 16th April.

Small-pox ... ..	70
Scarlatina ... ..	2
Measles ... ..	28
Typhoid fever ... ..	16
Typhus ... ..	6
Erysipelas ... ..	19
Bronchitis ... ..	196
Pneumonia ... ..	66
Other causes ... ..	1081

Total ... .. 1484

In the week ending April 16th, the mortality in Paris from small-pox was 102; in the week ending April 23rd, as above stated, it was 132, the greatest mortality of any week since the beginning of the epidemic. Small-pox were behaving in accordance with former precedent, in place of an increased, we ought now to be having a diminished, mortality.

The mortality from small-pox in Paris seems to be subordinate to certain laws. Examination of the mortuary statistics of the last ten years shows that, in the months of June, July, and August, the small-pox mortality is always at its minimum—that the mortality begins to augment in autumn—that the augmentation progressively increases during winter—and that, with the return of spring, deaths from small-pox become less numerous. The epidemic now prevailing has, till within the last two or three weeks, followed the same course as former epidemics; and there is, therefore, still reason to hope that the period of decline will forthwith commence under the influence of change of season. Everywhere—but in a very special manner in the climate of Paris—change of season produces not only a marked effect upon the total mortality, but likewise occasions a curious rise and fall in the number of persons attacked by and carried off by particular diseases.

"ANIMAL" OR "ARM-TO-ARM" LYMPH?—As stated in my last, "animal" vaccination has fallen into complete discredit. Some advertising vaccinators, however, try to do business in both ways, just as other sons of Apollo hunt with the discordant double-stringed bow of irrational homeopathy and rational medicine. Dr. Verrier's advertisement, with which I saw the available walls in some of the *beaux quartiers* of Paris prettily placarded two days ago, shows the turn of the tide in the sense which I have suggested. I subjoin a copy of the advertisement, as an addendum to previous curiosities of vaccination-literature which I have contributed to your pages.

"*Vaccinations et Revaccinations.*—M. le docteur E. Verrier, Professeur libre d'accouchements, pratique tous les jours de 11 heures à 1 heure les vaccinations avec le vaccin de génisse et le vaccin d'enfant; savoir, lundi, mercredi, vendredi, 34, rue de Seine, Faubourg Saint-Germain; et mardi, jeudi, samedi, au Gymnase Poirier, 106 rue de Bac."

In the last number of the BRITISH MEDICAL JOURNAL, I observe that a correspondent inquires where he can procure vaccine lymph from the



heifer. In reply, let me inform him that it can easily be obtained in Paris at present. If I receive his address, I shall have great pleasure in sending him by post some charged between glass-plates.

**HUMBLING SPECTACLE: FUNERAL OF DR. GENSON.**—A few days ago, a motley multitudinous procession was seen proceeding to the cemetery of Mont-Parnasse. The crowd was chiefly composed of male and female rag-gatherers: the occasion of the muster of this filthy Parisian fraternity was the funeral of Dr. Genson, a man who quite recently had an excellent genteel practice and a good social position. The bottle clothed him in rags, and made him the doctor of the rag-gatherers. His abilities were good. He prescribed across the counter to his patients, who were very numerous, and had unbounded faith in his skill. After his coffin had been placed in the *fosse commune*, three patients of the deceased delivered funeral discourses. The first speaker was an ex-notary; the second, an ex-advocate; and the third, an ex-sous-préfet,—all three now practising the nocturnal profession of street rag-gatherers, and inhabiting the Ile des Singes!

**SMALL-POX INCIDENT ON THE BOULEVARDS.**—At three o'clock one morning last week, a young woman, under the excitement of small-pox fever, rushed wildly along the Boulevard des Bonnes-Nouvelles, clad only in chemise and camisole. She was taken up by the police, wrapped in blankets, and conveyed to the nearest station. The commissary on duty could elicit no information from her as to where she lived or who she was, except that her name was Louise. He sent her to the Hôpital Lariboisière.

**DR. HENRI ROGER'S CARRIAGE UPSET.**—On the afternoon of Tuesday last, Dr. Roger's carriage was overturned in the rue d'Allemagne. The coachman was thrown upon the pavement several yards from the carriage, and was very much hurt. The doctor was struck by fragments of broken glass, but was only slightly injured. After the overturn, the horse rushed furiously onwards, and was not captured till he had dashed the carriage against the wagon of a market-gardener.

**BANQUET TO GAMBETTA BY STUDENTS.**—A few evenings ago, a banquet was given to M. Gambetta, the revolutionary deputy, at the Salle Ragache, in the Quartier Latin, by a number of medical and law students. The hall was crowded. Among the guests were the representatives of several Parisian and departmental newspapers. A violent speech against the Napoleon dynasty was delivered by Gambetta, after which a collection was made in aid of the funds of the anti-plebiscitary movement now being organised all over France. The company became very merry, and then separated singing joyously the Marseillaise.

## ASSOCIATION INTELLIGENCE.

### COMMITTEE OF COUNCIL: NOTICE OF MEETING.

A MEETING of the Committee of Council will be held at the Queen's Hotel, Birmingham, on Thursday, the 5th day of May, 1870, at 3 o'clock P.M. *precisely*.

T. WATKIN WILLIAMS, F.R.C.S., *General Secretary*.

13, Newhall Street, Birmingham, April 20th, 1870.

### SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT MEDICAL MEETINGS.

THE next meeting of the East Sussex district will be held at the Queen's Hotel, Hastings, on Wednesday, May 10th; Dr. UNDERWOOD in the Chair. All gentlemen willing to read papers, will oblige by letting me know at their earliest convenience. A more precise notice will appear in the JOURNAL of May 7th.

FREDK. CHAS. MUDD, *Honorary Secretary*.

### CUMBERLAND AND WESTMORLAND BRANCH: SPRING MEETING.

THE Spring Meeting of the above Branch was held at the County Hotel, Carlisle, on Wednesday the 20th April; M. W. TAYLOR, M.D., of Penrith, took the Chair. Twenty-three members and two visitors were present. The minutes of the preceding meeting were read and agreed to.

*Committee on Clubs and Benefit Societies.*—The members of this Committee have collected a mass of information, but have not yet prepared any report. It was intimated that they would be able to report at a future meeting, and on this understanding the Committee was continued.

*New Members.*—Eli Pickop, Esq., was elected a member of the Branch, being already a member of the Association.

*Medical Acts Amendment Bill.*—Dr. HENRY BARNES, Carlisle, produced a copy of the Government Medical Reform Bill, and, while approving of the general principles of the Bill, pointed out the omission of any clause to reform the Medical Council. He moved the adoption of a petition to Parliament in favour of a direct representation of the profession in the Council, similar to the petition sent last year from this Branch.—Dr. L'ANSON, Whitehaven, seconded the motion; and, after some discussion, it was unanimously agreed to, the President and Secretary being requested to sign the petition on behalf of the Branch.

*Papers, etc.*—1. The Secretary read for Dr. GREEN of Kendal, a paper entitled A Suggestion for the Treatment of Purpura Hæmorrhagica. After many failures with some of the ordinary remedies, Dr. Green had come to have great faith in the tincture of the sesquichloride of iron. He remarked that in purpura there was an excess of iron in the blood, and to give more iron in such cases might seem like carrying coals to Newcastle. Still, he could conceive a Newcastle man requiring Wigan coal for a special purpose, although he had plenty of Newcastle coals for general purposes. He greatly preferred the tincture of the sesquichloride of the old pharmacopœia to the new tincture of the perchloride, and had given it in three cases with perfect success in doses of five minims every four hours.—In the discussion which followed the reading of this paper, the following gentlemen took part—Mr. REEVES, Dr. CARLYLE, Dr. LOCKIE, Dr. SAVAGE, and Dr. H. BARNES.

2. Dr. CLOUSTON, Carlisle, read a paper on the Hydrate of Chloral, giving a short account of its first introduction into medicine, of its actions in the hands of English and Continental authorities, and the results of his own experience, having given it in forty cases of various forms of insanity.—An animated discussion followed the reading of this paper, and the merits of the drug were freely criticised by the following gentlemen: Dr. MACGREGOR, Dr. JONES, Dr. FOTHERGILL, Dr. H. BARNES, Dr. HENRY, Dr. MACLAREN, Dr. CARLYLE, Dr. ROBERTSON, and Mr. REEVES.—The paper will soon be published in the JOURNAL.

3. Dr. MACLAREN, Carlisle, read a paper on A Long Sea-voyage in Phthisis Pulmonalis. Ten cases were recorded, all of which had been treated by a long sea-voyage; three were in the third stage, and they all died; three were in the second stage, and recovered; and two remained stationary as to the pulmonary lesion, but had serious intercurrent attacks; the other four cases were in the first stage, and all recovered. The conditions in a sea-voyage which seem to promote recovery, viz., climate, pure air, good food, compulsory idleness, with increased appetite and general recuperative power, were next treated of. The writer then strongly enforced the view that rapidly advancing cases, and those in the third stage, should not be sent on a sea-voyage. In conclusion, the miserable condition of a far advanced consumptive on board ship was pointed out.

4. Mr. REEVES, Carlisle, read a paper on a case of Hydrophobia which had occurred under his observation. A boy, aged seven years, was bit in several places by a mad dog, on January 8th, 1870. The wounds were well cauterised with nitric acid eight hours afterwards, and the pain caused by the bite of the dog was greatly relieved by the cauterisation. The wounds rapidly healed, but on the 29th, three weeks after the bite, the symptoms of hydrophobia set in, and he died on February 1st, treatment being of no avail to relieve his sufferings.

5. Dr. ELLIOT, Carlisle, also related a case of Hydrophobia, which was remarkable from the long period which elapsed between the bite of the rabid dog and the appearance of symptoms of hydrophobia—being two years all but one day.

6. Dr. TROUTBECK, Carlisle, read the notes of a case illustrative of the Carbolic Acid Treatment, describing minutely the different dressings used.

7. Dr. FOTHERGILL, Leeds, made a few remarks on Interstitial Pneumonia.

8. The Secretary read for Mr. JOHNSON, of Lancaster, a few remarks on an Epidemic of Typhus in 1785.

Dr. LOCKIE, Carlisle, exhibited Dr. Emil Stöhrer's Volta-Faradaic apparatus; and Dr. ROBERTSON, of Penrith, showed an extraordinary Fœtal Monstrosity, in which there seemed to be a hernia of all the intestines, covered by peritoneum only.

*Dinner.*—At the conclusion of the meeting, the members and their friends dined together, under the presidency of Dr. Taylor.

### SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETING.

THE last meeting was held at Ashford, on March 17th.

*Communications.*—1. Mr. WILKS read a short account of a case of Colloid Cancer, interesting from the difficulty of diagnosis, and the various appearances which it presented at different times. The patient, an

old lady aged 83, had suffered for forty years with a tumour on one of her fingers. This was causing such extreme agony, that Mr. Wilks removed the finger, believing the tumour to be an enchondroma. Microscopic examination shewed the disease to be colloid. After an excellent recovery, the disease returned in the palm of the hand, wearing all the aspect of mixed medullary and epithelial disease, and the patient died seven months after the amputation of the finger. The paper was illustrated by carefully prepared drawings of the microscopic appearances.

2. Mr. THURSTON exhibited a specimen of Simple Perforating Ulcer of the Stomach, taken from a young man of healthy extraction, acting as a farm-labourer. The only symptoms of which he had complained previously to the advent of the fatal ones, were those of ordinary dyspepsia, the chief one being a fixed pain at the pit of the stomach; he never had occasion to give up work for a single day. The day previous to his death he had been hard at work in the harvest-field, returned home late, ate a hearty supper, and about midnight was seized with violent pain in the bowels. When first seen, some hours afterwards, he was found to be sinking, with all the symptoms of collapse, and died *eighteen hours* after the violent pain had seized him, and *twelve months* after he first complained of any stomach disorder. A *post mortem* examination was made; and, on opening the abdomen, a perforation was at once seen in the walls of the stomach; the ulcer was found to be as large as a five-shilling piece, and, at the point of rupture, the walls were so thin as to leave nothing but peritoneum. The position of the ulcer was in front of the pylorus.

3. Mr. WILKIN related a case of successful Operation for Umbilical Hernia. Calomel, opium, and aperients, were given, and the taxis was applied, but without result; and, on the third day, operation was decided upon. The mass could not be returned without opening the sac, which was found to contain a small knuckle of intestine in the middle of omentum; the omentum was tied and removed. Constant sickness continued after the operation until the bowels were relieved on the sixth day, when the patient gradually recovered.

## REPORTS OF SOCIETIES.

### CLINICAL SOCIETY OF LONDON.

FRIDAY, APRIL 5TH.

C. J. B. WILLIAMS, M.D., F.R.S., Vice-President, in the Chair.

MR. HOLTHOUSE related a case of Inguino-crural Rupture, a name which he proposed to apply to that variety of inguinal hernia in which the protrusion, after emerging from the external abdominal ring, turned outwards into the groin instead of descending into the scrotum, thus resembling in form and position a femoral hernia. Mr. Holthouse believed it to be nearly always a congenital affection, and associated in the male with an imperfect descent of the testis and an undeveloped scrotum on the side of the protrusion; whereas the determining cause in the female was an abnormal separation of the columns of the external ring. Mr. Holthouse had met with two such—one in the male, and the other in the female—details of the former of which he related to the Society. The tumour, which had become suddenly larger and painful under a violent muscular effort, disappeared within twenty-four hours, under the influence of rest, opium, and the application of ice to the tumour, leaving behind nothing, but the testis, which occupied a large adventitious pouch (the vaginal sac) between the skin and the aponeurosis of the external oblique muscle.—Mr. CROFT had operated on a similar case. He had cut down and reduced the hernia without opening the sac. The patient returned with the same form of hernia and he had opened the sac.—In reply to a question from the President as to the beneficial effects of chloroform in strangulated hernia, Mr. HOLTHOUSE remarked that every surgeon, he believed, had experienced the great value of this remedy in such cases. He considered general remedies, as chloroform and opium, better than local ones. He had found in his own practice that nineteen-twentieths of the cases of strangulated hernia returned by their own accord under the effects of opium. He hoped to see this mode of treatment more generally used than it was at present.

Dr. HUGHLINGS JACKSON described the case of a woman who had double Optic Neuritis, together with convulsions beginning in the little finger of the right hand, a variety due, he thought, to disease of convolutions in the region of the Sylvian artery. The hemiplegia, usually transitory, left by such seizures, was sometimes exactly like that consequent on plugging of that vessel. Epileptic hemiplegia depended, it was presumable, on the excessive discharge, which for a time destroyed the conducting power of the motor nerve-fibres to the muscles. In

three cases of the kind he had found disease in the vascular region mentioned. The double optic neuritis was, he thought, very strong, but not decisive, evidence of the existence of a gross lesion, but it furnished no evidence as to the particular nature of that lesion. It might be glioma, syphiloma, abscess, etc. It furnished no evidence as to the exact locality of the lesion. The association of the two things was, Dr. Hughlings Jackson believed, a good empirical evidence towards the diagnosis of syphilis. There was, however, in this case, a very clear history of a blow on the left side of the head, and this led to the inference of cerebral abscess. But the subsequent occurrence of numbness on the left side of the body, and afterwards the appearance of a node on the forehead, led to the conclusion that the disease was syphiloma of the brain. The fact that double optic neuritis might exist when the patient can read the smallest type, was strongly insisted on.—Mr. BRUDENELL CARTER confirmed the statement that patients with double optic neuritis were often able to read the smallest type. He had seen cases of cerebral tumour without optic neuritis, and *vice versa*, but the neuritis was no doubt in some cases the consequence of pressure on the circulation.—Dr. SILVER had, he thought, seen cases of double optic neuritis in valvular disease of the heart with pulsating jugulars.—In reply, Dr. H. JACKSON said that he had only wished to point out incidentally in his paper some of the empirical associations of those changes seen in the discs which are usually called optic neuritis. He did not think that, as yet, it could be shown that optic neuritis was associated with lesions in certain parts of the cerebrum rather than in others. The fact mentioned by Mr. Carter that tumour of the brain sometimes did, and sometimes did not, produce optic neuritis, he considered very significant. Dr. Hughlings Jackson's speculation was that optic neuritis results by changes spreading by arteries and their vasomotor nerves. The occurrence of optic neuritis in the cases mentioned by Dr. Silver was interesting, but he (Dr. Hughlings Jackson) had not yet seen it in association with valvular disease of the heart.

Mr. BARWELL read a case of Local Paralysis successfully treated by Hypodermic Injections of Strychnia. The patient, a tailor, aged 58, had lost the use of the extensors and supinators of the right forearm fifteen weeks before coming under Mr. Barwell's notice. The condition resembled painters' wristdrop; but there was no sign of lead-poisoning; the muscles were not appreciably shrivelled, nor did they respond to faradisation. On December 6, 1869, Mr. Barwell injected hypodermically 33 minims of a solution of strychnia, said to contain 1 grain in 50 minims—*i.e.*, 0.07 of a grain. On the 13th he injected 5 minims—*i.e.*, 0.1 of a grain. Each injection was followed by marked increase of power. An interval of seven days occurred, and during that time the patient remained in the same state as two days after the second injection. On the 30th, 6 minims—0.12 of a grain—were injected, and three days afterwards the patient had quite recovered.—An interesting discussion was maintained regarding the strength of the solution and the asserted unusual magnitude of the dose. Mr. BARWELL affirmed that the concentrated state of the solution was the condition which made the dose safe. It was pointed out, however, that the solution was not of the strength stated, as, from its mode of preparation, a proportion of the strychnia would be precipitated. The solution was accordingly referred to a committee consisting of Mr. Barwell, Dr. J. Burdon Sanderson, and Dr. John Harley.

### PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, APRIL 5TH, 1870.

RICHARD QUAIN, M.D., President, in the Chair.

A REPORT by Mr. DE MORGAN and Dr. PAYNE on Dr. MOXON'S case of Perforation of the Oesophagus was read. There was no appearance of inflammation, and they considered that the perforation had taken place immediately before death, or as a *post mortem* occurrence.

A report on Mr. CARR JACKSON'S case of Diseased Knee-joint was also handed in.

Mr. HOLMES exhibited a Tumour of the Upper Jaw of eleven weeks' growth removed from a patient aged 31. It filled the antrum and obstructed the nostril. He thought it a myxoma.—Referred to Committee.

Mr. HOLMES also brought forward a case of Diffuse Periostitis Tibiæ, the result of an injury, from a boy 8 years old. It persisted for a month, abscesses formed, and the patient died of pyæmia, permission to amputate the limb being refused. There was no affection of the medullary substance; indeed he believed that acute periosteal inflammation often proved fatal without this occurring.—Mr. CROFT referred to a case of Mr. Simon's which bore out this opinion.

Mr. CROFT exhibited for Mr. WAGSTAFFE a remarkable case of Epithelial Growth of forty years standing from the Leg of an old



woman 75 to 80 years of age. Its length when uncoiled would be about eighteen and three-quarter inches; its height, *in situ*, was three and eight-tenth inches. The growth was composed of epithelial scales and oily matter, the base being made up mostly of epithelial structure.—**Dr. WILTSHIRE** had seen a similar specimen half-an-inch long of a horny character. In the *Philosophical Transactions* mention is made of one specimen four inches in length in a child.

**Mr. CROFT** also showed for **Mr. WAGSTAFFE** a specimen of Complete Dislocation of the Spine taken from the body of a man who lived three and a half months after the accident. The first lumbar vertebra was dislocated forward into the second, and there was a star fracture of the second lumbar in which the articular margin of the disc was impacted. The third was also fractured. There was a large amount of callus thrown out.

**Dr. TUCKWELL** exhibited a specimen of Impacted Gall-Stone in the Hepatic Duct causing Empyema. There was an abscess in the right lobe containing six calculi and opening into the pleura. The case was that of a woman aged 60, who four days before death exhibited no signs of jaundice, which, however, at length rapidly developed itself, probably from the impaction becoming complete.

**Dr. TUCKWELL** also showed casts from the Bronchi of a boy who had suffered for six months from plastic bronchitis. In answer to **Mr. Squire**, he stated that there was no history of diphtheria.—**Mr. SQUIRE** had observed these casts in cases in which there was no history of bronchitis.

**Mr. SQUIRE** exhibited Fibrous Polypi of the Nares taken from a woman. They had their origin from some cotton-wool which she had used to arrest epistaxis about a month previously. The wool had become surrounded by fibrine.

**Dr. MORELL MACKENZIE** exhibited a large Sarcomatous Growth removed from the under surface of the Epiglottis, measuring one inch by three-quarters of an inch. The peculiarity of the case was that when the patient, aged 51, left London on November 6th, last year, for Cannes, there was no sign of any tumour. He returned January 8th, 1870, suffering from the growth. Tracheotomy had been performed as a preliminary step on Jan. 14th, and the growth removed by a guarded wire *débruteur* on March 6th. There was now no trace of disease in the epiglottis.—Referred to Committee.

**Dr. MORELL MACKENZIE** also showed a large Tumour removed from the posterior surface of the Cricoid Cartilage. The patient was a single lady, aged 37, who had noticed an impediment in deglutition for three years and a half. She was of a highly nervous temperament, and as the obstruction was by no means constant, it was thought to be a case of functional dysphagia. The laryngoscope, however, revealed a very large growth situated rather below the arytenoid cartilages, and covering the entire mouth of the oesophagus, except a small portion on the left side. The growth was successfully removed on March 27th. On the next day no trace of the tumour was to be seen. The mass removed was of a highly divided and lobulated appearance. It weighed seventy-five grains, and measured one and a half by three-quarters of an inch.—Referred to Committee.

**Mr. GOUVER** exhibited a specimen of Imperforate Anus. The rectum ended at the promontory of the sacrum. The vagina was expanded backwards, and filled up the cavity of the sacrum.

**Dr. BEIGEL** exhibited the Public Parts taken from the body of a member of the religious sect in Russia known under the name of the Skeptics. The penis, scrotum, and testicles are removed with one sweep. The specimen was the first which had been obtained in Russia, so successful had the sect been in preserving secrecy.—**Dr. Beigel** also exhibited some photographs of members of the sect showing the change in physiognomy following the removal of the genitals.—**Mr. HULKE** remarked that the same method is carried out in the Levant. Much difficulty was often felt there by the eunuchs in passing urine, and many carried a catheter.

**Mr. FAIRLIE CLARKE** brought forward two cases of Opacity of the Cornea caused on gradually without pain; in one the deposit appeared to be due to deposit of calcareous matter.

**Mr. WILLIAM ADAMS** exhibited several instructive specimens of United Tendons after operation for Talipes at different periods, taken from children who had died of scarlet fever in the Orthopedic Hospital.

**Mr. SYDNEY JONES** showed a specimen of Intestinal Stricture produced by old Fibrous Adhesions in the neighbourhood of the old calcareous mesenteric glands. The colon, from the same person, presented the appearances of spasmodic contraction.

**Mr. WILBERFORCE SMITH** exhibited a specimen of Cancer of Bone which had commenced in the ribs and had latterly affected the pelvis, sacrum, and hip-joint. After death, cancerous deposit was also found in the brain.

## MANCHESTER MEDICAL SOCIETY.

WEDNESDAY, FEBRUARY 2ND, 1870.

J. O. FLETCHER, M.D., President, in the Chair.

**MR. CULLINGWORTH**, for **Mr. WESTMORLAND**, read an account of the dissection of a case in which the entire Viscera and Vessels were Transposed from the normal to the opposite side of the body. The patient died of primary cancer of the lung.

**Dr. W. ROBERTS** showed a man suffering from Alopecia Universalis. The whole of his hair had not yet fallen, but all parts of the body were becoming affected; his head was nearly quite bald. The mode in which the process was accomplished on the head was somewhat peculiar: a patch became bald, then recovered itself, and again became bald; this was repeated several times, and at length the alopecia was permanent. **Dr. Roberts** also referred to the case of a gentleman who lost every hair on his body in the course of a few weeks.

The SECRETARY showed for **Dr. SIMPSON** a girl aged 10 with a peculiar Skin-Affection following very closely the course of the internal cutaneous nerves of the thigh. It had existed since early infancy, and consisted of lines of scars running in the direction mentioned: every now and then these became thickened and inflamed, or presented a herpetic appearance, which died away in the course of a few days. Lately, the treatment adopted had been the subcutaneous injection of morphia.

**Dr. PEATSON** exhibited the Brain of a man who had died a few hours after being seized with unconsciousness and general muscular twitching. The ventricles contained eight ounces of serum; and, extending from the one to the other, was a large, firm, whitish mass, which, when the specimen was recent, appeared to be a tumour embedded in the brain-substance. It was considered by the majority of the members to be a decolorised blood-clot. The previous history was not known.

**Dr. HADDON** read notes of a case of acute Muscular Atrophy. The patient was a stout young man, aged 21. He was in his usual good health on June 7th, and on that night went to a dancing party. Next morning, on coming down stairs, he felt a stiffness in his right thigh. In the course of a few days, the left became similarly affected; and, at the same time, he had a sharp cutting pain over the sacrum. On the 14th, he first felt pain in the arms and in the little and ring-fingers. For a day, these fingers were so rigid that he could not straighten them; the balls of the thumbs were atrophied, particularly the right, and the right deltoid muscle was soft and atrophied, while the left was similarly affected, though to a less extent. He could not raise his arms higher than to an angle of about forty-five degrees; he had a "prickling" feeling in the deltoid and biceps muscles of both sides; the muscles of the thighs, though stiff, did not appear altered to the touch. Galvanism was very indistinctly felt in the more atrophied muscles. By the ophthalmoscope, the right optic disk was seen to be redder and less easily distinguishable than the left, which appeared normal; his sight was good. The treatment consisted of a pill with a quarter of a grain of nitrate of silver thrice a day, and under this he recovered rapidly.

**Mr. FOX** read a paper containing the result of his experience in the use of Bromide of Potassium in various forms of Nervous Disorders. The patients were inmates of one of the Manchester workhouses. The largest class of cases in which he had administered the drug was ordinary chronic epilepsy. To each of these he gave half-drachm doses thrice a day, and the following is a brief summary of the results obtained.

**A. Females.** CASE I, aged 25; duration, 9 years. Treatment began in June; number of fits previously to this not noted; in July, 20; August, 17; September, 18; October, 24; November, 12; December, 9. CASE II, aged 12; duration, 4 years. Attended irregularly. Treatment began in July. In March, had 32 fits; in August, 7; October, 29; November, 4; December, none. CASE III, aged 14; duration, 9 months. Before 4; treatment, monthly average of fits, 4.3; after, 19.3. CASE IV, aged 28; duration, 11 years. Before treatment, monthly average, 21.3; after, 24.2. This patient used to be subject to epileptic mania, but since beginning the bromide, she has had no attack of this. CASE V, aged 17; duration, from infancy. Treatment began in August. In September, 63 fits; October, 48; November, 29; December, 30. **B. Males.** All under observation since January 1869. Treatment began in September; dose as above. CASE I, aged 37. Before commencement of treatment, monthly average, 12; after, 2.3. CASE II, aged 17; duration, since infancy. Before treatment, 7.7; after, 2.2. CASE III, aged 13; duration, 4 years. Before treatment, 4.3; after, 2.6. CASE IV, aged 19; duration, 12 years. Before treatment, 10.3; after, 3.7. CASE V, aged 28; duration, since infancy. Before treatment, 50.2; after, 7.7. CASE VI, aged 25. Before treatment, 7; after, 2.3. CASE VII, aged 38; duration, 7 years. Before treatment, 4.2; after, 1.3. CASE VIII, aged 27; duration, 9 years. Before treatment, 4.8; after, 1.2. CASE IX, aged 21; duration, 13 years. Before treatment, 6.5;



after, 4. Mr. Fox remarked that he had found this remedy more useful in cases of rapid succession of fits, which state often continued for many hours. He gave notes of ten cases of this character, to which he gave it in half-drachm doses every hour. In all, the fits stopped before the fourth hour; in the majority, two doses were sufficient. He had likewise used it in the same manner in epileptic mania; and noted three cases, all of which became quiet and sleepy before the fourth dose. Mr. Fox then narrated his experience of the Bromide in Pertussis, Delirium Tremens, Headache, and Dysmenorrhoea; and concluded by directing attention to the appearance of an eruption of acne which nearly always accompanies its prolonged use, especially in males.

Dr. FINLAYSON read a paper on some cases of Hemiplegia in Children. The following notes indicated the sequence of the symptoms. CASE I. Girl, aged 2. General convulsions were followed by convulsions of the left side, lasting five hours; very complete paralysis of the left limbs and of the left cheek; speech was a little impaired; aspect pallid; treatment by tonics and Faradisation was followed by almost complete recovery in about three months. CASE II. Boy, aged 8. There were coldness and loss of power in the right limbs, with some rigidity of the flexors of the arm; slight paralysis of the right side of the face; the head was slightly bent to the right; slow pulse, but no other cerebral symptoms. He was subsequently reported to have died suddenly from convulsions. CASE III. Girl, aged 7. There was a droop of the left eyelid, followed by choreic tremors, chiefly of the right limbs, and by considerable loss of power on the right side. She had vomiting, diarrhoea (followed afterwards by constipation), headache, and great fretfulness. Subsequently the tongue became protruded to the right, and still later there were inequality of the pupils and left external strabismus. Death occurred apparently from arrest of the respiration.

*Autopsy:* A large tumour was found above, slightly in front of the left half of the pons Varolii, with surrounding softening; no tubercles. CASE IV. A girl, aged 23, had a sudden fall (apparently from a fright); no loss of consciousness; very complete paralysis of the right limbs and right side of the face; speech was lost; intelligence was apparently fair. Her face was flushed, and there was general fever; the paralysed limbs were warmer than the others. *Pulmonary* congestion occurred; death in four weeks. *Autopsy:* There was capillary hemorrhage on the brain (with adjacent softening), above and to the left of the left crus of the cerebri, and lobular pneumonia. CASE V. A boy, aged 4, had languor and feebleness, with slight fibrilla, for six weeks, followed by loss of power in the right limbs, varying in intensity from time to time; some paralysis of the right side of the face, and protrusion of the tongue to the right. General tuberculosis set in, and death occurred from tubercular meningitis. *Autopsy:* Numerous tubercular granulations (apparently of some standing) were found matted together in the membranes of the brain, chiefly along the margin of the fissure and dipping down into the sulci, and so impinging on the brain-substance; one or two specks of yellow tubercle, however, were found imbedded in the brain-substance, and quite isolated from the membranes. There was a general deposit of recent tubercular granulations in nearly all the organs. CASE VI. Girl, aged 24. This case was given for the sake of comparison, although not one of hemiplegia; paralytic symptoms were only noted on the third nerve. The child was first affected with symptoms of atrophy, bronchitis, and diarrhoea, then with discharge of blood and pus from the ear; spots of purpura were next seen, and noma and jaundice appeared before death. Immediately before noma set in (ten days before death), drooping of the left eyelid and dilatation of the left pupil were noted. The pupils became equal, but the droop of the left eyelid, although lessened, persisted till death. *Autopsy:* The left corpus striatum was found much softened; there were tubercular granulations in the lungs; no affection of the petrous bone. Dr. Finlayson remarked on the rarity of true hemiplegia in children, although facial paralysis and common infantile paralysis were, of course, often enough limited to one side. He called attention to a few of the points as worthy of special notice: the choreic symptoms from cerebral tumour; the absence of any loss of consciousness in the case of cerebral softening and capillary hemorrhage; and the protracted course of the case of meningeal tubercle and its giving rise to the unusual symptom of hemiplegia. The softening of the corpus striatum in the last case appeared in the midst of evidences of profound alteration in the nutrition. He regretted that ophthalmoscopic examinations had been neglected.

WEDNESDAY, MARCH 2ND, 1870.

J. O. FLETCHER, M.D., President, in the Chair.

DR. LLOYD ROBERTS exhibited a case of instruments for Operations on the Uterus. He also showed a specimen of Cancer of the Body of the Uterus, the cervix being unaffected. The tumour was of the size of an ostrich's egg, and during life was considered to be fibroid.

THE SECRETARY, for DR. SAMELSON, brought forward a man with a singular Malformation of both Forearms and Hands. The radius appeared quite absent, and the ulna was represented by a thick truncated bone, six inches long, concave towards the radial side. On the right hand, the thumb was absent, and on the left it was rudimentary.

Mr. LUND exhibited a cheap and portable Apparatus for Faradisation, made by M. Gaiffe of Paris. It is so small that it may readily be carried about in the pocket, while it may be kept working for twenty hours without requiring charging.

Dr. LEECH showed a specimen of Fungus of the Bladder. The patient had had no symptoms, but had enjoyed most excellent health till about eight months before death, when he began to have occasional attacks of hæmaturia. At these times he suffered severe pain from the accumulation of blood in the bladder, and had to be relieved with the catheter. At other times he was quite well. He died, at length, from multiple abscesses of the kidney, brought on by his once retaining the blood too long in the bladder. The morbid growth was of the size of a florin. During life, cancer-cells had been found in the urine. It was remarked, also, that the patient had a warty growth on the cheek, which returned twice after removal.

Mr. LUND read a paper on the Effects of the Secretion of Tears on the Circulation in the Brain. He related the case of a lady who, about ten years since, after hearing suddenly of the death of a son, was seized with a violent paroxysm of grief, shed tears profusely, suffered for some days from frontal headache, and great cerebral excitement, and then recovered. Later, this same patient received news, by letter, of the supposed death of another son abroad. The circumstances were peculiar, and, when the letter was read, while all the family around were greatly affected, it was noticed that, contrary to her usual habit when much moved, she did not shed a tear. In about two hours afterwards, while sitting at dinner, she suddenly exclaimed, "Oh! my son, I shall never see him again!" and immediately she was seized with right hemiplegia. There was no other form of paralysis, and no aphasia. The total loss of power, with partial loss of sensation, in the right arm and leg remained for nearly five days, after which the paralysis gradually ceased, and, at the end of three weeks, all traces of it were lost. During this time, it was declared by her friends that she was never seen to shed tears. The inference drawn from these facts and from other singular cases referred to was that, on both occasions, under the excitement of intense grief, certain parts of the brain, most probably the thalami and striate bodies, which have been called the *emotional ganglia*, were the seat of vascular congestion; that, on the first occasion, this vascularity was in some way relieved by the secretion of tears, but, on the second attack, the secretion of tears not occurring, the congestion of the ganglia persisted for a certain time, and this state and the paralysis were associated together as cause and effect. It was assumed that one use of intense lachrymation, as an emotional secretion, was to relieve the excessive *intracerebral vascular congestion* of certain parts, which, if allowed to go too far or to be too long sustained, would damage the structures and cause suspension of their functions. The whole subject was illustrated in many ways, and the paper, which was very interesting, caused considerable discussion.

## OBITUARY.

JOHN BADLEY, F.R.C.S., DUDLEY.

THIS old and esteemed member of the medical profession and the Association died on April 16th, at the ripe age of 87. Mr. Badley was a pupil of John Abernethy, and, in his student days, an intimate friend of William Lawrence. He became a member of the College of Surgeons in 1803; and was persuaded by Mr. Abernethy to settle in London. He, however, preferred the life of a country surgeon, and settled in practice in Dudley, where his father before him had been a highly respected practitioner. The *Dudley Guardian* says of him:—

"Mr. Badley was the best type of the surgeons of the past. He remained steadfast to the traditions of his best days. He was never known, we believe, to drive to see a patient, and never but once took a holiday, and that was to recruit his health which was shattered by over-work. He always walked to see his town patients, and rode on horseback his long and dreary rounds, in weather fair or foul. After his prolonged physical exertions, his mind was equal to the pursuit of scientific and literary subjects, to which his whole life was devoted. He was a man of the most abstemious habits; and we have heard that for fifty years he has never tasted stimulants. Mr. Badley was a man of the highest and most unsullied professional honour. He strictly adhered in his intercourse with his professional brethren to the one great maxim, 'Do unto others as you would they should do unto you.'"

Mr. Badley was one of those—of whom very few are now left—who joined with Sir Charles Hastings in founding the Provincial (now British) Medical Association; and he continued a member up to the time of his death.

## MEDICAL NEWS.

**ROYAL COLLEGE OF PHYSICIANS OF LONDON.**—At an extraordinary meeting of the College, on April 21st, the following gentlemen, having conformed to the bye-laws and regulations, and passed the required examinations, were granted Licences to practise physic, including therein the practice of medicine, surgery, and midwifery.

Cox, William Ashley, 24, New King Street, Bath.  
Derry, Bartholomew Gidley, 35, St. James's Square, Notting Hill, W.  
Lowe, Walter George, Burton-on-Trent.  
Male, Henry Davis, St. Thomas's Hospital, S.E.  
Oldham, Charles James, Guy's Hospital, S.E.  
Powell, Josiah Taylor, M.D. St. And., 24, City Road, E.C.  
Ring, Edmund Cuthbert, 8, Foxley Road, Kensington, W.  
Simon, Maximilian Frank, Blackheath, S.E.  
Thomas, Andrew Appleby, Jamaica.  
Tindall, Wentworth Raynes, M.B. and M.C. Aberdeen, Hampton, Middlesex.  
Waddy, Henry Edward, Guy's Hospital, S.E.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—The following gentlemen passed their primary examinations in anatomy and physiology, at a meeting of the Court of Examiners, on April 26th; and, when eligible, will be admitted to the pass examination:—

Messrs. William Thompson, William Livesey, Joseph John Brown, Robinson James Hutchinson, Alexander Hodgkinson, John Storrs Brookfield, and Henry Alvin Perkins (Students of Edinburgh); William Wood Dickinson and Charles Jackson (Guy's); Edward Murray and Charles Burnett Fothergill (Newcastle); Charles Thomas Griffin and William Thompson (University College); Richard Whitelam and Richard Laycock Routh (Charing Cross); Moses Blok (Amsterdam and Charing Cross); Andrew Duncan (King's College); Henry Wisken (Manchester); William Ritchie (Belfast); and William Appleton Meredith (University College and Edinburgh).

The following gentlemen passed on April 27th:—  
Messrs. Rickman John Godlee, George Harry Barfoot, Owen Ellis Roberts, Walter Outley, Charles Atkinson Nankivell, and Thomas William Nurbury (Students of University College); John Clelland Clarke, George John Malcolm Smith, Thomas William Parry, Thomas Wilkinson Blackshaw, George Gordon Macpherson, and William Brown (Edinburgh); Frank Reid, Nathaniel Goodchild, and Charles Wilks (St. Bartholomew's); Robert Pitman, Joseph Belcher Cook, and William Edward Hodson (Charing Cross); Edward Arthur Burgess and Maurice Smelt Duke (Guy's); William James Cole (St. Mary's); William Venables Williams (Dublin School); and John Garrett (London).

The following gentlemen passed on April 28th:—  
Messrs. William Arthur Stradling and William Harry Cole (Students of St. George's); James Robinson and Edward Morton Garstang (Manchester School); William Lane Marley and Beaumont Rawley Conolly (Middlesex); Neville Holland and William Thomas Dinnen (St. Bartholomew's); Charles Russell Watson (University College); James Coles Parker (Charing Cross); George Bowman (Edinburgh); William Allen Sturge (Bristol); William But Reckitt (Birmingham); John Walter Scott (Guy's); Thomas Murray Howe (Newcastle School); Thomas Britten Armstrong (Leeds School); George Tindall Widias (London); and Horace Bryan Donkin, B.A. Oxon (St. Thomas).

It is stated that forty-two candidates out of the one hundred and three examined failed to acquit themselves to the satisfaction of the Court of Examiners, and were consequently referred to their anatomical and physiological studies for three months.

**APOTHECARIES' HALL.**—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, April 21st, 1870.

Fitzgerald, Conrad, Bristol Infirmary.  
Galpin, Richard, Dorchester, Dorset.  
Oldham, Charles James, Norfolk Square, Brighton.

In the pass-list of the 14th instant, the address of Mr. H. H. D. Lewes should have been Drummond Street, Euston Square, and not Somerset Street.

## MEDICAL VACANCIES.

THE FOLLOWING VACANCIES ARE DECLARED:—  
**BALLINASLOE UNION**, co. Galway.—Medical Officer for the Killane Dispensary District: May 1st.  
**BANDRUM UNION**, co. Cork.—Medical Officer for the Inishamena Dispensary District: May 9th.  
**BREKIN FORD UNION**, Middlesex.—Medical Officer for District No. 8: applications, May 9th.  
**CITY OF LONDON LIVING INFIRMARY**, City Road.—Surgeon: applications, May 17th.  
**CORK SOUTH CHARITABLE INFIRMARY** and **COUNTY HOSPITAL**.—Medical Officer for the Infirmary Department; Surgeon for the Extra Department: applications, May 1st; election, 14th.  
**GLENELG and KNOYDARE**, Dundee.—in the Parish of Glenelg, Invernesshire.—Medical Officer: applications, May 14th.

**GLOUCESTERSHIRE LUNATIC ASYLUM**, near Gloucester.—Junior Medical Assistant.  
**GREENOCK INFIRMARY**—House-Surgeon: applications, May 3rd.  
**HOSPITAL FOR THE RECEPTION AND DISCHARGE OF THE CHEST**, Brompton.—Resident Clinical Assistant: applications, April 30th; Medical Committee, May 2nd.  
**KELLS UNION**, co. Meath.—Medical Officer for the Kells Dispensary District: May 14th.  
**KING'S COLLEGE**.—Assistant-Surgeon.  
**LEAMINGTON and SOUTH WARWICKSHIRE HOSPITAL**—Physician: applications, May 13th.  
**LIVERPOOL ROYAL INFIRMARY**—Junior House-Surgeon: applications, May 28th.  
**LIVERPOOL ROYAL INFIRMARY SCHOOL OF MEDICINE**—Lecturer on Surgery.  
**LONDON RIVER HOSPITAL**—Assistant Physician: applications, May 9th; election, 14th.  
**LONMAY**, Aberdeenshire.—Parochial Medical Officer.  
**MIDDLEBIE**, Dumfriesshire.—Medical Officer: applications, May 1st.  
**NEWCASTLE-UPON-TYNE**—Medical Officer and Public Vaccinator for the Whitmore District: applications, April 30th; election, May 2nd.  
**NORTHERN INFIRMARY**, Inverness.—House-Surgeon and Apothecary: applications, May 20th.  
**NORTH RIDING OF YORKSHIRE INFIRMARY**, Middlesbrough-on-Tees.—Two Honorary Surgeons: applications, May 13th.  
**RET FORD** (Nottinghamshire) **GENERAL DISPENSARY**—House-Surgeon and Apothecary: applications, May 1st; election, early in May; duties, end of June.  
**ST. PANCRAS and NORTHERN DISPENSARY**, Euston Road.—Physician: applications, 30th.  
**SALFORD UNION**—Assistant Medical Officer at the Workhouse: applications, May 2nd; election, 4th.  
**SEAMEN'S HOSPITAL** *late Dreadnought*, Greenwich.—Visiting Physician.  
**SUNDERLAND GENERAL INFIRMARY**—Two House-Surgeons: applications, June 17th.  
**WARNEFORD, LEAMINGTON, and SOUTH WARWICKSHIRE HOSPITAL**, Leamington.—Physician: applications, May 3rd; election, 13th.  
**WESTPORT UNION**, co. Mayo.—Medical Officer for the Louisburgh Dispensary District: May 7th.  
**WEST RIDING OF YORKSHIRE LUNATIC ASYLUM**, Wakefield.—Clinical Clerk: applications, 30th.

## BIRTHS.

**CARTER**.—On April 21st, at Richmond, Yorkshire, the wife of Thomas Carter, L.R.C.P. Lond., of twins—a boy and girl.  
**GOURLEY**.—On April 20th, at West Hartlepool, the wife of S. Gourley, M.D., of a daughter.  
**MACHIN**.—On April 22nd, the wife of E. S. Machin, Esq., Surgeon, of Erdington, near Birmingham, of a daughter.  
**ROBINSON**.—On April 12th, at Manchester, the wife of R. H. Robinson, Esq., Surgeon, of a son.

## MARRIAGES.

\***CARDNER**, William Tennant, M.D., Professor of Medicine in Glasgow University, to Helen Bridget, eldest daughter of Robert John Wright, Esq., of Norwich, at Norwich Cathedral, on April 26th.  
\***CLARKE**, William Fairlie, of Curzon Street, May Fair, to Caroline Selina, daughter of John Walker, Esq., of Crawfordton, N.B., at Walcot Church, Bath, on April 2nd.  
**JAY**, Henry, Esq., of Chippenham, to Katharine, daughter of the late Charles Butler, Esq., Surgeon, of Sutton Benger, Wiltshire, on April 19th.

## DEATHS.

**GREENHOW**.—On April 19th, at Hamshaugh House, Hexham, aged 76, Jane Frances, widow of Edward Greenhow, M.D., F.R.C.P. Ed.  
**HOWITT**.—At Preston, on April 21st, aged 88, Elizabeth, wife of William Howitt, Esq., Surgeon, J.P. for the county of Lancaster.

**VICTORIA PARK HOSPITAL**.—Her Majesty the Queen has contributed £50 towards the erection of the new wing.

## BOOKS, ETC., RECEIVED.

Report of the Norfolk and Norwich Hospital for the year ending Dec. 31st, 1869. Richmond Hospital Records. By William Stokes. Dublin: 1870.  
The Journal of the Quarterly Microscopical Club, April 1870.  
The Annual Report of the Cumberland and Westmorland Lunatic Asylum for the year 1869.  
The First Annual Report of the Leamington Provident Dispensary, 1870.  
British Policy in India, with special reference to the Nawab Naimin of Bengal. By An Englishman. London: 1870.  
A Practical Treatise on the Diseases of Infancy and Childhood. By Thomas Hawkes Tanner, M.D., F.R.S., &c. Second Edition, revised and enlarged, by Alfred Meadows, M.D. Lond. London: 1870.  
Biology versus Theology. By Julian. Lewes: 1870.  
The Third Annual Report of the Committee of Visitors of the Surrey County Asylum.  
The Diagnosis of Indian Fever. By W. J. Moore, Surgeon.  
A Manual of Zoology for the Use of Students. By H. A. Nicholson. Vol. 1: Invertebrate Animals. London: 1870.  
Protoplasma, Fibrils, and other Diseases of the Rectum: their Pathology and Treatment. By T. J. Ashton. Third Edition. London: 1870.  
Review of the Progress of Sanitation in India. By Dr. W. J. Moore, Surgeon Rajpootana Political Agency.  
Remarks on Pelvic Peritonitis and Pelvic Cellulitis: with Illustrative Cases. By L. Aitken, M.D. Edinburgh: 1870.  
The Eleventh Annual Report of the Sussex County Lunatic Asylum.

## OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.  
 TUESDAY.....Guy's, 1.30 P.M.—Westminster, 2 P.M.—National Ophthalmic, 11 A.M.—Royal Free, 2 P.M.  
 WEDNESDAY.....St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.15 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—St. Thomas's, 1.30 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Cancer Hospital, Brompton, 3 P.M.  
 THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Ophthalmic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.  
 FRIDAY.....St. Ewald's, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.  
 SATURDAY.....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.—East London Hospital for Children, 2 P.M.—Hospital for Women, 9.30 A.M.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8 P.M. Annual Oration, by Mr. Francis Mason; after which, a conversation will be held.—Odontological Society, 8 P.M. Mr. Bridgman (Norwich), "The Electric Chemical Action of Amalgam Stopping in the Root."—Epidemiological Society.—Entomological Society.  
 TUESDAY.—Pathological Society of London, 8 P.M. The following specimens will be exhibited:—Mr. Maunder, "Larynx after Croup"; Dr. Crisp, "Calculus from Cloaca of Pelican—Fatty Degeneration in the Lower Animals"; Dr. Whipple, "Syphilitic Affections of the Heart—Tumour in Liver of a Turkey"; Dr. C. T. Williams, "Cancer of Lung"; Mr. Bellamy, "Tumour removed from Tendon of Transversalis Abdominis"; Sir H. Thompson, "Cystic Oxide and Phosphoric Calculus removed by Lithotomy"; Dr. Dickinson, "Lymphoid Growth in Spleen—Glandular Tumour in a Child"; Mr. H. Arnott, "Cancer after Rupture of Uterus"; Dr. Wiltshire, "Rupture of Heart"; Dr. L. Down, "Pseudo-hypertrophic Paralysis"; etc.—Anthropological Society.  
 WEDNESDAY.—Obstetrical Society of London, 7 P.M., Special Council Meeting, 8 P.M., Dr. William Squire, "On some Temperature Variations in Diseases of Children"; and other papers by Dr. Hamilton and Dr. Wynn Williams.  
 THURSDAY.—Harveian Society of London, 8 P.M.—Chemical Society.—Royal Society.—Luncheon Society.  
 FRIDAY.—Western Medical and Surgical Society of London, 8 P.M. Nomination of Officers for the ensuing Session. Practical Evening for the Narration of Cases and Exhibition of Specimens.

## NOTICES TO CORRESPONDENTS.

ALL Letters and Communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen Street, Lincoln's Inn.  
 CORRESPONDENTS not answered, are requested to look to the Notices to Correspondents of the following week.  
 TO PURCHASERS.—To insure attention, it is requested that all orders sent to the Office for extra copies of the JOURNAL, be accompanied with stamps for the amount.  
 WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.  
 CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

MR. VINCENT JACKSON (Wolverhampton).—We shall be happy to receive your communication.

THE PRESIDENT CONSTABLE AT THE COLLEGE OF SURGEONS.  
 SIR.—As the President of the College of Surgeons did not hesitate to deny publicly the accuracy of my statement that one of the posters of the College, had been sworn in as a special constable prior to the meeting of the Fellows and Members on the 24th March, I took the trouble to call in Bow Street on Monday last, and ascertained from Mr. Burnaby, the chief clerk, that Mr. Stone came to him three days before the meeting, and told him of his wish of the College authorities that a constable should be sworn in, as a disturbance was anticipated. Mr. Burnaby referred the College to Scotland Yard; and I have to-day, in answer to an inquiry addressed to the Chief Commissioner, received an official letter, signed by Colonel Henderson, of which the following is a copy.

"Sir,—I have to acknowledge the receipt of your letter of the 26th instant, and to acquaint you in reply, that, at the request of the President of the Royal College of Surgeons, the resident watchman was sworn in as a special constable on the 22nd March last, to prevent felonies and disorder."  
 Comment upon the above is unnecessary. I merely request that you will enable the members of the profession to appreciate the facts of the case.

I am, etc.  
 Cavendish Place, 27th April, 1876. CHRISTOPHER HEATH, F.R.C.S.

It will be seen, from the report of the proceedings of the meeting at page 448, that the President of the College did not deny that a servant of the College had been sworn in as a constable; but that he said that the appointment of a constable had nothing whatever to do with the meeting. We are informed by an authority on which there is apparently good reason to rely, that the idea of appointing one of the College servants as a constable occurred to the President several months ago; that orders to that effect were given; but that, owing to accidental circumstances, the enrolment of the man as a constable did not take place until the day before the meeting.

NOTICE TO ADVERTISERS.—Advertisements should be forwarded direct to the Printing-Office, 37, Great Queen Street, W.C., addressed to Mr. RICHARDS, not later than *Thursday*, twelve o'clock.

JUSTICE writes to urge the importance of a common title for all medical men, and suggests the not very appropriate one of *Doctor of Science*, or, as an alternative, *Doctor of Medicine and Surgery*. The latter would be the title conferred under the new examining boards should the Government Bill become law; it is clearly, however, too long for popular use, nor will it, indeed, be possible to induce the public to adopt any new one. Our only choice lies between the titles *surgeon* and *doctor*. A large section of the English profession engaged in general practice, have of late years taken to themselves that of *doctor*. We do not believe that any regulations whatever, if such should be attempted, will in the future prevent those possessing the minimum qualification from using this style; nor do we think it advisable, that they should; it is on the whole the title for common use, and its general employment will not interfere with the privileges of consultants. Among the public, especially in the country, "doctor" is the title ordinarily given to the general practitioner.

## SUBCUTANEOUS INJECTION OF HYDRATE OF CHLORAL.

SIR.—In the report of the meeting of the Obstetrical Society of London, in your JOURNAL of March 13th, 1876, mention is made of the hypericic injection of the hydrate of chloral. I should be much obliged if you can inform me of the best form of solution, its strength, and the amount required to be injected. I may state that, in some cases of sleeplessness, occurring both in acute and chronic cases of mania, the hydrate of chloral, given in doses of one or two scruples, has not only ever failed to produce some hours' sleep, but sometimes causes vomiting, more especially after the first dose.

I am, etc. BYWATER WARD, M.B., Assistant Medical Officer. Warwick County Lunatic Asylum, Hatton, April 13th, 1876.

"We believe that the subcutaneous injection of hydrate of chloral is attended by considerable inconvenience; it is liable to cause irritation, partly from its intrinsic qualities, and partly on account of its bulk. If used hypodermically, the dose should be injected at several different places.

ANXIOUS.—We find the following institutions for deaf and dumb persons in the *London Directory* for 1866; they are all of which we have any knowledge. We know of no medical practitioner in London who is a special authority on deaf-mutes.—British Asylum for Deaf and Dumb Females (Edward Gibson, Secretary), 27, Red Lion Square, W.C., and Lower Clapton, N.E. "Deaf and Dumb Asylum (Rev. James Harrison Watson, Principal; Charles Nottidge, Secretary), Old Kent Road, S.E." "Jews' Deaf and Dumb Home (Mrs. Dinah David, Matron), 44, Burton Crescent, W.C." "Association in Aid of the Deaf and Dumb (Rev. Samuel Smith, Clerical Secretary), 309, Regent Street, W."

## FRACTURES IN THE INSANE.

SIR.—So many cases of fracture occurring in persons of unsound mind cannot but make some of us think that there must be other causes besides the wilful neglect or cold brutality of keepers. May there not be a tendency to, or an actual state of, brittleness or weakness of the bone, or of the soft parts, which I have lately been attending an idiot boy, aged 16, whose humerus was fractured by "muscular contraction" during a violent epileptic fit. The bone has united again well, considering the number of fits per day, sometimes amounting to fifteen or sixteen. About a year before there was rupture of some of the soft tissues of the opposite arm.

I am, etc. CHARLES ORTON.  
 Nelson Place, Newcastle, Staffordshire, 13th April, 1876.  
 "Our correspondent will observe that the subject was brought before the Pathological Society at a recent meeting, and that the affirmation was asserted by Dr. Dickson of St. Luke's."

We are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Indian Medical Gazette, March gh; The New York Medical Gazette, April gh; The Parochial Clerk, April 27th; The New York Medical Record, April 14th; The Boston Medical and Surgical Journal, April gh; The Madras Mail, Feb. 15th; The Gardener's Chronicle, April 23rd; The Scotsman, April 23rd; The Nottingham Guardian, April 8th; The York Herald, April 23rd; The Western Morning News, April 25th; The Dudley Guardian, April 23rd; The Liverpool Daily Courier, April 26th; The Shield, April 25th; etc.

## COMMUNICATIONS, LETTERS, ETC., have been received from:—

Mr. A. Andrews, Farnham; An Associate; Dr. Inglis, London; Mr. G. P. Bacon, Lewes; Mr. T. Wynter, London; Dr. Gervin, London; Mr. G. Gregson, London; The Secretary of the Royal College of Physicians; Mr. F. C. Mudd, Uckfield; The Secretary of the Royal Medical and Chirurgical Society; Dr. Wiltshire, London; Mr. C. Heath, London; Dr. G. Hardie, Harpurhey, Manchester; Dr. E. Jones, Ross; Mr. T. Carter, Richmond, Yorkshire; Mr. J. Gaider, London; Mr. W. F. Clarke, London; etc.

## LETTERS, ETC. (with enclosures) from:—

Mr. W. S. Savory, London; Dr. Broadbent, London; Dr. H. Barnes, Carlisle; Dr. Heaton, Leeds; Mr. T. Symson, Lincoln; Dr. Mapother, Dublin; Mr. T. Watkin Williams, Birmingham; Dr. George Johnson, London; Dr. J. W. Moore, Dublin; The Secretary of the Pathological Society; The Secretary of the Harveian Society; Dr. H. Barker, Ulverstone; Dr. H. S. Swete, Weston-super-Mare; Mr. E. H. Robinson, Manchester; Mr. W. Howitt, Farnham; Mr. Vincent Jackson, Wolverhampton; Mr. J. R. Hutchinson, London; Dr. T. Littleton, Plymouth; Dr. Whitmore, London; Dr. Clouston, Carlisle; The Secretary of the Western Medical and Surgical Society; Dr. T. Clifford Allbutt, Leeds; F.R.C.S. Eng.; The Registrar-General of England; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; Mr. T. M. Stone, London; The Registrar of the Medical Society of London; The Secretary of St. Mark's Hospital for Fistula, etc.; Dr. E. Ballard, London; Dr. E. Crisp, London; Dr. S. Gourley, West Hartlepool; Mr. A. Fleischmann, Cheltenham; Dr. Joseph Rogers, London; Dr. Finlayson, Manchester; etc.



## REMARKS

ON

## THE USE OF HYDRATE OF CHLORAL IN AFFECTIONS OF THE NERVOUS SYSTEM.

By T. S. CLOUSTON, M.D.,

Medical Superintendent of the Cumberland and Westmorland Asylum.

I HAVE used chloral extensively during the past three months. All the patients to whom I gave it suffered from affections of the nervous system, complicated with mental symptoms. The latter peculiarity causes my experience to be a special and limited one; but, as we all have certain cases to treat in common, and as that class of the neuroses in which my experience has lain seems to be that in which the beneficial effects of chloral are most apparent, I shall endeavour to give a succinct account of my results.

I have given it in forty cases altogether in doses varying from ten grains up to eighty grains for the purposes, in different cases, of procuring sleep, of calming nervous irritability and restlessness, of subduing maniacal fury, of allaying extreme depression of mind, of stopping the coming on of an attack of mania, for neuralgia, and for chorea. To some patients I gave it in single doses, to others every night, and to others at regular periods during the day, according to the effect I hoped to produce. The effects of the medicine under all these circumstances cannot of course be stated categorically, so I must systematise them somewhat.

*Affections for which given.*—I gave chloral in seven recent cases of acute mania; in thirteen cases of chronic mania with persistent excitement; in three cases of melancholia; in three cases of great excitement from epilepsy; in four cases of general paralysis; in eight cases of mere sleeplessness; in one of neuralgia; and in one of chorea. Of the seven cases of acute mania uncomplicated with any apparent organic affection of the brain, my object, in three of them, was to procure sleep; and, by means of forty-grain doses, I did so in every case. Every dose did not take effect; a patient sometimes not sleeping at all one night after getting the medicine, who had slept quite well for many successive nights previously with it. This was decidedly more exceptional, however, than the same phenomenon with the other drugs which I had been in the habit of using. In four of the cases, I gave thirty-grain doses three times a day to abate excitement, violence, and noise; the result was much less uniform than the procuring of sleep. If the patient seemed to resist the sedative influence of the drug, it often had but little effect; sometimes, on the other hand, they would sleep quietly for an hour or two after getting the medicine. Sometimes the effect was precisely similar to that of whiskey. All the ordinary signs of drunkenness were present. I sometimes increased the dose to forty grains, and this had a decidedly greater effect and a more lasting one; and the shortness of time during which chloral caused any effect on those cases is a distinct peculiarity of this substance. The drowsiness or the sedative effects during the day seldom lasted much more than three hours; after that time, the patients usually became as they were before. This was not invariable, as in two of them I certainly thought that a more permanent good effect was produced; and, during the time the patients were under its influence, there was never any distinct tendency to make them more sane in mind, if I may so speak. That is, the incoherence of speech, inability to answer questions, or want of memory, if present, did not disappear, even though the patients might be sitting quietly and apparently looking more rational. When it was given at night, the patients often slept ten or twelve hours with same dose which only produced effects for three hours during the day. One of the patients was a puerperal case, and all the good effects of the drug were rather more marked in this than in any of the others. In not one of those patients—and this is a most important point—did I notice the slightest tendency to refusal of food, dryness of mouth or tongue, or constipation, that I could attribute to the chloral; and the pulse was strengthened in two-thirds of them. In all such cases, the taking of abundance of food is the first and great thing to be attended to for ultimate recovery. The number of pounds of flesh an acutely maniacal patient will lose in a week is quite incredible to those who have not paid much attention to the subject. Such a patient is like a steam-engine going at ten times the speed at which it was constructed to run. It breaks down, or irretrievably ruins itself in a very short space of time. In some critical

cases, we used to be in terror of disturbance of the digestive system if we gave opium or almost any other sedative. This fear we need not have in the slightest degree with chloral. I have now a patient with acute mania who has had thirty grains of chloral three times a day for more than a week, and she takes her food admirably—in fact, she never took it well till she got the chloral; and during one day I stopped it, just to see how she was without it, and she did not take her food nearly so well. I have been thus circumstantial in relating what chloral did, and what it did not, in those recent cases of acute excitement, because such patients are the most curable of all if properly treated, and because those are the cases which either you or I have to treat. I think you will see how important it is to have an agent by means of which the sleeplessness which often causes, generally accompanies, and always aggravates the first coming on of insanity, can be met and overcome with certainty and without risk; and it seems clear that, by means of its sedative effects, given repeatedly and judiciously during the day, short attacks of maniacal excitement may be tided over at home, and some patients kept out of lunatic asylums altogether. Even though it is granted that chloral exercises no direct curative influence over the disordered brain-function, yet we know that some such cases run a definite course, and soon tend naturally towards recovery if the strength be kept up during the attack; and here we have an agent which acts on cerebral function, yet leaves intact the nervous ganglia which regulate nutrition and the reparative function.

In the excitement of chronic mania, and the still more acute excitement of epilepsy and general paralysis, chloral requires to be given in larger doses to be effectual. A drachm is often required; and the only occasion in which I saw a drachm-dose to have no effect at all was when given to an epileptic, acutely maniacal after fits. In general paralysis, we have perhaps the most furious and dangerous excitement, and the most persistent sleeplessness of any form of insanity. In half the cases, opium only aggravates the excitement, and takes away the appetite besides. Before I used chloral, the only form of sedative I trusted in was a combination of cannabis Indica and bromide of potassium; but in a case of general paralysis in the first stage of the disease, with the most violent excitement and entire sleeplessness for a week previously, where I should not have ventured to have given a sufficient dose of any drug with which I am acquainted, drachm-doses of chloral procured ten, twelve, and fourteen hours' sleep every night regularly, and seemed to have no ill-effect.

For mere sleeplessness, without any particular excitement, I found doses of twenty grains to be sufficient in most cases; and generally thirty grains cause sound sleep. I have never failed to overcome this symptom with chloral. A slight giddiness and confusion in the morning on rising were the very worst symptoms I observed to follow its use, and that only in two cases out of eight.

The case of neuralgia, for which I gave chloral, was associated with sleeplessness; and I found that forty grains were required to cause sleep. In the morning the pain was not so severe, but was still present. After continuing the medicine for two nights, the pain disappeared. In the case of chorea, the patient was recovering from severe chorea with mania after rheumatism, and had a slight relapse, for which I gave, during the day, a dose of twenty grains, with the effect of stopping the choreic movements to a great extent. They commenced again when she went to bed, and the patient could not sleep (and this had been the case for three nights previously). I gave her forty grains of chloral. She slept soundly; the chorea ceased, and did not return in the morning, while her temperature, which had risen to 99.2 deg., was down in the evening to 97.30 deg.

For the depression of melancholia, chloral had no good effect in three cases in which I gave it; but for the sleeplessness of all three, it was most effectual in thirty-grain doses. One of them made a most unusually quick convalescence, which I attribute to the sleep caused by the medicine. She had an apparent increase of appetite. My friend Dr. Take has also noted the effect of chloral in a case where there had been an absolute refusal of food previously. In the other two cases, notwithstanding the sleep procured, no good effect on the depression of mind was noticed.

*Doses Required.*—I have already given part of my experience in regard to the doses used. The rule I now follow is to begin with twenty grains where the symptoms are more slight; and with thirty grains where they are more severe. In the former class of cases I have often to go up to thirty grains, and in the latter nearly always to forty, and often to sixty grains. To give a general idea of the certainty with which chloral acts, I have gone through the records which have been kept by Dr. Campbell and myself as to the effect of the various doses, and I find that, out of fourteen cases where I began with twenty-grain doses, it produced the effect I wished nine times; out of eighteen occasions in which I began with thirty grains, this effect followed ten times; out of

sixteen cases where I reached forty-grain doses, this effect followed eleven times; and there was only one failure of the expected result in fourteen cases where fifty- and sixty-grain doses were employed. I never had any ill result from the larger doses. On no occasion was sickness produced, except in one, and that was doubtful; for, whether that man were taking the medicine or not, or whether he were taking forty- or sixty-grain doses, he was sometimes sick, having been a frightfully heavy drinker before becoming insane. I cannot say that I have noticed any particular relation between previous intemperate habits and the dose of chloral needed to cause sleep.

*Effect on Temperature.*—There is much diversity of opinion as to the effect of chloral on the temperature of the body. Many observers have noticed that it seemed to reduce it with great certainty and rapidly in certain feverish affections; others have not obtained at all the same results. In the insane, I may observe that the morning temperature is higher than in the sane; but the great and distinguishing peculiarity is that the evening temperature rises in the insane. In one form of insanity (general paralysis), the evening temperature, instead of being lower than in the morning, as in health, is in every case higher, and in certain exacerbations of the disease becomes very high indeed. Those facts were deduced by me from an extensive series of experiments, and have been since confirmed by other observers. I had also made a large number of careful observations as to the effect of opium, bromide of potassium, cannabis Indica, alcohol, and food, on the temperature of the body when given in various forms of insanity, so that I was in a position to compare the effects of chloral with those agents. On going through the records of the cases in which chloral was given, and in which the temperature was noted, I find that in some of them the temperature kept up as high after the administration of this medicine as it had been before, while in certain other cases the temperature seems to have been decidedly lowered. In general paralysis chloral does not seem to have the power of reducing the abnormally raised evening temperature, while in simple mania it certainly does often do so. And this I consider one of the strong points in favour of chloral. I have found that substances such as opium, which raise the temperature, tend to reduce the weight—in other words, to interfere with the general nutrition of the body; while bromide of potassium in moderate doses appears to reduce the temperature, and the patients fatten while taking it. Alcohol in large doses also greatly reduces the temperature; and practical experience had long before shown the good effects of stimulants in acute insanity. If we consider the matter, this is as might be expected. The abnormal action of the brain, causing increased heat, burns away the tissues. Any substance acting on this abnormal action so as to reduce the heat more to its proper standard in health, is likely to do good. In one case of puerperal mania, the patient's temperature was 100 degrees when she went to bed. She had forty grains of chloral, slept eight hours, and at ten o'clock next morning it was 98.2 degrees; and this is merely one example.

I made some special observations on seven cases of chronic and remittent mania, on whom I had observed the effects of opium, bromide of potassium, and alcohol. The doses I gave to each were one drachm of tincture of opium, one drachm of the bromide, two glasses of Scotch whiskey, and first thirty grains, then forty grains of chloral; taking the temperature before giving the dose, and then an hour after it. I found that chloral lowered the average temperature, taking all the cases together; but not to any great extent, not nearly so much so as the alcohol. In some individual cases it did so strongly, while in other cases it was raised, and this seemed to bear no relation to the drowsiness or sleep produced. I confess that I am as yet quite unable to tell all the conditions under which chloral affects the temperature of the body. I took a dose of fifteen grains, which raised my temperature half a degree. It caused a sense of drowsiness, fullness of the head, and stupidity. Those effects quite passed off in two hours.

My experience of chloral, therefore, from having given it in forty cases of various forms of insanity, may be thus summed up.

1. It has proved a most safe and certain sleep-producer. It seems certain that by it we can compel sleep in any case.
2. By means of this property, attacks of insanity may probably be warded off in some cases.
3. Its action in abating and soothing excitement is more uncertain than its sleep-producing power, and lasts a shorter time than that of any signally powerful drug; but it is most valuable in certain cases, especially in some recent and curable ones, where formerly we should have been afraid to give opium. It has no directly curative action, but it evidently could be so employed as to tide over short attacks of insanity, and to prevent certain cases from being sent to lunatic asylums.
4. Whether it does good or not, it never does harm. In this respect it is the very king of all narcotics.

5. Its effect on the temperature of the body is variable in different cases, and in the same case at different times; but generally it is to reduce the temperature slightly, taking the average of a number of patients. It differs from opium in this respect, which raises the temperature; but the reduction caused by chloral is not nearly as great in maniacal excitement as that caused by alcohol in large doses.

6. It should be given to subdue brain-excitement in doses beginning at twenty or thirty grains, repeated from three to five hours. To produce sleep in great excitement, from forty to sixty grains are required, the latter dose not failing in one per cent. of the cases.

## CASE OF COMPLICATED LITHOTOMY SUCCESSFULLY TREATED.\*

By LAWSON TAIT, L.R.C.S. Ed., M.R.C.S., Wakefield.

R. G., aged 36, was sent to me by my friend Mr. Hirst, of Boyne Hill, in February last, on account of some bladder-symptoms and a fistula in the perineum, complicating a stricture. The stricture admitted No. 5 bougie, and on the instrument reaching the bladder, it impinged on, as I thought, two rough calculi. Two false passages which existed in the neighbourhood of the stricture rendered it impossible to get an instrument with the sharp curve of the ordinary sound into the bladder. Examination by the rectum discovered a prostatic tumour, about the size of a walnut, situated posteriorly and slightly to the left of the urethra—in fact, directly in the way of the lateral incision. From the hardness of the tumour, I thought it might be a prostatic calculus. Examination of the urine shewed it to be free from albumen and tube-casts; but pus and oxalate crystals existed in abundance. The patient also drew my attention to a very profuse purpuric rash which covered his legs, and I found that his gums were spongy.

His sufferings were very great; he had not been able to work for many months; the stricture had existed for twelve years; and the fistula, which consisted of two tracks leading from behind the triangular ligament forward to the posterior edge of the scrotum, and the purpura had existed for many months. Altogether, the conditions were nearly as unfavourable as it is well possible to imagine. Crushing was entirely out of the question; and I resolved to cut. But there was before my eyes the fear of hæmorrhage, owing to the purpura. The patient, therefore, went back to the country, continued the appropriate treatment employed by Mr. Hirst, and returned in about a month somewhat improved in health.

On the morning of March 2nd, when I had resolved to operate, he presented, however, a fresh crop of purpuric rash; a circumstance which very nearly prevented me from proceeding; but, with the kind assistance of Messrs. Hirst, Hollings, G. F. Naylor, and other friends, I accomplished the following operation. Having passed a small curved staff into the bladder, I passed a probe down the fistulous track nearer the middle line, and, slitting up its posterior third, my knife entered the staff as if for perineal section, divided the stricture, was then turned as if for the lateral incision, and passed on to the prostate. Here I found a little difficulty in keeping the knife in the groove of the staff; but, with a little care, I passed it into the bladder, cutting through an abnormally resisting structure. Following with my left forefinger, I at once recognised this stricture as a very large instance of the prostatic myoma, described by Thompson and Virchow; by the removal of which in certain cases, Sir William Ferguson has recently added something new to the operation of lithotomy, and not a little to his already immense reputation for skill and daring in operative surgery. My finger next recognised that, instead of two stones, the bladder was occupied by one large calculus of an oblong ovoid shape, and with a circular constriction in the middle, which had conveyed to me the false impression of the presence of two calculi; had I been able to introduce a sound into the bladder, I might have avoided this mistake. The calculus proved to be a mulberry specimen, weighing five hundred grains. Introducing a probe-pointed bistoury along my finger, I extended the lateral incision through the tumour to an extent which I thought needful for the extraction of the stone; and the result was, that I either completely or almost completely bisected the tumour, which was very resisting, and projected a good deal into the bladder. The removal of the stone was not difficult, but needed a little dragging. After its removal, examination of the wound shewed me that the segments of the tumour had been partially dislodged, that it was capsulated and might be removed. I was strongly tempted to attempt its removal; but, having waited a few minutes and found that there was no bleeding, I hesitated to run further risk, and remarking that the section of the tumour might

\* Read before the Yorkshire Branch, March 15th, 1870.



lead to its atrophy. I desisted from further interference with it. I think that the result justified my discretion; because oozing of blood went on for three days, when it was checked by a few doses of turpentine. Had I torn across a small artery in the removal of the tumour in a position where I could not have reached the bleeding point, the result might have been fatal. It is, however, as Sir William Fergusson has written to me on the subject, all well that ends well; and the patient went home on the seventeenth day with the wound all but healed, the fistulous tracks entirely closed, and No. 9 catheter could be passed easily into the bladder.

With reference to the tumour, Sir William writes that he would probably have removed it; and he would, of course, have been justified in so doing. But, for my part, this was a point which was decided mainly on selfish grounds. I did not dare to run the risk of any further complication, a risk which would have been nothing to the Professor of Clinical Surgery at King's College.

Sir William has given me his opinion that the tumour probably will not atrophy, against my own hope that it might, as similar growths sometimes do in the uterus after an incision.

May 2nd. I saw this patient a few days ago, and could pass No. 10 bougie without any difficulty. The prostatic tumour is less than half its normal size, and the purpura has entirely disappeared.

## OBSTETRIC MEMORANDA.

### CASE OF SUDDEN DEATH TEN DAYS AFTER LABOUR.

By W. C. WORLEY, L.R.C.P., M.R.C.S.

MRS. W. was a slightly built active young woman, aged 23, confined of her first child on December 5th, 1869. During pregnancy, she had enjoyed good health, but her friends said that she was accustomed to tight-lace herself to such a degree that no one suspected, until the last months, her condition. She had for several years been subject to shortness of breath upon slight exertion, but only on one occasion consulted a medical man, and then only took one bottle of medicine. The labour was of short duration, perfectly natural, with very little loss of blood; she progressed with remarkable rapidity to an apparent convalescence, and on the eighth and ninth days was sitting up. On the morning of the tenth day, at 8 a.m., she had breakfast. At 8.30 a.m., while suckling the child, she suddenly complained of her head aching, and great want of breath; she then began to beat her chest, scream violently, and struggle hard for about ten minutes on the bed, and fell suddenly backwards at 8.40 a.m., when I arrived, and found her *in articulo mortis*.

Considering it probably a case of embolism of the pulmonary artery, I obtained permission to open the chest. There was a small quantity of dark-coloured fluid in each pleura, but no roughening nor adhesions of the membrane. The lungs were remarkably emphysematous, especially on the right side. Both bases were nearly solid, of a dark chocolate colour, oedematous, and gorged with blood; the same appearance, in a less degree and diminishing towards the apices, was presented by the posterior halves of both lungs. There was no appearance of any clot or breaking down of lung-tissue on section, but the bronchial tubes were filled with frothy mucus, and the whole surface of both lungs was dotted with numerous dark-bluish ecchymoses, of the size of pin-heads. On opening the pericardium, there was very little fluid. The right ventricle was collapsed and perfectly flabby; while the left ventricle appeared rounded and contracted. There was a fair amount of fat on the surface of the heart. The right ventricle was quite empty; but, immediately above the valves of the pulmonary artery, a large clot, tolerably firm and of a dark claret colour, was found, completely filling the vessel, and was traced uninterruptedly into the right and left pulmonary arteries and their subdivisions, even into some of the smallest. In one of the subdivisions of the right pulmonary artery, a firm greyish clot, not breaking down under the finger, was found. The semilunar valves were healthy. Apparently in the substance of the anterior division of the tricuspid valve, there was a dark ecchymosed patch, of the size of a pea; but the surface of the valve was smooth. The right auricle was flabby, dilated, and quite empty. The walls of the left ventricle were at least half an inch thick, and the muscular papillares were remarkably developed. The aortic semilunar valves were healthy. The chordæ tendineæ of the mitral valve, at their valvular extremities, were thickened and uniformly nodular; otherwise normal. The ventricle was perfectly empty and very much contracted. The walls of the left auricle were rather thick, and its cavity was empty.

## REPORTS

OF

### MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

#### ST. BARTHOLOMEW'S HOSPITAL.

A REMARKABLE CASE OF RAPID GROWTH OF HARD CANCER IN THE MAMMARY GLAND.

By WM. S. SAWORY, F.R.S., Surgeon to the Hospital.

E. R., aged 40, a small spare woman, unmarried, was admitted into St. Bartholomew's Hospital on the 14th of September, 1869. A considerable part of the right mammary gland was occupied by a hard dense tumour, of the size of a walnut, which no one who saw the case doubted to be carcinoma. The skin over the most prominent portion of the tumour was adherent to it, but not otherwise apparently affected. The nipple was retracted, and there was some superficial ulceration at the lower and outer border. She said that at times the pain in the breast was very great. The tumour had been slowly growing for two years and a half. Shortly before it appeared, she had received a blow on the breast. No enlargement could be detected in any of the neighbouring glands.

In the substance of the skin of the chest, at the distance of two or three inches from the tumour, and about the same space apart, were three spots or small pimples, scarcely larger than a mustard seed, hard, circumscribed, and somewhat dusky on the surface. The opposite mammary gland and the skin around it were very carefully examined, both by myself and by some of my colleagues, and nothing wrong could be detected elsewhere.

It was determined to remove the tumour and the whole of the gland in which it was situated, including all the skin that was adherent, and a broad margin of it around. Although the character of the pimples in the neighbouring skin was suspicious, they lay too wide of the tumour and too far apart to admit removal except by an operation, which, from the amount of integument that must have been sacrificed, would have been far more formidable; and their nature was so far doubtful that it was decided, while their existence did not declare positively against the operation, that they should be watched, and subsequently dealt with if they proved to be cancer. Therefore, on the 18th September, the whole mamma, including an elliptical portion of the skin over it, was removed.

About nine or ten days after the operation—she was uncertain of the exact date, but it was clearly within a fortnight—she noticed that the other breast became suddenly enlarged and hard. To use her own words, "it swelled up all at once and has not increased since." She did not, however, call attention to this until a fortnight after her discovery, when the whole gland appeared transformed into a hard, dense, stone-like mass. The nipple was slightly retracted; the skin seemed normal and was nowhere adherent, and the mass moved freely on the muscle below.

From the date of its discovery no perceptible alteration was observed in the tumour. The wound of the operation gradually closed. The two upper spots in the skin did not alter, but the surface of the lower one became excoriated, and subsequently a small superficial ulcer formed on it. Moreover, around the whole circumference of the wound, especially above and below, the skin became studded with numerous hard tubercles, some of these feeling like shots in the integument. Shortly afterwards, the axillary and cervical glands on the left side began to enlarge and harden; but just at this time she, at her own desire, left the Hospital.

No family history of cancer could be traced in her case. Her own health previously to the appearance of the first tumour, and, indeed, even subsequently, was very good. I am not aware that there is on record a case in which a tumour of cancer, especially of hard cancer, has grown so rapidly as in this instance. I can vouch for the fact that immediately before the operation the opposite breast was carefully examined. It was a small, soft, flaccid gland, with scarcely any fat over it, and nothing in the least degree suspicious could be detected. There is no reason to believe that the woman was in error as to the date at which she discovered the sudden change in it; and, at all events, it is clear that within a month after the operation the entire gland was converted into a uniform stony mass.



## GUY'S HOSPITAL.

## DEATH FROM BICHLORIDE OF METHYLENE.

The following are the particulars of the case to which we referred last week. They have been furnished to us by Mr. J. E. B. Burroughs, Dr. Bader's clinical assistant.

George Birch, aged 40, a healthy-looking man, was placed on the operating-table for the purpose of having an iridectomy performed in each eye. One drachm (measured) of methylene was administered. While being brought under its influence, the patient was very violent, struggling, trying to raise up his head, and kicking with his legs. His struggles were forcibly restrained, and he became very bluish in colour; the struggling ceased, and the methylene was removed before the operation was commenced. The operation on the right eye was completed; then the left eye was operated upon. During the second operation, the patient's appearance was normal; there was no blueness; and, when the incision was made, he flinched and showed distinct signs of pain. The eyes were bound up and the patient left on the couch while one of the assistants noted down the nature of the operation. About three minutes had elapsed, when it was noticed that the respiration was shallow and catching. On touching the radial pulse, it could not be felt. The colour was normal, except at the angles of the mouth, which were blue. The patient was immediately turned on his left side. There were a few gasping inspirations, then all ceased, the patient remaining pale. For about ten minutes the galvanic current, and for about an hour artificial respiration (Silvester), were employed, without success.

*Post Mortem Examination.*—All parts were perfectly healthy, except the heart and lungs. The muscular structure of the heart was quite healthy; there was no undue proportion of fat; the walls were strong; the valves healthy. On the surface of the left ventricle were small spots of ecchymosis, of the size of pins' heads, about twenty in number; there were none on the right ventricle; the left ventricle was empty and contracted; the right contained some fluid-blood; the lungs were congested; the blood was fluid and of dark colour.

## MIDDLESEX HOSPITAL.

## CASES OF SECONDARY UTERINE HÆMORRHAGE.

(Under the care of Dr. HALL DAVIS.)

MR. SCULLY, the Resident Obstetric Assistant, has kindly furnished the following notes.

CASE I.—E. F., aged 34, married, in-patient under Dr. Hall Davis. Since she had a miscarriage four and a half months before admission, ever since which she had been losing blood nearly every day. On admission into Prudhoe Ward, she was blanched from the hæmorrhage; the vagina was filled with clots, the cervix uteri shortened, the body of the uterus enlarged, and the os patulous.—The treatment adopted was as follows. After clearing away all clots, the cavity of the uterus was injected with a solution containing one drachm of perchloride of iron to a pint of water; and fifteen minims of tincture of the perchloride of iron were given internally three times a day. On the following day she lost about five ounces of blood; the uterus was therefore again injected with a stronger solution of perchloride of iron, viz., two drachms and a half to a pint of water; she had also an enema of cold water administered, and took a draught containing ergot with gallic and sulphuric acids. After this the hæmorrhage did not return; but in a few days there was a slightly offensive vaginal discharge, which soon yielded to injections of carbolic acid, and she left the Hospital convalescent. The first injection of perchloride of iron was given of half the strength usually employed in the ordinary Middlesex Hospital uterine injection.

CASE II.—E. R., aged 28, was admitted into Prudhoe Ward for secondary hæmorrhage a fortnight after parturition. On admission, the patient was blanched and weak; she was losing a considerable amount of blood *per vaginam*. A solution of perchloride of iron in the proportion of one part of the tincture to four parts of water was injected into the uterus, and she was ordered ice to suck. The hæmorrhage was arrested for the time, but commenced again next day. A solution of persulphate of iron, one part of the pharmacopœial solution to eight parts of water, was injected into the uterine cavity. Two days after this, there was again some hæmorrhage, and it was then determined to dilate the os uteri, in order that the cavity of the uterus might be explored, to ascertain whether it contained any polypoid growth or portion of placenta. The dilatation was effected at first by the introduction of sponge-tents, and afterwards by means of Barnes's dilators, of

graduated sizes. The patient was put under chloroform, and Dr. Davis was able to pass his finger into the uterus as far as the fundus, aided by external pressure. The uterine cavity was found to be perfectly empty; but there was a slight roughening and prominence at the posterior part, rather low down, which seemed to be the part where the placenta had been attached. The uterus was again injected with a solution of perchloride of iron; there was some little oozing of blood the next day, which soon stopped and did not return afterwards.

CASE III.—E. M., aged 35, an out-patient of the maternity department, was delivered of a female child, living, after eight hours' labour, this being the patient's twelfth confinement. About two hours after the completion of the labour, the woman became very faint and passed a quantity of clotted blood from the vagina; this was followed by profuse hæmorrhage. On the arrival of the obstetric assistant, the patient was found to be very faint and the surface blanched, the pulse weak and quick, the uterus not well contracted; the bed was saturated with blood. The treatment adopted was the application of cold, friction, and the compression of the uterus. These having failed in completely arresting the hæmorrhage, a solution of perchloride of iron, one part of the tincture to four of water, was injected into the uterus with the effect of immediately arresting the hæmorrhage, which did not recur.

## THE CONVALESCENT HOSPITAL, EASTBOURNE.

[BY OUR OWN REPORTER.]

THE Eastbourne Convalescent Institution is one of the many works of beneficence which have had their origin in the enthusiasm of the high church movement. The new building has been completed little more than a year, and various adjuncts are still in progress. It possesses an excellent site, and adjoins a little cliff village about a mile out of Eastbourne on elevated ground; indeed, half way up the side of Beechy Head itself.

The building is magnificent in size and architecture, and displays in all respects excellent taste. It is by far the largest and most ornamental erection in Eastbourne. If only the Committee of the Margate Hospital could be induced to go over and inspect it, we cannot but think that the doom of their workhouse-like establishment would be sealed, and that an energetic resolve to rebuild would be the necessary consequence. In saying this, we by no means intend to imply an unequalled approval of the palatial style of building, which is, indeed, in some respects inappropriate to a home for invalids. The lofty staircases of such an establishment as that at Eastbourne emulate those of the largest hotels, and must be a serious inconvenience to those who ought to have every facility of access to the fresh air. A series of small buildings, none more than two stories high, would suit our notions better. A convalescent village would probably have many decided advantages; and not the least would be its more home-like attractiveness to its inmates. It must take many persons a month to feel settled in such a magnificent building as the one referred to. In the case of a hospital in which the inmates are to be kept for the most part either to the ward or to bed, lofty stairs and grand proportions are no drawbacks; but when it is desirable to set the mind at rest, and to provide for the easy change of place for the body, they assume a real importance. The Eastbourne establishment has been helped by a noble beneficence. Neither in building nor in management has any reasonable expense been spared. The sisters and nurses are, we believe, none of them paid; and some have been liberal donors to its funds. The medical attendance is also rendered gratuitously. The institution is wholly unsectarian in its management, and is intended to receive patients from all quarters. One of the London hospitals has made arrangements for the exclusive use of one ward of twelve beds. Although the hospital is chiefly designed for convalescents, those still requiring medical treatment are not excluded. Those who possess subscribers' recommendations, are admitted without further payment. Children are admitted down to the age of two; while at most other establishments six is the limit. It is, we are informed, not contemplated to undertake the treatment of scrofula in the same way as at Margate, where excisions of joints and similar operations are performed, and where patients are allowed to stay in for almost indefinite periods. At Eastbourne, three weeks is the time allowed; and, although this may be doubled on recommendation of the surgeon, the term of six weeks is rarely exceeded. Not a few of the Margate inmates stay four or six months; and, in some instances, even a year or more. A very large majority of the Eastbourne inmates are not scrofulous, but convalescent from other maladies.

THE  
GENERAL MEDICAL COUNCIL  
ON  
EDUCATION AND REGISTRATION.

SPECIAL SESSION, 1870.

A SESSION of the Medical Council has been held, to consider the Medical Acts Amendment Bill introduced into Parliament by the Lord President of the Privy Council.

Thursday, April 28th, 1870.

The members of the Council, with the exception of Dr. Rumsey, assembled at 2 P.M.; Dr. FACET, President, in the Chair. The meetings were held in the Council Room of the Royal College of Surgeons.

THE PRESIDENT, in commencing the business, said that, in consequence of the rooms of the College of Physicians being required, it had not been possible to meet there as usual; but the authorities of the College of Surgeons had courteously placed their rooms at the disposal of the Council for four days. The Council had met to consider the Bill introduced by the Lord President of the Privy Council. It was important that some order should be followed in the discussion; and this matter had been carefully considered by the Executive Committee. There were three things which might be desirable. First, the clauses might be discussed *seriatim*. Next, any member of the Council should be at liberty to point out omissions; and thirdly, there might be a general approval or disapproval of the measure. It might at first sight appear proper to discuss the general question of approval or disapproval of the principles of the Bill. There was, however, a practical objection to this course on the score of economy of time; as the discussion would be almost sure to lead to the discussion of particular clauses. It was therefore thought best by the Executive Committee that the Bill should first be discussed clause by clause; and afterwards the other measures might be taken. He suggested that members who had alterations to propose should give notice, so that their proposals might be inserted in the programme and duly considered. His attention had been drawn to the fact that exaggerated notions were said to prevail as to the powers proposed to be conferred on the Privy Council. He would not now express any opinion on the subject; but would state that the Executive Committee had communicated with Earl de Grey and Ripon on the subject. The clauses referring to modifications of the scheme by the Privy Council had been specially brought under his Lordship's notice; and it was distinctly stated by him that nothing in the Bill gave to the Privy Council power to do anything in the way of originating, or, as it was put, of doing anything that was not within the four corners of the scheme proposed by the Medical Council. There was no power to convert a scheme into something entirely different; under the Bill, the Privy Council must leave the main features of a scheme undisturbed. This was the opinion of those who were concerned in drawing up the Bill. He had thought it right to make this statement; he had also received a letter on the subject which, however, was not official. Indeed, in consequence of the calamity which had lately befallen Lord de Grey's family, it was almost impossible to hold communication with him at present.

The Business Committee and the Registration Committee were re-appointed.

DR. AGLAND moved—"That the Council do now resolve itself into committee for the consideration, clause by clause, of the Medical Act Amendment Bill, presented to the House of Lords by the Lord President." The duty which he had undertaken had become almost formal, in consequence of the remarks of the President. The Executive Committee had considered the best method of procedure so as to save time; and he hoped that by the next day most of the suggestions and propositions which might occur to members would be laid on the table. He would wish to say, having been one of the original members of the Council, that eleven years ago the Council met in the room in which they were now assembled; and of those who then met, just one half were now present. During those eleven years which had passed since the first meeting, a great change had come over medical affairs. In the first meetings, there were doubts, and even strong discussions, among the members; now, they met as a combined body, with two main objects—the good of the profession and of the public at large, and the maintenance of the character and standing of the several bodies which sent them as representatives. It was sometimes imputed to the members of

the Council that they unduly advocated the interests of the bodies which sent them. It was, however, a ground of thankfulness and gratification that they met in harmony to consider the public good.

DR. AQUILLA SMITH seconded the motion, which was carried.

DR. FRANCIS HAWKINS, the Registrar, read the preliminary clauses, giving the short title of the Bill and the definition of terms. These passed without discussion.

Clause III was then read, as follows.

After the date fixed for the commencement of examinations by the first Medical Examining Board appointed under this Act, no person who is not at that date qualified to be registered under the principal Act shall be registered under that Act, unless he has, after examination by a Medical Examining Board appointed under this Act, obtained a licence to practise in medicine and surgery under this Act.

MR. CÆSAR HAWKINS said that this clause involved matter of vital importance to all the bodies mentioned in Schedule A of the Medical Act. Hitherto, the qualification for registration had been the possession of a degree or diploma granted by one of these bodies. In the session of last February, the Council had resolved that registration should depend on examination by a central Board, in addition to the possession of such qualification. But the clause went contrary to the resolution, and provided that the licence to practise should be given without reference to the examinations of the Universities and Corporations. This was an important difference; a man might thus be registered without belonging to any corporation. It was not intended by the Council that the power of registering their degrees and diplomas should be taken from the Corporations; and it was for the Council to say whether they would consent to the terms of the Bill. He moved—"That in Clause III it is desirable that the word 'Licence' be omitted, and the words 'Certificate of Competency' be inserted."

MR. HARGRAVE seconded the motion.

DR. FLEMING said that the Government Bill evidently intended that persons who had passed the examination of the Central Board should be licensed to practise, and that Clauses XIX and XX had been passed to prevent confusion in the use of the word "Licentiate."

DR. RISDON BENNETT said that Clause III plainly meant that no authority to practise was to be given except through the new Boards. There was no claim to be placed in the *Register* under any other condition; the right to practise would be given irrespectively of any other Board. No doubt, it was expedient to do away with the equivocal use of the word *licentiate*; and it would be necessary to adopt some other title.

DR. CHRISTISON said that the question raised was a most important one. He had been struck with the fitness of the resolution arrived at by the Council last February, "That the Council is of opinion that a joint Examining Board should be formed in each of the three divisions of the kingdom; and that every person who desires to be registered under any of the qualifications recognised in Schedule A to the Medical Act shall be required, previously to such registration, to appear before one of these Boards, and be examined on all the subjects which may be deemed advisable by the Medical Council; the rights and privileges of the Universities and Corporations being left in all other respects the same as at present." In passing this resolution, the Council met the requirements of the Government and of the profession; and it would have been well if the Council could have explained to the Lord President how the plan which they proposed could be carried through. What was wanted, was better proof than now existed that men commencing the profession of medicine possessed practical knowledge; and this proof was to be obtained by means of conjoint Examining Boards. But the provision made in the Bill was of a very different nature, and involved great danger to the corporations. The proper plan would be something similar to that which was carried out in Scotland—that any one wishing to pass the Colleges of Physicians and Surgeons was not to be examined by each separately, but by a conjoint Board. It would have been better to make men pass a Central Board, and then allow them to join the bodies which they might prefer.

DR. ALEXANDER WOOD said that the clause was not in accordance with the discussions which had taken place in the Council nor with the resolutions there passed. The Bill disfranchised all the present Licensing Bodies; and the only compensation which it offered was that a column might be added in the *Register* for the insertion of "higher qualifications"; which, it was probably thought, would not be allowed to remain blank. The Council should look the difficulty fully in the face. The proposal of the Bill might be right; but the Licensing Bodies should not be called on to perform the "happy dispatch" on themselves without knowing it. His theory had been, that all honour proceeded from the Throne; and that degrees and diplomas came from the same source through the medium of the Universities and Corporations. But the Bill proposed to take away all this power from the Licensing Bodies, and to give to a new body the power of conferring



the licence to practise—which was an honour, though it might be a small one. If this were allowed, the proposed fifth column in the *Register* might be ultimately removed altogether. The Council ought to be very cautious how it consented to the proposal in the Bill, and should seriously consider whether it was advantageous to destroy the time-honoured Corporations. Some had argued that they had served their time and might be abolished. In reply to this he would say, that in no other profession was a man allowed to enter in such a way that no control could be exercised over him during his subsequent professional life. If the clause were allowed to pass, the profession would no longer be under the influence exercised by the Corporations; and this would be a serious loss.

Dr. PARKES suggested that the Council should ascertain from the Lord President of the Privy Council whether the point at issue was a vital one, and whether he would consent to a modification by which it should be rendered necessary to join one of the corporate bodies before registration. If this were not conceded, it would be for the Council to say whether they would accept the Bill under this condition.

Dr. ANDREW WOOD could not agree with Dr. Parkes's suggestion. The Bill had been brought into Parliament without having been previously submitted, as it ought to have been, to the Council. It would not be dignified on the part of the Council to proceed as Dr. Parkes suggested; the Council should be prepared to say what it thought. The question involved was a very vital one. If he understood the objects of medical reform, what was desired was that there should be no incomplete qualifications in medicine and surgery; that a candidate for entrance to the profession should be examined in all branches of practice; and that the entry should be through one portal. If these provisions could be made, the objects of medical reform would be accomplished. But, to do this, was it necessary or advantageous that the great medical institutions should be in any way degraded from conferring advantages on the public and on the profession? If the projects of those who make attacks on the Corporations were carried out, what guarantee would there be for the maintenance of high teaching in the profession? He did not believe that the Government wished the useful influence of the Corporations to be crippled or destroyed. Was it necessary that the diplomas of the Colleges should disappear from the *Register*? No. The members of the Council in Scotland had proposed that all persons entering the medical profession should first be required to pass an examination in all subjects before a conjoint Board; and that, after this, they should be required to become associated to some one or more of the bodies in Schedule A before being registered. By such a scheme as this, the plan of the Government would be carried out, and the privileges of the time-honoured Universities and Corporations would be preserved.

Dr. ALLEN THOMSON referred to the difference between the proposal in the Bill and the resolution passed in February by the Medical Council, with the idea that the rights of the Corporations were to be maintained. He approved generally of the Bill, so far as it effected uniformity of entrance into the profession; but he felt that there was great discrepancy between the third clause and the proposal of the Council. He would like to know by what means the opinion of the Lord President had been modified. The Council had almost a right to expect, from the representations made to the Lord President, that the Bill was mainly to be founded on the representations made by it.

Dr. RISDON BENNETT said that the Lord President of the Privy Council did not promise to bring in a Bill in accordance with all the opinions of the Council, but had made it a condition that the Bill should cover all the ground on which reform was required. The Bill had been drawn up without any further reference to the Council or to the Executive Committee, after the communication to the Lord President of the proceedings of the last session. If the Council were unanimous, the Lord President would no doubt be prepared to reconsider the matter. Many in the profession were in favour of the view taken by the Council rather than that put forth in the Bill; and this opinion was substantially the same as that which had been expressed by the Royal College of Physicians. He would suggest that the Council should come to a resolution on the point under discussion, and ascertain how far the Government would be inclined to fall in with its views. If those who entered the profession were to be registered merely on the licence of the Central Board, there would no longer be any control on the part of the existing bodies over the Corporation; the character of the profession would be thus endangered and the public would be jeopardised.

Dr. AQUILLA SMITH said that the College of Physicians in Ireland had petitioned against Clause III of the Bill.

Dr. APJOHN said that the University of Dublin had also had the matter under consideration. It was thought that an examination by a central board was necessary. There should be a degree or diploma from one of the present boards before that examination.

Dr. STOKES said that the examination by the central board should follow, and not precede, those of the Universities and Corporations. The great advantage of this plan would be, that it would stimulate the bodies to competition upwards, instead of downwards. The moral influence in the profession would be increased. On the Continent, the Universities granted degrees; but those did not give a right to practise until a State examination had been passed; and this plan was very successful.

Dr. PARKES suggested that a Subcommittee should be appointed to have an interview with Lord De Grey and Ripon. No doubt it had appeared at first sight very simple to frame a Bill; and, perhaps, after the views of the Council had been presented, the desirability of making a change would be seen.

Dr. QUAIN said that the opinion of the Council had been that the passing of the examination of the Central Board should not be an independent qualification. The proposal in the Bill had at first sight the merit of simplicity, as it removed the multiplicity of qualifications of which complaint was made. Again, it gave power to persons thus qualified to practise as they pleased. But there were objections. First, it was said that the Corporations were damaged by being passed over; he was not sure how, because they still had the power of giving diplomas, and it might be, of receiving a share of the examination fees. If it were said that the control exercised by the Colleges would be removed, then it might be asked why the Medical Council did not exercise that control. All these arguments ought to be very fully discussed in the Council. He did not approve of sending a Committee at once to the Government. In the course of discussion, other points in the Bill, more objectionable than that now under notice, might be met with.

Dr. MACROBIN said that the Bill tended very much to lower the standard of professional education. Many persons would remain content with the licence; and he thought that all should be required to join some Corporation.

Mr. COOPER urged that the Bill would inflict a great injustice on the Apothecaries' Society, of which he was the representative. He did not think that either it or the College of Surgeons ought to be superseded.

Dr. HUMPHRY said that the Council must make up its mind on the question under consideration. He believed that it could not accept the proposal of the Government; that the passing of one general examination should *ipso facto* give admission to practise. He thought that the Government had formed a distinct and clear view on this point, from which it would not depart. There was a further difficulty. If a man passed the conjoint examination, how could he be compelled to join a corporate body? Was he to join all the bodies which had joined in forming the Board? The Bill in subsequent clauses held out inducements to men to join the corporate bodies.

Dr. CHRISTISON said that, if the licence of the Central Board alone were necessary, the Corporations would in time present very few attractions. There would be also a loss of fees. He had calculated that, under the plan proposed in the Bill, the fees of the new Board would not be more than half of those now drawn by the Universities and Corporations.

Dr. STORRAR did not think that the resolution was very happily expressed. He did not disapprove of it; but he thought that the Government had some strong reasons for the clause.

The PRESIDENT believed that all who passed the Central Board would affiliate themselves to one of the Corporations in the manner provided in a subsequent clause.

Dr. PARKES moved as an amendment, that a Committee of eight members be appointed to form a deputation to the Lord-President or his advisers.

Dr. CHRISTISON seconded the amendment; which was opposed by Dr. ALEXANDER WOOD, and, after remarks from several members, was withdrawn by Dr. Parkes.

Dr. AQUILLA SMITH then moved as an amendment, and Dr. APJOHN seconded—

"That Clause III be read as follows:—'After the date fixed for the commencement of examinations by the first Medical Examining Board appointed under this Act, no person who is not at that date qualified to be registered under the principal Act, shall be registered under that Act unless after examination in medicine and surgery, and approval by an Examining Board appointed under this Act.'"

The amendment was lost; 8 voting for, and 11 against it.

The motion was then put to the vote and carried; 11 voting for, and 5 against it. Several members did not vote.

Clause IV was then read.

"4. For the purpose of conducting the said examinations and granting the said licences there shall be established in each part of the United Kingdom, that is to say, England, Scotland, and Ireland respectively, a Medical Examining Board, by means of a scheme confirmed by the Privy Council in manner provided by this Act."



Mr. CÆSAR HAWKINS moved, and Mr. COOPER seconded, the substitution of the words "certificates of competency" for "licences".

Sir DOMINIC CORRIGAN moved as an amendment, that "it is desirable that the words 'and granting the said licences' should be omitted."

Dr. A. SMITH seconded the amendment, which was lost. The motion was put to the vote and carried.

Clauses V, VI, and VII were then read, as follows.

"5. The medical authorities of each part of the United Kingdom may, before the first day of October next, submit to the General Medical Council a scheme for the establishment of the Medical Examining Board of that part; and the General Medical Council, before the first day of January next, may approve such scheme, with or without any alterations made with the consent of the said medical authorities, and propose the scheme so approved by them to the Privy Council.

If in the case of any part of the United Kingdom, a Medical Examining Board has not been established in that part on the thirty-first day of January one thousand eight hundred and seventy-one, or if at any time there is no Examining Board for any part of the United Kingdom, the General Medical Council shall themselves forthwith frame and propose a scheme for the establishment of the Medical Examining Board for that part of the United Kingdom.

"7. The Privy Council shall cause notice of any proposed scheme to be sent as soon as may be to all the medical authorities of that part of the United Kingdom to which that scheme relates; and during one month after such notices are sent, the Privy Council shall receive and consider any objections and representations made to them respecting the scheme by any medical authority to whom such notice is required by this section to be sent, or by any three or more members of the General Medical Council. After the expiration of the said month, the Privy Council may make an order confirming the scheme with or without any modifications therein, as they may think fit. The Privy Council shall give to the General Medical Council and to all the medical authorities of that part of the United Kingdom to which the scheme relates, due notice of any modifications they may propose to make in the scheme, and an opportunity to be heard with respect to such modifications. The scheme confirmed by such order shall come into operation on the day in that behalf in the order mentioned, or if no day is mentioned, on the day of the date of the order, and shall have effect as if it were enacted in this Act."

Mr. CÆSAR HAWKINS stated that he had certain amendments to propose with reference to these clauses.

Dr. ANDREW WOOD moved, Dr. FLEMING seconded, and it was resolved—

"That the consideration of Clauses V, VI, and VII be adjourned, and that Mr. HAWKINS be requested to place his proposed amendments of them on the programme for to-morrow."

Clause VIII was then read.

"8. A scheme for amending any previous scheme in force under this Act in any part of the United Kingdom may from time to time be submitted by the medical authorities of that part of the United Kingdom to the General Medical Council, and whether so submitted or not may be proposed by the General Medical Council to the Privy Council, and may be confirmed by the Privy Council, and the provisions of the Medical Act respecting the notice of, and objections and representations respecting, and the confirmation and effect of an original scheme, shall apply in the case of an amending scheme."

Dr. HUMPHRY proposed, Dr. ANDREW WOOD seconded, and it was resolved—

"That it is desirable in Clause VIII that the words 'may be proposed to the Privy Council by the General Medical Council, notice having been given to the medical authorities, and may be confirmed,' be substituted for the words 'may be proposed by the General Medical Council to the Privy Council, and may be confirmed.'"

Friday, April 29th.

The Council met at 1 P.M., and resolved itself into private Committee for an hour.

The Council having resumed, Dr. PARKES stated that he had been informed this morning by a letter from Mr. Simon, that Lord De Grey would not attempt any amendment of the Medical Acts on any basis different from that which Clause XIII of the Bill represented.

Dr. STORAR moved, and Dr. PARKES seconded, "That the Council accept the principle of Clauses III and XIII of the proposed Bill."

Dr. ALEXANDER WOOD said that the motion proposed implied a very different opinion from that which had been expressed by the Council on the previous day. "The Council did not know what explanation regarding the term 'licence' had been given to Lord De Grey, who might not be aware of the opinion of the Council. He believed that Lord De Grey would not object to the resolution that had been passed by the Council if he understood that the formation of conjoint boards was not opposed."

Mr. CÆSAR HAWKINS had proposed the resolution on the previous day, because Clause III in the Bill appeared to pass over the interests of the medical authorities without any consideration. He was, however, so desirous of diminishing the great number of licensing boards and removing the present evils that, if it were made a *sine qua non* that licences should be granted only as proposed in the Bill, he would rather consent to his resolution being reversed than have no measure of medical reform.

Sir D. CORRIGAN would have felt a delicacy in introducing Mr. Simon's name into the discussion; but a letter from him had been presented in which it was stated that he spoke with the authority of Lord De Grey. The course which the Council was called on to follow was

most extraordinary. It was called on to act in consequence of a communication from Mr. Simon, and of a conversation among the members of the Council at a time when reporters were excluded. The exclusion of the reporters implied that the Council was ashamed of giving its reasons for reversing its decision [*No, no.*] Then why were the reporters shut out? In consequence of communications, partly private and partly not so, it was gravely proposed to the Council forthwith to reverse its decision, and to conceal its reasons for doing so. A threat had been held out that the Bill would not be carried forward unless under the conditions named by Lord De Grey. He did not think that this would be a very great evil. The Council had to deal with a written Bill, which was diametrically opposed to what it had desired; and it was now called on to sacrifice its principles. No Council was ever placed in a more humiliating position. It had been said that Mr. Simon spoke with the authority of the Lord President; but he (Sir D. Corrigan) asserted that Mr. Simon's views were not all adopted in the Bill. As to the argument that Mr. Simon knew what Lord De Grey and Ripon would do, he would say that no man knew what another would do the next day. The Council was called on to give up its independence, because Mr. Simon said that the Government had expressed a wish to carry a particular point. Was the Council to bow to everything in the shape of Government? Should it not rather say that it would oppose the Bill, backed up by the profession and the public, and not act like a body of cowards? He asked the President if the resolution proposed was in order.

The PRESIDENT said that the motion was quite in order. It was in the power of the Council to deviate from any course which it had previously adopted.

Mr. HARGRAVE said that, when it had been proposed in the Council that the Government should be urged to bring in a Bill, he had been laughed at for suggesting that it should be entrusted to some independent member of Parliament. The fault of the present state of things did not rest with the Council, but with the Universities and Corporations, which had not all loyally followed out the recommendations of the Council. He alluded especially to the Queen's University in Ireland. He thought the Council was elevating the profession; and if it had more power, it would not need further aid from Government.

Dr. CHRISTISON said that the remarks made by Sir D. Corrigan as to the Council having considered the matter in private that it might conceal its reasons were not correct. It was in the power of every deliberative body to retire within itself for consultation and for purposes of business; and there was nothing unusual in the course which had been taken. He believed that he saw a way in the proceedings of the Council with regard to future clauses of the Bill, by which the difficulty arising from possible injury to the Corporations might be removed. He would support the resolution, although he would not have been prepared to do so on the previous day.

Dr. APOJNH regretted that Mr. Hawkins had changed his mind. If the Bill were carried as it stood, the Corporations would be ruined. At Trinity College, Dublin, a considerable number of bachelors of medicine passed in 1868, all of whom had degrees in Arts. The number of these, it was confidently believed, would be much reduced; and a most mischievous effect of the Bill would be to discourage general education.

Dr. PARKES said that the resolution had been founded on a definite statement made by Mr. Simon, and not on mere conversation. He believed that, if the principle of licensing as laid down in the Bill were adopted, the Bill would be so modified in other parts as to meet the wishes of the Council.

The motion was put to the vote, and carried; 15 voting for and 5 against it.

Dr. STORAR requested that the names and number of those who voted for and against the motion, and of those who declined to vote, be taken down. *Majority:* Dr. Bennett, Mr. Hawkins, Dr. Acland, Dr. Humphry, Dr. Embleton, Dr. Storar, Dr. Andrew Wood, Dr. Fleming, Dr. Macrobin, Dr. Thomson, Mr. Hargrave, Dr. Leet, Dr. Sharpey, Dr. Parkes, and Dr. Christison. *Minority:* Dr. Alexander Wood, Dr. Smith, Dr. Apjohn, Sir D. Corrigan, Bart., and Dr. Stokes. The President and Mr. Cooper declined to vote. Dr. Quain and Dr. Rumsey were absent.

Dr. BENNETT moved—

"That it is desirable, when considering the formation and scope of the schemes contemplated by the Bill, that the care should be taken, while maintaining the principle of Clauses III and XII, that in granting the licence to those who shall have passed the new Conjoint Board, provision should be made for securing, as far as possible, the co-operation of the medical authorities."

It was advisable that the Corporations should have the opportunity of placing their licences on the Register.

Dr. CHRISTISON seconded the motion.

Dr. ALEXANDER WOOD objected to the resolution, because that which it proposed would be the duty of the Council when the examining boards were being formed after the passing of the Bill. The Council had gone through the humiliating process of contradicting what it had arrived at on the previous day; and it was quite natural that it should wish to soften the fall. But he was not prepared to allow such compromises. It appeared as if there were a Government normal school for evening instruction, at which not all the members of the Council were privileged to attend, but only a few to receive instruction from Government. This was no doubt a privilege and advantage, but it was not calculated to obtain consistency on the part of the Council.

Dr. ANDREW WOOD said that there was nothing humiliating in yielding to circumstances which could not be withstood. If the question were put, whether he would have the Government Bill or none, he would prefer the Bill. There was nothing inconsistent in resiling from a position which was untenable. Mr. Simon had his proper influence; but it was disparaging to Lord De Grey to suppose that he had not thoroughly mastered the subject. Earl De Grey had told the Council that, if it refused the Bill with these clauses, there would be no legislation. [Sir D. CORRIGAN: So much the better!] He did not admit the correctness of Sir D. Corrigan's remark. That matters should continue to go on as they had, was bad for the profession, for the public, and for the Corporations. He had, like all others, been often obliged to give way to circumstances; and he had been educated to reconsider many of the opinions which he had held twenty years ago. He thought Dr. Bennett's motion incompetent and unnecessary.

Dr. ACLAND had voted against Mr. Hawkins's motion, and therefore was not inconsistent in the course which he would now follow. It was the only course which the Council could pursue. Dr. Bennett's motion was, he thought, in proper place and time. Upon the whole, the existing Medical Corporations were an advantage to the country. He had heard it stated even by a Fellow of the College of Surgeons, that the College was costly and worthless. It was, he thought, a great national institution, which had done much service. In face of all opposition, he would avowedly do his best to maintain the interests of the existing medical bodies. Dr. Bennett and Dr. Christison had done wisely in expressing their opinion that the Council must endeavour to find a way of preventing the Corporations from being crippled. In a subsequent stage, it would be necessary to consider whether the funds of the Corporations should be saved or sacrificed. He had yet to learn that Mr. Simon, a member of the Council of the College of Surgeons, was ignorant of its interests; but it would be necessary to find a way how in the House of Commons to convince those who said that injury was done to the profession by the Corporations. He admitted that there were faults; but they could be rectified. The principle of the Government Bill—that of national examination—was a right one; and it had been alleged by Mr. Simon that the Lord President would not depart from this. The Council had, then, to consider how to carry out this, without sacrificing the interests of the Corporations.

Dr. HUMPHRY said that the Council had been taunted with reversing its proceedings. He had spoken against the resolution on the previous day; but he did not think that the Council had reversed its proceedings, considering that the resolution of Thursday was proposed with the understanding that, if it were found to be in opposition to the view of Government, it was not to be carried out. It was not the object of the Bill to destroy the Corporations; it contained various provisions for protecting their interests, and offered many for maintaining a connexion with the Corporations. With a little adjustment, he believed, their interests might be sufficiently protected.

Mr. C. HAWKINS thought the motion not inconsistent with what the Council had done before. It was not inconsistent to vote that the Council wished the co-operation of the various bodies should be gained. The interests of the Corporations were supported by Clauses IX and XX; and in drawing up the scheme, the co-operation of the Licensing Bodies was to be distinctly asked for. The College of Surgeons had undergone great expense in its Museum, etc.; and this must be continued, without recourse to Parliament. Hence it was not inconsistent that the Council should see that the interests of this and the other body were protected in the Bill. Clause xx of the Bill expressly gave power to accept the examinations of the Central Boards for the minor titles and degrees. The second part of the Clause apparently compelled the Corporations to receive them; and it was not so.

Dr. HUMPHRY moved as an amendment—

"That, whilst maintaining the principle of Clauses III and VIII, it is desirable so to secure the co-operation of the medical authorities in conducting the examinations, that the present relations of the members of the profession to those authorities shall, as far as possible, be maintained as at present."

Dr. ALLEN THOMSON seconded the amendment; which, after some remarks from Dr. Sharpey, Sir D. Corrigan, Dr. Parkes, and Dr.

Bennett, was put to the vote. Ten voted for, and ten against it; the President then gave his vote against it, and it was consequently lost.

Dr. Bennett's motion was then put to the vote and carried, thirteen voting for and six against it.

Sir DOMINIC CORRIGAN required that the names and number of those who voted for and against the motion, and of those who declined to vote, be taken down.

*Majority:* Dr. Bennett, Mr. Hawkins, Dr. Acland, Dr. Humphry, Dr. Storrar, Dr. Fleming, Dr. Macrobain, Dr. Thomson, Dr. A. Smith, Mr. Hargrave, Dr. Leet, Sir D. Corrigan, Bart., Dr. Christison. *Minority:* Mr. Cooper, Dr. Embleton, Dr. Alexander Wood, Dr. Andrew Wood, Dr. Sharpey, Dr. Parkes. *Declined to vote:* The President, Dr. Apjohn, Dr. Stokes.

Clauses V, VI, and VII, were then taken into consideration.

Dr. PARKES said that he believed that the Privy Council was only desirous of exerting as much power as was necessary, and that undue interference was not intended. It was, however, most desirable that this should be more distinctly expressed in the Bill. It would, he thought, be best to ask for an interview with the authorities of the Privy Council, and ascertain whether some modification could not be introduced. He moved—

"That, in reference to the clauses in which the action of the Privy Council is stated, it is desirable that this Council should confer with the authorities of the Privy Council, with a view of removing ambiguity, and of defining the action of the Privy Council; and that steps should be taken by the President to secure an interview between the authorities of the Privy Council and a deputation from the Medical Council, as soon as possible."

Dr. ANDREW WOOD seconded the motion. The Council ought to be able to state authoritatively what was the intention of the Privy Council. Statements had been made in the journals about the power which it was believed the Privy Council would have; but Lord De Grey had no wish to exercise so great power as had been alleged. No doubt, when the medical authorities came to consider the formation of a scheme, there would be much diversity of opinion; and the Privy Council would, he believed, be impartial in deciding. It was important to have an official declaration of what was meant by the provisions of the Bill; and no doubt explanations would be given by the Lord President.

Dr. A. SMITH said that the powers proposed to be given to the Privy Council were apparently too numerous and too great; but he would be sorry that they did not exercise some control. If power were given to the Medical Council without the supervision of the Privy Council, would be a source of great embarrassment; and, under such circumstances, the Medical Council might hesitate to do what was right. In the first draft of the Bill there was a clause giving power to the Privy Council to put persons on the Register without reference to the Medical Council; but this had been readily struck out, on the representation of the Executive Committee. Hence he was satisfied that part of the Privy Council, on proper remonstrance being made, would make corrections.

Dr. SHARPEY had no apprehension of undue influence on the part of Government. He believed that the power to be exercised was one of veto. He knew, however, that there was much fear in the profession of the action of the Privy Council; and it was well to do anything which would tend to quiet the prevailing apprehension.

The motion was then carried *nem. con.*; and it was resolved that the deputation to the Lord President should consist of the President, Mr. Hawkins, Dr. Christison, Dr. Apjohn, and Dr. Parkes.

Mr. HAWKINS moved, and Dr. ANDREW WOOD seconded—

"That it be an instruction to the deputation to lay the following clauses, proposed by Mr. Cesar Hawkins, before the Lord President, for his consideration."

"*Clause proposed by Mr. Cesar Hawkins.*—V. The medical authorities of each part of the United Kingdom may, before the 1st day of October next, submit to the General Medical Council a scheme for the establishment of the Medical Examining Board of that part; and the General Medical Council, before the 1st day of January next, may approve such scheme, and propose the scheme so approved by them to the Privy Council, who may then make an order confirming the same, if they think fit."

"VI. If any alterations in the scheme proposed by the medical authorities of any part of the United Kingdom shall be deemed necessary by the Medical Council, such alterations shall be communicated to the medical authorities of that part to be considered by them, and their opinions reported to the Medical Council for further consideration; and, if approved, the scheme, as amended, shall be proposed by them to the Privy Council, who may then make an order confirming the scheme, if they think fit."

"VII. If in the case of any part of the United Kingdom a Medical Examining Board has not been established in that part by agreement between the Medical Council and the medical authorities of that part, on the 31st day of January 1871, or if, after the 31st day of January 1871, the Board for any part of the United Kingdom, the General Medical Council shall themselves forthwith frame and propose to the Privy Council a scheme for the establishment of an Examining Board for that part of the United Kingdom."

"The Privy Council may confirm such scheme, or may suggest to the Medical Council such modifications therein, or in any scheme proposed under the preceding clauses as they may think fit, and the Medical Council shall consider such proposed modifications, and submit the grounds for their difference of opinion, if there be such difference, to the consideration and decision of the Privy Council."

"The Medical Council shall cause notice of any scheme proposed by them accord-



ing to the foregoing subclause, together with the modifications proposed by the Privy Council, to be sent as soon as may be to all the Medical Authorities of that part of the Kingdom to which that scheme relates; and during one month after such notices are sent, the Privy Council shall receive, and consider any objections and representations made to them respecting the scheme, by any medical authority to whom such notice is required by this subclause to be sent, or by any six or more members of the General Medical Council.

"After the expiration of the said month, the Privy Council may make an order confirming the scheme, with or without any modification therein, as they may see fit. "Any scheme confirmed by such order of the Privy Council, shall come into operation on the day in that behalf in the order mentioned; or, if no day is mentioned, on the day of the date of the order, and shall have effect as if they were enacted in this Act."

Some discussion took place as to the number of members of the Medical Council who should be entitled to make objections to the schemes. Mr. HAWKINS had proposed six, in place of three.—Sir D. CORRIGAN would omit any reference to the number, and say merely "the Medical Council".—Dr. FLEMING said that it would be a hardship to deprive the minority of the right of appeal.—Dr. STORRER thought six too many; he would leave the number as it stood in the Bill.

The PRESIDENT said that the number six was not too great. If the right of objection were left to three, it would throw the profession too much into the hands of Government; whereas the profession should have its own management as much as possible. Suppose that a scheme were approved by all the medical authorities, and by all the members of the Medical Council except three, it would be in the power of these three to put the whole matter in the hands of the Privy Council. And of what was the Privy Council composed? Not of men knowing anything of medicine, but of persons distinguished in general politics. Lord DE GREY had no doubt specially studied the subject of medical legislation; and he had at present a very able medical adviser. But this adviser was only one man; and there was no security that he would live for ever, or that his successors would be equally able: there was, indeed, no security that the Privy Council would continue to have a medical adviser at all. At some future day, a Sanitary Department of the Government might be instituted; and the Medical Council would still be left in relation with the Privy Council, *minus* a medical adviser. The private medical adviser of the Lord President, too, might be [A MEMBER: Miss Garrett]—no; a very much less respectable and trustworthy person. It would not be right to allow the government of the profession to pass into the hands of three members of the Medical Council, in opposition to the opinion of their twenty-one colleagues. He would suggest the retention of the words "or more" after "six".

Sir D. CORRIGAN would withdraw his objection, if this were done.

The words "or more," which had been omitted, were then inserted; and the motion was carried *unanimously*.

Clause IX was read and approved. Clause X was then read, as follows.

"10. The General Medical Council shall from time to time propose to the Privy Council rules (in this Act referred to as examination rules) for regulating the examinations under this Act, and in particular for all or any of the following purposes: that is to say,—1. Determining the conditions of admission of persons to the said examinations, and in particular their age, general knowledge, and course of professional study. 2. Providing for the admission to such examinations on special terms, of persons who hold medical diplomas, degrees, or titles granted by any university, college, or body in any British possession, or any foreign country, or who have studied in any British possession or foreign country. 3. Determining the subjects of, and method of conducting the examinations, whether practical or theoretical. 4. Providing for the superintendence of, and the attendance of, the Council of the examinations either by themselves or by persons appointed by them. 5. Securing the equally strict application of the rules, so that a licence under this Act may be granted on the like terms throughout the whole of the United Kingdom. 6. Altering any rules for the purpose of giving force. The General Medical Council shall prepare the first examination rules on some date not later than one month after the confirmation of the original schemes for establishing medical examining boards in each part of the United Kingdom, or at such later date as may be allowed by the Privy Council."

Dr. ALEXANDER WOOD moved, and Mr. HARGRAVE seconded—

"That it be an additional instruction to the deputation to the Lord-President, to endeavour to secure that power is given to the Council to provide sufficient security that every person before commencing professional studies have sufficient general knowledge; and to establish, if necessary, a Registrar of Medical Students under their direction."

The discussion on this motion was adjourned.

*Saturday, April 30th.*

The Council met at one o'clock. After the reading of the Minutes, Sir DOMINIC CORRIGAN objected to their confirmation so far as regarded the insertion of the following paragraph.

"The Council having resumed, Dr. PARKES stated to the Council that he had been informed this morning by Mr. SIMON, that Lord DE GREY would not attempt any amendment of the Medical Acts on any basis different from that which Clause XIII of the Bill represents."

He said that this was in conformity to a standing order of the Council, which

provided that no comments on motions or amendments should be inserted. He referred to a resolution passed in one of the early sessions of the Council and to the existing standing orders.

Dr. ALEXANDER WOOD agreed with Sir D. CORRIGAN.

Dr. SHARPEY said that the standing order referred to comments on motions, but did not prevent the insertion of other matter. The paragraph objected to was in the same position as the abstracts of the President's addresses which had been sometimes inserted. He moved the confirmation of the Minutes, as read.

Dr. QUAIN seconded the motion. The paragraph was necessary to explain the resolution arrived at by the Council with respect to Clauses III and XIII. The motion for the confirmation of the Minutes was then carried.

The debate on Dr. ALEXANDER WOOD's resolution was resumed.

Dr. ALEXANDER WOOD said that he was sure that there was no objection on the part of the framers of the Bill that proper provision should be made for securing preliminary education. He feared, however, that the clause might be so interpreted as to leave the Council in difficulty. In any case, there was no harm in directing the attention of the Lord President to the matter.

Dr. ANDREW WOOD agreed that the matter ought to be put beyond doubt; but the motion was not definite enough. He moved as an amendment—

"That it be an instruction to the deputation to the Lord President to inquire whether the words 'general knowledge,' in Clause x, line 7, would cover the institution of a Preliminary Examination in General Education before the commencement of Professional Study, the establishment of a Register of Medical Students, and the power of establishing one Board for Examination in General Education in any of the divisions of the kingdom; and if the answer be in the negative, to urge the expediency of clauses being inserted in the Bill in order to carry out these important objects."

Dr. FLEMING seconded the amendment.

Dr. ALEXANDER WOOD said that he would withdraw his motion and allow Dr. ANDREW WOOD's amendment to be put as a substantive motion.

Sir D. CORRIGAN said that the motion entered too much into details. The motion, too, was out of order; the deputation had been appointed for a special purpose. He objected to it, also, because it involved an expression of opinion, and bound the Council to the assertion of the principle that examination in the subject of general education should be passed before the commencement of professional studies.

After some remarks from Mr. HARGRAVE, Mr. COOPER, Dr. A. SMITH, Dr. CHRISTISON, Dr. BENNETT, and Dr. FLEMING,

Dr. ALEXANDER WOOD moved, as an amendment on Dr. ANDREW WOOD's motion—

"That it be an additional instruction to the deputation appointed at the last meeting to wait on the Lord President in regard to the Medical Bill, to bring under his lordship's notice the importance of giving power to the General Medical Council under the Bill to frame such regulations as may provide that every person before entering on his professional studies have sufficient general knowledge; further, that power be given to the General Medical Council to publish from time to time a Register of Medical Students, should such publication appear to the General Council to be desirable."

Mr. HARGRAVE seconded the amendment.—Dr. ANDREW WOOD withdrew his motion; Dr. ALEXANDER WOOD's amendment was then put as a substantive motion and carried.

Dr. HUMPHRY proposed—

"That, in reference to Clause x, it is desirable that the medical authorities should be empowered to submit to the General Medical Council a scheme for examinations in the same manner as a scheme for the establishment of an Examining Board."

This was necessary, in order to make clear an important point connected with the Council's acceptance of Clause III and XIII. It was desirable that the medical authorities should have the power of submitting to the Council a scheme for examination; but no provision was made for this in the Bill.

Dr. MACROBIN seconded the motion.

Dr. ANDREW WOOD objected to the proposal. The Medical Council was to provide rules for education and examination, and not to depute this function to the medical authorities.

Dr. SHARPEY thought there was nothing in the Bill to prevent the medical authorities from making representations to the Council, or the Council from consulting them.

Dr. HUMPHRY said that the medical authorities might feel that they were going out of their way in making representations to the Council.

Dr. STOKES thought that the proposed plan would increase the difficulties of the Medical Council.

Dr. ALCAND said that to give the medical authorities the power of proposing schemes would facilitate the proceedings of the Council. But if it were proposed to take away from the Council the power of proposing schemes, it would destroy the principle of the Bill.

Dr. RISDON BENNETT, referring to the commencement of the clause,



said he would prefer that the Medical Council should prepare the examination-rules, instead of proposing them to the Privy Council.

Mr. CÆSAR HAWKINS said that this was a matter in regard to which the action of the Privy Council ought to be clearly defined. That body ought not to have the power of originating rules which it could not understand. What Dr. Humphry proposed would rather hinder than facilitate the action of the Medical Council, especially if the schemes proposed by nineteen separate bodies were to be considered. The supreme authority as to examination schemes ought to lie with the Medical Council. Clause XI gave the medical authorities sufficient power to make representations to the Privy Council.

Dr. HUMPHRY thought it desirable that the schemes for examinations should be under the same condition as those for the formation of conjoint Boards. He believed that an arrangement might be made, by which the several medical authorities might undertake the first examination, and the conjoint Boards the final one.

The PRESIDENT did not think that the Bill deprived the medical authorities of the power of submitting examination schemes to the Council. They were all represented in the Council; and any communications would be listened to with respect. If it were rendered, however, incumbent that the examination should originate with the authorities, there would be a great waste of time in the Council.

The motion was then put, and lost; 5 voting for, and 8 against it.

Dr. DOMINIC CORRIGAN moved—

“That it is desirable that Subclause 1 of Clause X shall terminate at ‘Examination.’”

Dr. STOKES seconded the motion, which was lost, two only voting for it.

Sir D. CORRIGAN moved, and Dr. A. SMITH seconded—

“That it is desirable that Subclause 1 of Clause X of the Bill be expunged.”

This motion also was lost, two only voting for it.

Dr. ALEXANDER WOOD, referring to the proceedings of the previous day, said he believed that the majority had agreed to rescind their former resolution on the ground that the rights of the Universities and Corporations would be preserved. He did not see that provision was made for this. It would be very important to give a further instruction to the deputation as to the understanding on which the Council had rescinded its resolution.

Dr. PARKES thought that the question should not be reopened.

Dr. CHRISTISON said that no doubt many of the members assented to the proposal in the Bill with the expectation of being able to make some arrangement by which the examinations should not be entirely taken out of the hands of the Corporations. It would be an omission if the deputation did not inform Lord De Grey of the expectation of the Council that the usefulness of the Corporations should be secured by a certain share in the examinations being allotted to them. All this might easily be arranged.

Dr. RISDON BENNETT said that it would be enough to draw the attention of Lord De Grey to the resolution which he had drawn up on the previous day, and which, he thought, was sufficient. The Council should be careful how it said that it passed its resolution on certain conditions.

Dr. ALEXANDER WOOD moved, and Dr. ARJOHN seconded—

“That it is a further instruction to the deputation to ask Lord De Grey's special attention to the resolution adopted by the Council on the motion of Dr. Bennett.”

The resolution was put to the vote, and lost; 7 voting for, and 8 against it.

Clause XI of the Bill was read; viz.:

“The Privy Council shall cause notice of any proposed examination rules to be sent as soon as may be to all the Medical Examining Boards and to all the medical authorities of each part of the United Kingdom.

“After the expiration of the said month, the Privy Council shall receive and consider any objections and representations made to them respecting such rules by any Medical Examining Board or any of the medical authorities, or any three or more members of the General Medical Council.

“After the expiration of the said month, the Privy Council may confirm such rules with or without any modification, as they think fit.

“The Privy Council shall give to the General Medical Council due notice of any modifications they may propose to make in the rules, and an opportunity to be heard with respect to such modifications.”

Dr. ALEXANDER WOOD drew attention to the first line of Clause X. The examination-rules were to be sent to the Privy Council, and might be rejected *in toto*. He thought that the power of the Privy Council should be limited to deciding points of difference, on an appeal lodged by six or more members of the Medical Council. But to consent that the Privy Council should override the Medical Council when no complaint was made, was like giving up the independence of the profession altogether. Was the Medical Council capable of regulating the affairs of the profession? or was this to be left to the Privy Council?

Dr. RISDON BENNETT agreed with Dr. Alexander Wood. The deputation would no doubt call the attention of Earl De Grey to the

matter. There was the same objection as regarded Clause XI; and the deputation should lay great stress on the point. He proposed—

“That it is desirable that in Clause xi, the power given in paragraphs 1 and 2 to the Privy Council should vest in the General Medical Council, and that only in the event of the medical authorities, the General Medical Council, and the Examining Boards, not being agreed to the examination rules, shall the matters be referred to the determination of the Privy Council.”

Dr. ALEXANDER WOOD seconded the motion.

Dr. AGLAND objected to an alteration of Clause X, but consented to an amendment of Clause XI. The Privy Council must have the power of refusing what was proposed by the Medical Council; but when it was proposed to send out the rules to the medical authorities, then the province of the Medical Council was invaded. He would agree to be under the Privy Council so far as it would aid the Medical Council in carrying out its principles, but not beyond.

Sir D. CORRIGAN supported Dr. Bennett's resolution. He thought it an absolute necessity to give the instruction to the deputation.

Dr. PARKES thought that the Privy Council would insist on seeing the proposed rules. He thought it right that it should have a power of veto, lest any absurd rules should be proposed—which, however, he thought would not happen. Beyond this, he did not think that the Privy Council would interfere with the action of the Medical Council.

Sir D. CORRIGAN asked why the Privy Council should be made mere letter-carriers, as proposed in Clause XI. The Medical Council should send the rules to the medical authorities, and call in the aid of the Privy Council if required.

The time for adjournment having arrived, the further discussion of the resolution was deferred.

*Monday, May 2nd.*

The Council met at 1 P.M.

The PRESIDENT stated that Lord De Grey had named Tuesday at 2 P.M. as the time to receive the deputation at the Privy Council Office; and that the second reading of the Bill was to be postponed to the 5th May instead of the 2nd, as originally proposed.

The consideration of Dr. Bennett's motion was resumed.

Dr. ANDREW WOOD referred to the effect of carrying Dr. Bennett's motion. Under the clauses as they now stood, the reason for sending the examination rules to the medical authorities was to give them the opportunity of making representations. But Dr. Bennett's proposal changed the whole effect of the clause. He (Dr. Andrew Wood) thought that the medical authorities ought to have the power of appealing to the Privy Council; and he would prefer the Privy Council as a Court of Appeal to the Medical Council. It was inevitable that, in the framing of examination rules, there must be some disagreement and discussion among the medical authorities.

Mr. CÆSAR HAWKINS said that Clause XI was precisely analogous to Clauses v, vi, and vii. He referred to the alteration proposed by him to the effect that the Medical Council should send out the scheme, and that the Privy Council should receive and consider representations. Dr. Bennett's motion went much further; and he was inclined to think that the authority of the Privy Council should be recognised, but that the Medical Council should send out the examination rules in the same way as was proposed to be done with the schemes for the formation of Examining Boards.

Sir D. CORRIGAN thought that all might agree to substitute “General Medical Council” for “Privy Council” in the first line of the clause, and to leave the rest of the clause as it stood, but substituting “six” for “three,” as the number of members of the Medical Council who might appeal.

Dr. SHARPEY said that another reason for not changing the second paragraph in the manner proposed by Dr. Bennett would be that, if the alteration were made, a minority of the Medical Council would be invited to appeal to the Medical Council itself.

Dr. BENNETT said that the portion referred to by Dr. Sharpey might be struck out, if his proposal were carried.

Dr. ANDREW WOOD moved as an amendment—

“That it is desirable, that in Clause xi of the Bill, line 28, for the words ‘Privy Council,’ be substituted the words ‘General Medical Council;’ and in Clause xi, line 35, for the word ‘three,’ be substituted the word ‘six;’ and that after the word ‘modifications,’ in line 49, there be inserted the words, ‘in the manner directed in Clause vii.’”

Dr. SHARPEY supposed that it was understood that the representations made by the medical authorities would be communicated to the General Medical Council.

Dr. BENNETT said that his objection was, that the rules were to be sent first to the Privy Council. They should first come to the Medical Council; and an agreement with the medical authorities might readily be arrived at without any necessity for action on the part of the Privy Council.

Mr. CÆSAR HAWKINS again referred to his proposal regarding the scheme for forming an Examining Board, and explained how it might be applied to the formation of Examining Rules. He seconded Dr. Andrew Wood's amendment.

The amendment being put to the vote, there were, for it, 9; against it 6. It was then put as a substantive motion, and carried.

Clause XII of the Bill was read, and approved of.

Clause XIII of the Bill was read, viz. —

"13. Each Medical Examining Board shall license every person who passes the examination of that Board in medicine and surgery, and not any other person, to practise in medicine and surgery, and the person so licensed shall be called a licentiate in medicine and surgery, and shall be entitled to be registered under the principal Act."

Sir D. CORRIGAN moved —

"That it is desirable that, in Clause XIII, the words 'The General Medical Council' shall be substituted for the words 'Each Medical Examining Board.'"

The license to practise ought to come from a central authority and not from either of the Examining Boards. At present, the central authority should be the Medical Council. The licence should bear an uniform stamp; there should be nothing to indicate whether the holder passed in England, Scotland, or Ireland. Unless this were provided for, he could not see the difference between having three Licensing Boards and nineteen Boards. If three separate Examining Boards had the power of issuing licences, there would be downward competition between them. The three Boards should send their lists to the Registrar of the General Medical Council, who should sign the qualifications by the direction of the Council. The diploma should be stamped merely with the name of the central body, without at all shewing where the recipient passed his examination. The degrees of the University of London and of the Queen's University in Ireland bore the signature of the central authority, without reference to the source whence the Graduate got his education.

Dr. APJOHN seconded the motion.

Mr. CÆSAR HAWKINS said that the Medical Council would meet only at intervals, while examinations would be going on at all times. It would be very inconvenient to make candidates wait for their diploma.

Dr. STOKES saw no difficulty in giving power to the Executive Committee to sign the licences.

Dr. AQUILLA SMITH thought that the President might have the authority of the Council to sign the licences, with the proper seal affixed. It would, of course, be taken for granted that the returns made by the Examining Boards were genuine.

Dr. QUAIN said that at present some semblance of connection with the Corporations was left; but if the signing of the licences were transferred to the Medical Council the connection would be broken, except so far as regarded the appointment of examiners.

Sir D. CORRIGAN could not see the difficulty in carrying out his plan. He did not think that there would be any greater severance than would otherwise exist. On the contrary, the licences, being signed by the central authority, would in fact contain the signatures of all the Corporations.

Dr. ANDREW WOOD opposed the motion. The theory was to combine certain medical authorities in the formation of Examining Boards; but Sir D. Corrigan's proposal meant that all should have a share in signing the licence, though they had no share in the examination.

Dr. FLEMING did not think that the comparison with the London University and the Queen's University in Ireland was a fair one. He objected to the proposal as being likely to defeat the object of the Bill.

Dr. HUMPHRY said that the licence should bear on it the stamp of truth—that it was granted in consequence of examination passed in England, in Ireland, or in Scotland. This being stated, the licence might be signed by the central authority.

Dr. SHARPEY had not been able to consider the matter fully; but he could not set much store on the comparison with the University of London. The University was responsible for its examiners.

Dr. EMBLETON feared that, unless some such plan as that proposed by Sir D. Corrigan were adopted, there would be a downward competition between the Examining Boards. There might be, however, international visitors to give additional guarantee to the value of the examinations.

Dr. APJOHN said that Sir D. Corrigan's motion merely contemplated carrying out a practice which was already in force in some boards. He was satisfied that all mischief would be avoided by Sir D. Corrigan's plan.

Dr. STOKES said that it had occurred to him that there would be a downward competition on account of the fees. There was another consideration. The object of the Bill was to obtain useful and safe practitioners. It would be very difficult to obtain uniformity of examination; the character of the examinations must vary with the examiners.

All the uniformity required was uniformity of diploma; and he would support Sir D. Corrigan's motion.

Dr. ANDREW WOOD thought that Sir D. Corrigan would have been more consistent if he had proposed the formation of one Examining Board for the whole kingdom. It would be the fault of the Medical Council if in future it allowed competition downwards between the three Boards.

Dr. MACROBIN thought there could be no such competition as Sir D. Corrigan anticipated.

Sir D. CORRIGAN having replied, the motion was put to the vote; the result was, for 6; against 12. It was therefore lost.

Sir D. CORRIGAN required that the names and number of those who voted for and against the motion, and of those who declined to vote, be taken down.

*Majority:* Dr. Bennett, Mr. Hawkins, Mr. Cooper, Dr. Humphry, Dr. Andrew Wood, Dr. Fleming, Dr. Macrobin, Dr. Thomson, Mr. Hargrave, Dr. Leet, Dr. Parkes, and Dr. Quain. *Minority:* Dr. Acland, Dr. Embleton, Dr. A. Smith, Dr. Apjohn, Sir D. Corrigan, Bart., and Dr. Stokes. *Declined to Vote:* The President, Dr. Storrar, Dr. Alexander Wood, Dr. Sharpey, and Dr. Christison.

Clause XIV of the Bill was read, and approved of.

Clause XV of the Bill was read, viz. :

"15. Every person who is registered under the principal Act shall pay such fee, not exceeding five pounds, as the General Medical Council may from time to time fix. If any person registered under the principal Act is a member of any Medical Examining Board under this Act, unless he has deposited with the treasurer of the Branch Medical Council of that part of the United Kingdom for which such Board act the amount for the time being of the fee for registration. Such fee shall be repaid to an unsuccessful candidate, and in other cases shall be applied as a registration fee is applied under the principal Act."

Dr. HUMPHRY moved that it was desirable to insert the word "final" before examination.

Dr. STORRAR seconded the resolution, which was carried unanimously.

Clause XVII was then read.

"16. If any person registered as a licentiate under this Act obtains any medical diploma, degree, or title, granted by any University, College, or Body in any part of Her Majesty's dominions, or in any foreign country, which diploma, degree, or title appears to the General Medical Council to be granted in respect of a higher degree of knowledge in medicine or surgery than is required for obtaining a licence under this Act, such person shall be entitled, subject to such rules, and upon payment of such fee not exceeding five shillings, as the General Medical Council may from time to time make and fix, to have such diploma, degree, or title registered in the register under the principal Act, in addition to his licence; and section twenty-eight of the principal Act shall apply to erasing any such diploma, degree, or title, in like manner, as if it were the qualification therein mentioned."

"The General Medical Council may draw up from time to time a list of diplomas, degrees, and titles which may be registered in pursuance of this section, and may from time to time add to or diminish such list; but no person who has obtained a diploma, degree, or title before the same is added to his list, or the earlier date (if any) of his registration in the General Medical Council, shall be entitled to have the same registered under this section; and the removal of any diploma, degree, or title from such list, shall not deprive any person entitled before such removal to have the same registered of his right to have the same registered."

Dr. HUMPHRY said that the first point in the Clause was the principle of recognising higher titles and entering them on the Register. Then came the mode of carrying out this principle. The Council should have the power of ascertaining that the degrees and diplomas were granted on account of a higher degree of knowledge; but no provision for this was made. In the Medical Act (1858), Section XVIII gave power to the Medical Council to regulate all qualifications. He moved —

"That it is desirable that powers should be given to the General Medical Council to ascertain whether the diplomas, degrees, and titles referred to in Clause XVI are granted in respect of a higher degree of knowledge in medicine or surgery than is required for obtaining a licence under this Act."

Mr. CÆSAR HAWKINS seconded the motion.

Dr. ANDREW WOOD said that counsel had decided that the Medical Council had power over the minimum qualifications only.

Dr. HUMPHRY still thought that, however this might be, the Medical Council should have the power of ascertaining the character of the diplomas proposed to be registered.

Dr. CHRISTISON asked why a man should not be allowed to register any title that he pleased—a lower as well as a higher one.

Dr. PARKES thought that the clause gave sufficient power to the Council to require proof that a title was really a higher one than the licence. At the same time, the substitution of the word "other" for "higher" might remove objection; but this would destroy the effect of the clause, which was intended to induce men to proceed to higher grades.

Dr. APJOHN said that a definition was wanted. For instance, some Universities gave the M.D. degree only after that of M.B. had been obtained; others gave it independently. Again, the qualifications for the M.B. degree varied very much in different Universities. He would suggest the insertion of words requiring education in Arts as a condition of the higher degree to be recognised.



Dr. ALEXANDER WOOD thought that the clause would be quite unworkable in practice. How could the Medical Council then allow a lower qualification to be registered? Then, as to Fellowships, it had been the custom in many Colleges to bestow these as a mark of position and character, rather than of knowledge. But another objection was, that the discussion as to what were higher and what were lower diplomas would be interminable. If this or any similar clause passed, the Council might make up its mind to sit week after week.

Dr. ACLAND said that it was desirable to have some way of recognising higher education. But this subject could scarcely have received from the framers of the Bill the consideration which it deserved. He had heard the State or minimum qualification spoken of disparagingly, as a thing which a man would get out of as soon as he could. He looked on this notion as unjust. The licence was a means of showing that the holder was qualified to practise in all departments of his profession. He very much disapproved of the tone in which the licence was spoken of. Men ought to be allowed to proceed to higher titles; but he objected to the way in which the Bill proposed that this might be done. It would perhaps be best to divide the third column of the schedule between the University degrees and the higher titles of Corporations. Then there was another difficulty, that the Council would have to determine what were the higher titles, and be constantly engaged in discussing and deciding differences between the bodies granting these titles. He thought it best not to attempt to supervise the diplomas; but, if any College degraded its titles, let it suffer for its fault. If the matter were not left to the bodies themselves, the Medical Council would become responsible for the character of the diplomas. He entirely objected to the term "higher" title; the word should be "other".

Mr. CÆSAR HAWKINS thought that Dr. Humphry's motion was necessary, if the power of framing a list of higher titles were to be given to the Medical Council. Many of the Boards would be at once, under Clause XX, enrolled the names of their licentiates under the Act. No one should obtain the higher titles unless after examination. If columns were provided for minor titles and for higher titles, the Corporations and the Universities could not well be separated. This would not be fair to those Members of the College of Surgeons who had University degrees.

Dr. ALEXANDER WOOD moved as an amendment,—

"That in the section of the Council it is empowered to call upon the Council to decide which are higher, and which are lower titles, and that in column 3 of the proposed new Register, all medical or surgical titles given by Bodies under Royal Charter should be inserted on due proof being given of possession of the same."

Mr. HARGRAVE seconded the amendment.

Dr. AQUILLA SMITH believed that the object was to relieve the Council of the onus of distinguishing which were higher titles. Dr. Alexander Wood's amendment went some way towards this; but there should be a provision that the licences obtained after examination by the conjoint Boards should be in one column, and additional diplomas or degree in another.

Dr. R. B. BENNETT thought that Dr. Alexander Wood's proposal offered the best solution of the difficulty. The Council had to provide not only for the present, but for the future. He believed that most of those who obtained the licence to practise would not remain content with it, and they ought to be able to register other titles; but then there was also the danger of registering worthless degrees. If it were made the duty of the Council to interfere as was proposed in the clause, it would lead to a difficulty as to certain titles with which the Council could not interfere, such as the Fellowship of the Royal College of Physicians, which was not conferred as the result of examination. He did not see any better mode of meeting the difficulty than that proposed by Dr. Alexander Wood. It opened a fair door for inserting on the Register titles of unquestionable value.

Dr. EMBLETON thought that under Clause XVI the Council had power of examining into the qualifications for higher degrees, and that Section 18 of the original Act should be retained. It would be premature to determine which were the higher titles until the Council had decided on the nature of the examination for the general licence. The standing of the other titles must be regulated by this examination.

Sir D. CORRIGAN thought that the attempt to define higher and lower titles might lead the Council into litigation. He would propose the abolition of the term "higher" titles. As to the proposal to put Universities and Corporations in different columns of the schedule, this would require still further subdivision, and the Council would get into difficulty without end. What could the Council do, if it had to decide on the degrees of M.B. and M.D.? Was, for instance, the M.D. degree of Trinity College to be regarded as higher than the M.B., the difference being merely the payment of a fee? Again, where was the Council to put a fellowship-diploma granted merely on account of pro-

fessional standing? In the *Law List*, he found no such thing as a "higher" title; each man's name carried its own weight. The lawyers avoided all superfluous titles, and the medical profession should do the same.

Dr. ANDREW WOOD thought that Sir D. Corrigan had thrown great light on the discussion. He repudiated the notion that the Council should have an inquisitorial power over the degrees and diplomas. All that the Medical Council had to do was to see that a man was properly qualified to practise his profession. He agreed that the word "higher" should be altered.

Dr. Alexander Wood's amendment was put to the vote. The numbers were: for, 12; against, 7.

It was then put as a substantive motion.

Dr. LEET moved the insertion of the words "or by Act of Parliament" after "by Royal Charter".

Mr. HARGRAVE seconded the amendment, which was put to the vote, and lost; the votes being, for, 4; against, 14. The motion was carried; the numbers being, for, 11; against, 5.

Dr. PARKES asked whether the attention of the Lord President was to be drawn to the matter by the deputation.

Dr. ALEXANDER WOOD thought that the deputation would not fail to lay all the resolutions of the Council before the Lord President.

Clause XVII was read.

Clause XVIII was read, as follows.

"18. After the date fixed for the commencement of the examinations by any Medical Examining Board under this Act, none of the medical authorities shall grant any of the qualifications mentioned in Schedule (A) to the principal Act as amended by this Act or by any of the Acts mentioned in the first schedule to this Act, except to persons registered or qualified to be registered under the principal Act."

Dr. STORRAR said that in Clause XVIII it was required that every one, previously to taking a degree in medicine, should have the licence of the Board. He thought this needless, and an interference with University privileges. Besides, men took degrees in medicine with no intention of practising, and it would be a hardship to oblige them to take the licence to practise before receiving the degree. He would mention Dr. Sharpey, Professor Turner, Dr. Redfern, and many others, as examples. He approved of the arrangement that no graduate should be registered until he had the licence. He moved—

"That Clause XVIII should leave it to the option of a candidate for a licence to pass the examination required for it, either before or after graduation in medicine or surgery at an University."

Dr. HUMPHRY seconded the motion. One great matter was, that the Universities connected medicine with general science; and nothing should be done to break down this.

Sir D. CORRIGAN could not consent to the resolution in its present form, as it drew an invidious distinction between the Corporations and the Universities. He proposed as an amendment—

"That Clause XVIII should leave it to the option of a candidate for the licence proposed by the Bill, to pass the examination required for it, after graduation or licence in medicine or surgery, granted by any University or College of Physicians or Surgeons in the United Kingdom."

He would put all the bodies on an equality.

Mr. HARGRAVE seconded the amendment.

Dr. ANDREW WOOD thought that Dr. Storrar's motion was a *pro-terea ad absurdum*. If the Council admitted it, it would do what the Bill endeavoured to avoid. He was surprised at the Universities making this demand. He knew that the Universities had been very busy; but the Medical Council had to argue the matter on great general principles. The Council would stultify itself if it consented to leave an open door in the way proposed by Dr. Storrar. He trusted that there would be no deviation from the principle of the Bill. He was ready to aid the Universities in raising their examinations; but to consent to Dr. Storrar's proposal would stultify the Council.

Dr. PARKES thought that the difficulty attending Dr. Storrar's proposal was, that graduates, having placed a high degree on the Register, might object to passing the lower examination for the licence, and endeavour to obtain exemption by an Act of Parliament. He thought it would be better to leave the matter to be decided in Parliament.

Dr. A. SMITH said that the Council should form its opinion, and lay it before Lord De Grey. Dr. Storrar's case was a very good one in the first instance. Many men went to the bar without any intention of practising.

Dr. QUAIN said that the University of London was ready to give up its qualifications to practise. He hoped that Dr. Storrar's motion would be carried, and the question as to the Corporations might be raised afterwards.

Dr. STOKES supported Dr. Storrar's motion. The Council ought not to embarrass University education in any way. He regretted that no representation had been made to the Lord President on the subject of education in Arts. He believed that the medical graduates who had



degrees in Arts were superior to those who had not. Dr. Storrar's motion was very wholesome, as it tended to the raising of the education of the medical profession in science.

Dr. EMBLETON would vote for Dr. Storrar's motion, unless it could be shown that the examinations of the Corporations were superior to those of the Universities.

Dr. ALEXANDER WOOD said the giving of a degree was not a sufficient evidence that a man was qualified by the possession of general and professional knowledge to practise the profession. He was not prepared to give the privilege to each and every University. He thought the proposal an attempt to degrade the Corporations and elevate the Universities. He was prepared to support Dr. Storrar; but it was the Corporations that would have to keep up the medical and surgical part of professional education. There was nothing in the Act to prevent any man from having a degree and practising.

Dr. EMBLETON said that Dr. Alexander Wood had disparaged the preliminary examination of the University of Durham. Several years before the passing of the Medical Act, this University had established a preliminary education which was higher than that sanctioned by the Medical Council.

Dr. HUMPHRY did not know, as far as he was concerned, that the Universities had been busy in the matter. There had been no combination or conversation on the subject. Then, as to the alleged advantage to the Universities, he thought that disadvantage rather than advantage would accrue from the students having to present themselves at another Examining Board. He had seconded the resolution in the interest of science, and of medicine as connected with science. In Cambridge many took medical degrees who did not wish to practise; and he thought that this ought to be encouraged.

Dr. SHARPEY agreed with Dr. Humphry that the Universities were placed at a disadvantage. He thought that the promoters of the discussion did not intend to say that the University medical education was superior to that of the Corporations, but only that it was a hardship to prevent them from conferring their medical degrees in the same way as their other degrees; provided only that they gave up the licence to practise medicine. He had long entertained this view; but it had been pointed out to him that there would be great difficulty in preventing graduates in medicine from practising. But if the Act passed, no University graduate could practise without subjecting himself to prosecution. It had been said that Clause XXII would not be enforced against persons practising merely as graduates; but on the other hand, he had been told that no judge could refuse to convict under the clause. He would support Dr. Storrar's motion.

Dr. ACLAND had much doubt whether the Clause was one which the Universities should ask for. The first point in the Bill was, that no one should come on the Register without the consent of the Medical Council. He would say that there had been no sort of discussion on the subject in the University of Oxford. He agreed generally with Dr. Storrar and Dr. Humphry; and would vote for Dr. Storrar's motion.

Dr. CHRISTISON had considerable doubts at first as to Dr. Storrar's motion, lest graduates who had not passed the Central Board might practise. But Section XXII would prevent those who were not registered from practising. Again, it might be said, that the degrees in science were enough for those who wished to graduate in medicine merely for the sake of the degree; but then there was the possibility of men who were at first students of medicine devoting themselves ultimately to science rather than to the practice of medicine. Several distinguished and scientific men had been originally led to their career by their medical studies. He thought that there was no doubt of the advantage derived by the profession from the celebrity in science of some of its members; and he did not think that any impediment should be offered to those who desired to have degrees in medicine without wishing to practise.

Dr. BENNETT thought that the force of argument was strongly in favour of Dr. Storrar's motion; but it would be better to act in accordance with Dr. Parkes's suggestion, especially as there might otherwise be difficulty in passing Clause XXII through Parliament. He did not see that the Corporations had any cause for jealousy.

Mr. CÉSAR HAWKINS, as a member of a Corporation, could not support the amendment. There were very few persons in the English Universities who took the medical degrees. In the Universities of Oxford, Cambridge, and Dublin, the M.B. degree was given after higher education than in other Universities. He thought that the evil would be great if the principle were adopted without any reference to the qualifications required by the Universities.

After some further remarks from Sir D. Corrigan, Dr. Fleming, Mr. Cooper, Dr. Thomson, and Dr. Storrar, the amendment was negatived, 4 votes for and 12 against it. The motion was put to the vote and carried by a majority of 13 against 7.

Dr. ANDREW WOOD required that the names and number of those

who voted for and against the motion, and of those who declined to vote, be taken down.

*Majority:* Dr. Acland, Dr. Humphry, Dr. Embleton, Dr. Storrar, Dr. Macrobain, Dr. Thomson, Dr. A. Smith, Dr. Leet, Dr. Apjohn, Dr. Sharpey, Dr. Quain, Dr. Christison, and Dr. Stokes. *Minority:* Mr. Cooper, Dr. Alexander Wood, Dr. Andrew Wood, Dr. Fleming, Mr. Hargrave, Sir D. Corrigan, Bart., and Dr. Parkes. *Declined to Vote:* The President, Dr. Bennett, and Mr. Hawkins.

*Tuesday, May 3rd.*

The Council met at 4 P.M.

The PRESIDENT stated that the deputation appointed on Saturday had had an audience of the Lord President of the Privy Council, with whom were the Vice-President of the Council, its medical and legal advisers, and the draughtsman of the Medical Acts Amendment Bill. Lord De Grey had received the deputation with great courtesy, and had freely discussed the several topics brought under his notice. With regard, in the first place, to the functions of the Privy Council, Dr. Paget had called his Lordship's attention to the resolutions passed by the Council, and to the amendments of clauses v, vi, and vii proposed by Mr. Hawkins. Lord De Grey distinctly assured the deputation that it was not intended that the power of the Privy Council should extend beyond the modification of matters of detail; no new matter was to be introduced either in the scheme for the formation of examining boards or in that for examination rules. The proposal to substitute six for three as the number of members of the Medical Council who should be entitled to appeal to the Privy Council was assented to by his Lordship. The Lord President also expressed a desire to have the opinion of the Medical Council as to whether, in case the Privy Council should not approve of the scheme proposed by the Medical Council, that body would desire to have the power of withdrawing such scheme and proposing a new one. The next point was the registration of higher titles under clause xvi; and the Lord President's attention was called to the resolution which the Council had passed on this subject. His Lordship seemed rather surprised at the representation made by the deputation, as it seemed at variance with the opinions expressed by other deputations which had waited on him previously. Dr. Paget pointed out to his Lordship the difficulty and delicacy of determining what were the higher titles; and Dr. Christison added that the attempt at definition might lead to discord. With regard to the proposed provision in Clause XVIII, for granting power to take University degrees without the necessity of passing the examination for the licence, Lord De Grey said that he was willing to yield this; but he pointed out that the exemption of University graduates from the necessity of having the central licence might endanger the passing of Clause XXII, which was one of very great importance (*i.e.* the penal clause). The deputation also called his Lordship's attention to Clause x, and asked whether the term "general knowledge" implied that which was desired by the Council—the examination of students in the subjects of general education. He assured the deputation that the clause would give the desired power to the Council; but, to remove all doubt, care should be taken to express this more plainly. The Lord President informed the deputation that he had not forgotten the representation made on a former occasion by the Medical Council, as to the desirability of granting to those bodies which did not already possess it, the power of erasing the names of those holding their diplomas or degrees. He thought that there was a difficulty in introducing a provision of this kind in a general measure; but if, in the opinion of the Medical Council, the powers of removing offenders from the Register, under the Act of 1858, were not sufficient, he would be quite ready to consider the propriety of extending those powers. The Lord President was also informed by the deputation of the course taken by the Council in reference to Clauses III and XIII; and his attention was also drawn to Dr. Risdon Bennett's resolution on the subject of these clauses. He readily consented to the insertion of the word "final" in Clause v.

Dr. RISDON BENNETT would inform from the Royal College of Physicians which had waited on the Lord President. His Lordship seemed to have sound reason for introducing the supervising power of the Privy Council, but would not object to modify the clauses relating to this, if there were any fear that the power of the Privy Council would be too great. As to the power of acceptance or rejection of the schemes presented, this was advisable for the following reasons. There were two plans, either of which might have been followed. The Medical Council might have had the power of forming schemes and having them sanctioned by Act of Parliament; in which case reference to the Privy Council would have been unnecessary. But, if this were done, it would be necessary to go to Parliament each time that a

scheme required alteration. The plan proposed in the Bill was thought to be more courteous to the medical profession; and it would give greater capability of making modifications when required. In any case, the schemes proposed by the Medical Council must be brought under the notice of some authority which was directly responsible to the Government; and for this purpose the Privy Council was preferable. The Lord President expressly assured the deputation that he had no intention of giving the Privy Council the power of introducing undue modifications. His Lordship's opinion was also asked by the deputation as to the formation of a scheme in such a manner as, if not to render affiliation to the medical authorities compulsory, at least to render it very probable that the holders of licences would join these bodies. Dr. Bennett suggested to his Lordship that, for example, the examination might be divided into three parts; of the first of which, one medical authority might take charge; of the second, another; while the central examining board should carry out the final examination; and then the licentiate might be affiliated to the bodies where he had passed the first and second examinations. The Lord President said that the suggestion appeared a good one, and at present he did not see any objection to it; but it required consideration. The deputation had also expressed a desire that reference to "higher" titles should be omitted.

The consideration of Clause XVIII was resumed.

Sir DOMINIC CORRIGAN moved.

"That it is desirable that the several medical authorities of the United Kingdom, legally authorised to grant degrees or licences in medicine or surgery, or in medicine and surgery, shall be entitled, as heretofore, to grant such degrees or licences at such times and under such regulations as may seem fit to them respectively; it being, however, understood that any such degrees or licences shall not entitle the holder to be registered without having undergone and passed the examination of some one of the conjoint Examining Boards proposed to be constituted under this Bill.

This resolution was intended to perfect the course proposed in reference to the Clause. Dr. Storrar's resolution dealt merely with the option of the student; but there was no use in this unless power were given to the Universities, or to the Universities and Corporations, to grant degrees and diplomas under the conditions mentioned. Passing an examination was a different thing from getting a degree. He proposed the resolution both in reference to schools and to Corporations. The first object was to let no one loose on the public until he had passed the State Examination; but it was of no consequence where he got a degree, so that he was not placed on the *Register* in virtue of it alone. It might be more convenient to some to take the degree before passing the licence examination. Many took medical degrees without desiring to practise; and such men—of whom Dr. Haughton of Trinity College was an example—should not be precluded from obtaining degrees. Then, also, some wished to have the diplomas of the Colleges of Physicians or Surgeons, with no intention to practise. Again, many graduates who came from America and the Continent did not register. In the Queen's University in Ireland about one-third of the graduates in five years did not register; that meant, that they did not intend to practise in the United Kingdom. If men were debarred from obtaining degrees without submitting to the examination for the licence, an injury would be inflicted on all the schools of the kingdom.

Dr. AQUILLA SMITH seconded the motion. He believed that it would promote a higher degree of education in the profession. There would be a sound high competition among the licensing bodies.

The PRESIDENT thought that, if the motion were carried, Clause XXII would not only be imperilled, but would not be passed by the House of Commons.

Dr. ALEXANDER WOOD would not support the motion; he believed it would stultify the Bill.

The motion was then put to the vote, and lost by a large majority. Clause XIX was read.

"19. After the date fixed for the commencement of examinations by any Medical Examining Board under this Act, none of the medical authorities shall grant to any person any of the titles of licentiate mentioned in Schedule (A) to the principal Act, or in any of the Acts mentioned in the first Schedule to this Act, or any title of licentiate on the ground of the grantee's qualifications in medicine or surgery, or any branch of medicine or surgery."

Sir DOMINIC CORRIGAN was about to move a resolution disapproving of the application of the word "licentiate," proposed in the Bill.

The PRESIDENT said that Clause XIII, containing the word "licentiate," had already been agreed to. Considering that the Council was pressed for time, he trusted that Sir D. Corrigan would not urge the matter.

Clause XX was read.

"20. Any of the medical authorities may confer on a licentiate under this Act, without requiring him to pay any fee or pass any further examination in medicine or surgery, the lower medical, or surgical degree granted by such authority, or the membership of such authority, or (in lieu of any licence granted by such authority before the passing of this Act) the title of associate or other title determined with the

approval of the Privy Council by such authority, and may give to the person on whom such title is conferred the like rights and privileges, so far as relates to members of that body among themselves, as he would have had if such licence had been conferred on him.

"Any scheme made under this Act provides that all or any part of the surplus of income derived from fees shall be applied for the support of any museum, library, or lectureship under the control of any of the medical authorities in any part of the United Kingdom, or in contribution to any public purpose of any of the medical authorities in any part of the United Kingdom, such medical authority, if required by the scheme shall, subject to the provisions of the scheme, confer such degree, membership, or title as aforesaid (in this Act referred to as minor medical titles) upon any licentiate who has obtained his licence in the same part of the United Kingdom and claims the same, without requiring him to pay any fee or to pass any further examination, and shall, subject to the provisions of the scheme, give to the person on whom the title of associate or other title is conferred, the like rights and privileges as aforesaid.

"Any of the medical authorities may send a list of the persons on whom any minor medical title is conferred as aforesaid to the registrar, who shall thereupon enter in the register in the column (if any) provided for that purpose, the name of such medical authority opposite to the name of each recipient of such title."

Dr. STORRAR said that in the first paragraph it was provided that the medical authorities might confer degrees and diplomas, without further examination, on those who had passed the licence examination of the Central Board. But, as to the University degrees, the extent and number of the subjects was higher than for the licences, and the latter were raised, the degrees should be raised in proportion. He did not desire that permission should be given to the Universities to confer the lower degree on a licentiate. Again, he did not see what claim the Universities had to any of the surplus fund; but he thought that it might well be granted to the Corporations in consideration of the losses which they would sustain under the new arrangement. He moved—"That Clause XX should not apply to Universities."

Dr. CHRISTISON seconded the motion.

Dr. ALEXANDER WOOD thought that, if the Council agreed to the proposal, it would remove the Universities from the control of the Bill. He would recal the attention of the members of Council to what took place when an University or Universities did not fulfil what was demanded in extent of study and strictness of examination. When the Council was proceeding to deal with the said University or Universities, they were met with legal opinion that they had nothing to do with higher degrees; and to that extent the Universities were exempted from the control of the Medical Act. A feature of the Lord President's Bill, of which he strongly approved, was that all the medical authorities were dealt with on the same footing; but with the resolution passed on the previous day and that now proposed, this control over the Universities would be lost.

Dr. CHRISTISON thought that the discussion was going on a wrong basis. The Universities did not desire to be withdrawn from the operation of the Bill. But there would be difficulty in carrying out the proceedings, if the Universities remained included in the clause as at present. What was meant was, that the Universities should give their degrees, but that graduates desiring to practise must pass the examination of the conjoint Board. If Dr. Storrar's motion had been accompanied by an exemption from Clause XXII, he would have understood Dr. Alexander Wood's objection; but this was never intended.

Sir D. CORRIGAN said that the principle of Dr. Storrar's resolution was, "What's yours is mine, and what's mine's my own." Dr. Storrar's resolution was, that the Universities should receive their portion of the money [*No! no!*], and yet be exempt from receiving men who had passed the State examination. [*No! no!*] He drew attention to an observation made in the College of Physicians in Ireland, which had decided that the clause would force on the College, under pecuniary penalty, the reception of any obnoxious person who might have passed the central body. To exempt the Universities from the operation of the Bill would be most unfortunate.

Dr. CHRISTISON was ready to say that none of the Universities in Scotland, as far as his knowledge went, would receive any part of the money.

Dr. MACROBIN thought that Dr. Storrar meant to prevent Universities from conferring degrees on licentiates without further examination, and to prevent the lowering of degrees to the level of the licence-examination.

Dr. PARKES said that the motion appeared to be a sort of self-defending one. It was necessary to include in the Bill all the medical authorities; but, if any University should wish to be exempted, the expression of that wish should proceed from the University itself. The carrying of Dr. Storrar's resolution would not guarantee the prevention of Universities from lowering their degrees.

Dr. SHARPEY said that several members argued against Dr. Storrar's motion as if it sought to confer a privilege on the Universities. It was not so. The first part of the clause gave a power to confer degrees. It must be borne in mind that the degree of an University was an academic honour; and that there were some subjects—physiology and



chemistry, for instance—on which the examination might be different, in the two cases, according as the object was to obtain a licence or an academic degree. Of course it was perfectly understood that the Universities were not to have any surplus of the fees. As far as he knew, the framers of the Bill would not object to the proposal made by Dr. Storrar.

Dr. ALLEN THOMSON was sure that the Universities had no desire to receive any part of the surplus-fund from the fees.

Dr. STORRAR, with the consent of the Council, withdrew his motion, and offered the following.

"That in reference to Clause xx of the Bill, it is not expedient that University degrees should be conferred on licentiates without additional and higher examinations than those required for licentiates."

Dr. QUAIN seconded the motion. The meaning of the two motions was the same; only one was negative, the other positive. The University of London had expressed an opinion that it was undesirable that an University should be able to confer its degree without special examination. No doubt, the holders of licences would not be satisfied with these, but would become affiliated to some of the medical authorities.

Dr. APJOHN said that the first clause was useless and unjust, while the second was arbitrary. He moved, as an amendment, "That it is desirable that Clause xx of the Bill should be omitted."

Dr. SMITH seconded the amendment.

The amendment was put to the vote, and lost, two only voting for it. The motion was then put, and carried *nem. con.*

Dr. AQUILA SMITH said that there was an uncertainty as to the number of medical bodies to which a candidate would be entitled to affiliate himself. Again, the expression "minor" medical titles was used; and no provision was made to decide what the "minor" titles were. He would simply draw the attention of the Council to the matter.

Dr. HUMPHRY suggested an alteration. There should be a provision giving the medical authority the power of accepting or refusing any part of the surplus. He moved—

"That it is desirable that the words 'if accepting and continuing to receive any part of such surplus' should be inserted after the word 'Authority,' in line 33 of Clause xx of the Bill."

Dr. QUAIN seconded the motion, which was carried.

Mr. HARGRAVE moved, Dr. ALEXANDER WOOD seconded, and it was resolved—

"That it is desirable that the following words, 'subject to the By-laws of the said Authorities,' be added to the end of the second paragraph of Clause xx of the Bill."

Clause XXI was read, as follows.

"21. Where any medical diploma, degree, or title, granted by any University, College, or Body in any British possession, or in any foreign country, is granted in respect of a higher degree of knowledge in medicine and surgery than is required for obtaining a licence under this Act, the General Medical Council may from time to time place such diploma, degree, or title upon a list to be kept and published by them, and if at any time such medical diploma, degree, or title ceases to be granted in respect of such higher degree of knowledge, as aforesaid, they may remove the same from such list."

"All holders of any medical diploma, degree, or title placed upon such list shall be entitled, with or without examination, and on such terms (but so that the fees do not exceed the ordinary fees) as the General Medical Council may from time to time determine, to be registered under the principal Act."

"No person who has obtained any such medical diploma, degree, or title before the same is added to such list, or the earlier date, if any (whether before or after the passing of this Act), fixed by the General Medical Council, shall be entitled to be so registered, and the removal of any diploma, degree, or title from such list shall not deprive any person entitled before such removal to be registered of his right to be so registered."

"Where the General Medical Council are satisfied of the eminent professional acquirements and character of any person who for more than ten years has been practising medicine or surgery in any British possession or foreign state, they may, by a special order, direct such person to be registered under the principal Act."

Sir D. CORRIGAN thought that the paragraph allowing registration without examination was not fair to British graduates.

Dr. ANDREW WOOD thought the clause rather a dangerous one. The Council was called on to say whether the degree was or was not higher than a licence. It should be left in the power of the Council to register the title if they saw fit.

Dr. ALEXANDER WOOD said that the clause was an encouragement to go abroad and take foreign degrees, for the purpose of escaping the conjoint Board. He suggested that the registration of foreign and colonial graduates should be left altogether in the hands of the Medical Council.

Dr. A. SMITH thought the first three paragraphs unnecessary, and moved their omission.

Dr. APJOHN seconded the motion.

The PRESIDENT said that successive governments had attached much importance to the registration of foreign and colonial graduates. The first draft of the Bill proposed to give power to the Privy Council to place

foreign graduates on the Register; but Lord De Grey had yielded to the objections made by the Executive Committee and had struck this out.

Dr. PARKES said that the several sub-clauses of the Clause xxi gave the Medical Council power of ordering examinations if it thought fit.

Sir D. CORRIGAN said that under the Act of 1853 the Council admitted a number of foreign graduates who had no right to practise in their own country.

Dr. ALEXANDER WOOD moved as an amendment—

"That it is desirable that the holders of foreign and colonial medical degrees, diplomas, and titles, should not have advantages beyond those granted to graduates of our own Universities."

"That in the opinion of this Council it is desirable that in Clause xxi the words in line 1, beginning 'who are granted,' the words 'this Act' in line 11 should be erased, and that the words 'If they appear to the Council to be conferred on conditions which guarantee the possession of a sufficient knowledge of Medicine and Surgery' be substituted for them."

Dr. ANDREW WOOD seconded the amendment.

Mr. CÆSAR HAWKINS said that the Council was forced to admit the higher degrees, but not all and every degree that might be presented. It was in the power of the Council to limit the list strictly; but the government ought not to be asked to expunge the Clause.

The amendment was lost, three only voting for it. The motion was then put and lost, four voting for it.

Clause XXII was read, as follows:—

"22. If any person who, for gain, either practices medicine or surgery, or any branch of medicine or surgery, or is engaged in the cure or treatment of diseases or injuries, and is not registered under the Medical Acts, 1858 to 1870, takes or uses any of the designations enumerated in Schedule (A) to the principal Act as amended by this Act, or by any of the Acts in the first schedule mentioned, or the designation of licentiate in medicine and surgery, or licentiate in medicine or in surgery, or in any branch of medicine or surgery, professor of medicine, professor of surgery, physician, surgeon, doctor, or any designation used to distinguish duly qualified practitioners of medicine or surgery, or any branch of medicine or surgery, he shall for every such offence be liable, on summary conviction, to a penalty not exceeding twenty pounds."

"If any person who for gain either practices medicine or surgery, or is engaged in the cure or treatment of diseases or injuries, or is engaged in the use of any of the above mentioned designations to which he is not entitled, he shall for every such offence be liable on summary conviction to a penalty not exceeding twenty pounds."

The General Medical Council, and also any Branch Medical Council, may take proceedings against any person for the contravention of the section, and no prosecution for the contravention of this section shall be instituted by any private person, except with the consent of the General Medical Council or some Branch Medical Council.

"If any person shows that he is not a British subject, and not ordinarily resident in the United Kingdom, and holds a medical diploma, degree, or title, from some University, College, or Body in any British possession or foreign country, entitled to grant the same, such person shall not be liable to any penalty under this section."

"Nothing in this section shall impose any penalty on any person engaged solely in the cure or treatment of the diseases or injuries of animals, and not of human beings."

Sir D. CORRIGAN moved, and Dr. A. SMITH seconded,

"That it is desirable, in reference to Clause xxii, that the consent of the General Medical Council shall not be deemed necessary towards the prosecution of any person contravening this Clause."

Dr. R. BENNETT thought that the provisions had been inserted to facilitate the passing of the Bill through the House of Commons.

Sir D. CORRIGAN said there was a great objection on the ground of delay. It would be necessary to summon a meeting of a Branch Council on every occasion when it was desired to prosecute; and this would be attended with great expense.

Dr. ALEXANDER WOOD did not know where the money for conducting prosecutions was to come from if the Medical Council were to be charged with the duty.

Sir D. CORRIGAN did not mean that the Medical Council should undertake prosecutions.

Dr. CHRISTISON referred to a report on the subject formerly adopted by the Council. It should be brought before the framers of the Bill.

Dr. SHARPEY said there were two very different things in the Clause. The first part referred to the action of the Medical Council; the second was evidently intended to restrain persons from undertaking vexatious prosecutions. He thought, however, that the difficulty attending the carrying on of prosecutions by the Council should be laid before the Lord President.

The motion was put, and carried; to voting for and 4 against it.

Mr. CÆSAR HAWKINS thought that the institution of proceedings by the Medical Council would be very inexpedient. He referred to cases in which the College of Surgeons had been put to great expense in removing names; and it might be expected that a similar difficulty would attend prosecutions by the Medical Council. He moved—

"That it is not expedient that the duty of proceeding against any person for the contravention of the sections of Clause xxii of the Bill should be assigned to the Medical Council, or any Branch Council."

Dr. ALEXANDER WOOD seconded the motion.

Dr. ANDREW WOOD believed that the motion would defeat a great object of the Bill. The Clause was quite different from Section xl. o



the Medical Act. He believed that Lord De Grey would hold it to be very essential; and if one or two prosecutions were successfully carried out the Council would be troubled with but few others.

Dr. AQUILLA SMITH supported the Clause.

The motion was then carried; 9 voting for and 8 against it.

The Council met at 12 o'clock on Wednesday. The consideration of the Bill in Committee was completed; and the Council resumed and adopted its own proceedings as a Committee. A motion expressive of general approval of the Bill was passed after considerable discussion; and a vote thanking Lord De Grey was unanimously agreed to.

Dr. PARKES brought forward the subject of improving the representation of the profession in the Council. He moved—

"That it is expedient that a Clause should be introduced into the Amended Medical Act, giving the medical authorities power to elect their representatives on the Medical Council on an enlarged basis; and that the clause shall be so worded as to allow the modes of election to be hereafter settled between each medical authority and those registered medical practitioners who have received from it any diploma or degree higher than the minimum diploma granted after passing the examination of one of the Conjoint Boards."

Dr. ANDREW WOOD seconded the motion: on which discussion took place. It was lost by 10 votes against 8.

After some formal business had been transacted, the Session came to an end.

[A report of the proceedings of the day will appear next week.]

## PROFESSOR FLOWER'S HUNTERIAN LECTURES ON THE COMPARATIVE ANATOMY OF THE MAMMALIA.

*Delivered at the Royal College of Surgeons of England.*

### LECTURE IX.—*Friday, March 4th.*

**Sternum.**—This consists of a series of bones placed along the middle bone on the ventral aspect of the thorax, and connected to the vertebral column by the ribs. It is present in all Mammalia. In its most complete form, the sternum consists of the præsternum (*manubrium sterni*), mesosternum, and xiphisternum (xiphoid cartilage of human anatomy). These three names were applied by Mr. W. K. Parker, who has thrown much light on the composition and development of the sternum in his work on the Shoulder-girdle.\*

The præsternum is that portion which lies anterior to the attachment of the second pair of ribs; the articulation of which lies between the præsternum and the mesosternum. To the latter, the remaining ribs are connected. Behind the mesosternum, the xiphisternum, or ensiform or xiphoid portion, projects backwards; it commonly remains more or less cartilaginous throughout life.

As the part from which the sternum is developed is formed by the union of the ventral laminae in the embryo, the sternum at an early period almost always shows traces of lateral separation; and an indication of the primordial cleft often remains throughout life. The ossific centres are not unfrequently found deposited in two points—one on each side of the middle line.

In Man, the præsternum is broad and flat, and expanded laterally for the attachment of the clavicles and ribs. The mesosternum is flattened, and consists of four segments. The xiphisternum is more or less elongated, simple, and imperfectly ossified. In an embryo, two and a half inches long, Mr. Parker has shown a commencing division between the præsternum and the mesosternum. At a later stage, ossific centres are deposited, generally in a single line. In man, the pieces composing the mesosternum are generally united; the præsternum is joined to the mesosternum by fibrous tissue, but the two often become ankylosed together in old age.

In the three higher Monkeys, the sternum in general resembles that of Man; but is rather broader and shorter in the Gorilla. In the Orang, the middle separation is very obvious; the ossific points are deposited on each side of the middle line, and are not placed exactly opposite to each other. In the Monkeys below this, the mesosternum is compressed laterally, and becomes nearly as thick as broad.

In the Carnivora, the sternum is generally ossified from eight or nine pieces. The præsternum is narrow; there being no clavicles to be supported by it. The pieces of the mesosternum are elongated and square-shaped, narrowed at the end, and separated by fibrous tissue. The xiphisternum is elongated, rather broad behind, and cartilaginous. The Seals resemble other Carnivora in the structure of the sternum;

but the manubrium is much prolonged. The sternal ribs are very slightly ossified.

Insectivora present much variation. Nearly all have clavicles; and the manubrium is hence broader than in Carnivora. The Hedgehog shows a trace of separation in the middle line. The Shrew has a long narrow sternum, with an expanded manubrium for the attachment of the large first rib. In the Mole, there is a remarkable modification; the mesosternum is well developed, but the manubrium is as long as the rest of the sternum; it is deeply keeled inferiorly, and expanded laterally. From the length of the manubrium, the first rib appears to be attached a long way behind the clavicle. The arms are placed close up to the head, concealing the neck. This arrangement may have a relation to the function of the anterior limbs and the habits of the animal.

In the Chiroptera, the manubrium is broad and has a very strong keel. The remaining part is generally ossified together early.

In Rodentia, the sternum is simple and rather narrow; and the modifications which it presents seem related to the presence or absence of clavicles. In the Beaver and Mouse, for instance, which have clavicles, the manubrium is broad. In the Hare, the Capibara, and other non-clavicate Rodents, the manubrium is much compressed, and projects somewhat like a prow.

Among the Ungulata, the Ruminants—*e.g.*, the Deer—have a very small manubrium, with a rudimentary first pair of ribs near the apex. The mesosternum increases in breadth backwards; it is flat, and consists of four or five segments. The xiphisternum is long, narrow, and simple. In some, as the Giraffe, the hinder segments of the mesosternum are much thickened. In the Pig, the præsternum has a long median keel, with a pointed process projecting forward. The second piece of the sternum is compressed in front and broad behind; and beyond this the sternum is broad and flat. The primordial fissure is frequently found in the Pig. The Horse and the Tapir also have a compressed and keeled sternum; but the compression reaches further back than in the Pig. In the Tapir, the front of the præsternum is ossified from a separate centre, to which the name *pro-osteon* has been given; the xiphisternum is absent, or very rudimentary. The sternum in the Rhinoceros is compressed laterally all the way down.

Among the Toothed Whales, or Odontoceti, the Dolphin has the sternum elongated and formed of many segments, but without a xiphoid cartilage. The upper segment is always broad, though there is no clavicle, and is prolonged on each side into horn-like processes. Separate centres of ossification on each side of the median line are very commonly found in Cetacea. In the Porpoise, the sternum is formed on the same principle, but is rather shorter. The Physeter, or Sperm Whale, has a sternum formed of two unequal distinct halves; there are six centres, three on each side. There is no ossified xiphisternum; and a lacuna is left in the centre of the mesosternum, which gradually becomes smaller as the animal advances in age. The last portion of the mesosternum is not united with the part in front. In the Whalebone Whales, the sternum appears to be reduced to the præsternum and a projection which may be regarded as the xiphisternum; there is no trace of mesosternum. None of the Whalebone Whales have more than one pair of ribs attached to the sternum. In the Balenoptera Rostrata, the first ribs are attached behind the arms of a kind of cross formed by the manubrium; and traces of the primordial fissure may be met with in the bone. It was generally supposed that the sternum in this animal was ossified from a single centre; but Professor Turner has found that in the fetus the anterior portion is separate from the xiphisternum.

In the Sirenia, the præsternum bears the first pair of ribs; yet there are three pairs of rib-cartilages attached to an intermediate cartilaginous portion representing the mesosternum; and behind this is the xiphisternum. The ribs attached to the sternum are clustered together.

Among the Edentata, the Sloths have the præsternum wide, and somewhat dilated laterally for the first ribs; behind this, the sternum is very narrow, compressed from side to side. The portions of the mesosternum are separate from each other. The Manis has a very long xiphisternum, which is bifurcated in some species, and extends on each side to the lower part of the abdomen. The true Ant-eaters have a broad manubrium; the remainder of the sternum is very narrow, each segment of the mesosternum being broad above and compressed below. Each segment is ossified from eight or nine centres; and there are synovial points between the pieces of the sternum. The sternal ribs are articulated by a tubercle and a head, like vertebral ribs; and a tough ligament separates the points of the sternum where these are affixed. This structure is also found in the Armadillo and in a small climbing Anteater.

The Marsupialia present no remarkable modifications in the sternum. The general type is that of the Carnivora; but the upper part of the bone is more developed.

\* The drawings used by Mr. Flower in illustration of his lectures on the Sternum and the Limbs were, mostly, enlarged copies from Mr. Parker's work.

The Monotrometa have a very peculiar sternum. At the top is a peculiar T-shaped bone, which appears, however, to belong rather to the shoulder-girdle. It seems to be the representative of the bone in reptiles called interclavicle by Parker, and episternum by others.

*Ribs.*—These form a series of long, narrow, more or less flattened bones, joined more or less with the sternum. Each rib is primarily formed of two portions; the upper being that to which the term rib is commonly applied, and the lower often remaining permanently cartilaginous, but sometimes becoming ossified and constituting a sternal rib. There is often a joint between the vertebral rib and the cartilage, as in the Armadillo. Occasionally, as in Monotremes, an intermediate piece is found between the two portions; this is an approach to what exists in Reptiles. Some Edentata and Insectivora have a trace of this.

The sternal ribs in Man are ossified only in old age, very imperfectly, and by granular deposit. The same is the case in Primates generally. In Carnivora, the sternal ribs are mostly cartilaginous, and very long. In Ungulata, they are short, and more densely ossified—the ossifications being granular; there are distinct joints at both ends of the sternal ribs.

## BRITISH MEDICAL JOURNAL.

SATURDAY, MAY 7TH, 1870.

### THE MEDICAL COUNCIL AND THE GOVERNMENT.

THE corporate instincts of the General Council of Medical Education and Registration were signally displayed in the opening discussion on Thursday week. The proceedings commenced with an address by the President, in which, after making suggestions for the conduct of debate, he took occasion to correct the "exaggerated notions" entertained by certain bodies and persons as to the extent of the powers conferred on the Privy Council by the Government Bill. It had been, he said, distinctly stated by Lord De Grey and the draughtsman of the Bill that the words of the Bill would give the Privy Council no power whatever of originating any scheme or of modifying any thing beyond the four corners of the scheme brought before them by the Medical Council. There was no power of conversion of such a scheme given to the Privy Council, for "under the Bill the Privy Council would be obliged to leave the main features of the scheme untouched." It will be observed that this was the interpretation which we had ourselves given to this clause in our first mention of the Bill.

The Council having satisfied itself on the point referred to, on the motion of Dr. Acland, resolved itself into a committee for the consideration of the Bill clause by clause. No sooner was this done, than the Corporations encountered a tremendous stumbling-block in the shape of the third clause. That iniquitous clause actually involved granting to the three new Examining Boards the power of licensing the successful candidate to practise in medicine and surgery, irrespectively of connection with the existing Corporations. If such a clause were permitted to pass, the Corporations would be undone. Accordingly, up rose the representative of the noblest Corporation in the kingdom—the Royal College of Surgeons of England—and moved that the words "certificate of competency" should be substituted for the words "licence" to practise in medicine and surgery. His argument was that by this clause the licensing power was taken away from every University and Corporation, and that the practitioner need not belong to any one of those bodies. Schedule A, with its fifty-one degrees and diplomas, was in imminent danger. Dr. Christison was very doleful over this lamentable clause. He had looked for a Bill which would have been of a very different character, and have established "a Conjoint Board which should not encroach on the privileges of the Corporations or Universities, but on the contrary, promote their interests." Dr. Alexander Wood saw the destruction of the "time-honoured Corporations" looming through the clause, and deprecated the serious loss to the profession which would be the result of depriving it of "the surveillance and the *esprit de corps* which were associated with the existing Licensing Bodies." Dr. Andrew Wood found the model of what was required in

the system at work in Scotland, the features of which were that before any one could obtain a licence to practise, he must pass the examinations of a Conjoint Board; and, as a condition of registration, become associated with one of the bodies named in Schedule A. Dr. Bennett averred that "unless the Licentiate were in connection with one or other of the existing authorities there would no longer be any general control over their conduct; the character of the profession would be likely to be seriously damaged, and the welfare of the public jeopardised, without some such supervision." Dr. A. Smith, Dr. Apjohn, and Mr. Cooper, all objected to the clause on the ground of injury to the Corporations; while, on the other side, Mr. Hargrave thought a mere substitution of a certificate of competency would be a very mean and bald way of meeting the proposal. Dr. Fleming said the object of the Bill was to prevent the confusion which would arise out of the Licensing Bodies giving the title of "Licentiate" to the holders of their diplomas. Dr. Storrar thought that the Government had some good reason for their proposed clause. Dr. Quain believed that the Government proposal had the merit of great simplicity. Dr. Parkes twice expressed his opinion that it would be desirable to ascertain whether the Government would consent to a modification of the clause; and Dr. Humphry, believing that the Government would not do so, pointed out that the opposition of the Council would lead to the withdrawal of the Bill for the present session.

Throughout the debate, the good of the profession and the views of the profession were almost entirely disregarded, except when a representative of a Corporation had succeeded in discovering that the professional welfare demanded that primary attention should be paid to corporate interests. Of this nature were the observations of Dr. Alexander Wood and Dr. Bennett, who are fully persuaded in their own minds that the Corporations act as the conservators of the morals of the profession. But Dr. Alexander Wood exhibited a supreme audacity in declaring that the Corporations promote an *esprit de corps* in the profession. Had it been so, the present Bill would never have seen the light, and years ago the reform now tardily contemplated would have been carried perhaps in a more complete shape. For twelve years the Medical Act has been in existence, and that Act has given a permissive power to the Corporations to combine for the purpose of examinations. Yet what have the Colleges of Physicians and Surgeons and the Apothecaries' Society done in those twelve years to promote a step for which medical reformers have striven "for longer than living memory"? When the change is seen to be inevitable, an arrangement is adopted; but even then a Government Bill overtakes the Corporations, which have only combined in face of a common danger. It would be folly to waste words in refutation of Dr. Wood's statement. The single fact that the Council is chosen by but a few hundreds of the 18,000 members of our profession would be a sufficient reply, without alluding to the condemnation generally expressed of the conduct of the Corporations and of the Council itself. In the present instance the Council has shown how little it is capable, under its present constitution, of rising to a great occasion; how little weight its decisions possess with the Government; and how the remnant of dignity belonging to it is lost through defects in its composition.

Looking only to the material advantages of the Corporations, the Council came to a decision last Thursday week adverse to the main principle of the Bill, and endeavoured to obtain the sanction of the Government to such a modification of the third and thirteenth clauses as would still permit the Corporations to fatten on professional spoil. In this effort the Council was signally defeated, and on Friday was compelled to retrace its steps. Mr. Simon had written a letter to Dr. Parkes, informing him that Lord De Grey would not attempt any amendment of the Medical Acts on any basis different from that which Clause XIII of the Bill presents. In consequence of this intimation, it was proposed by Dr. Storrar, and seconded by Dr. Parkes, "That the Council accept the principle of Clauses III and XIII of the proposed Bill." The motion was carried by fifteen to four. We agree with Sir D. Corrigan that "no Council was ever placed in a more humiliating

position". It is strange that the Council does not perceive how different that position would be, if it were backed up by the loyal support of an united profession. At the present moment, the Council stands alone, battling with the Government on the one side and the profession on the other. In such a contest, the weakest must go to the wall. It is now too late, we fear, once more to advise the Council to place itself in harmony with the wishes of the profession. Those wishes have been plainly declared. From all quarters there is a strong demand for a representative Council. In all quarters there is a repugnance to the manifold distinctions contained in Schedule A. A single licence to practise all branches of the profession is every where required, unencumbered with any conditions of association with existing Corporations. The Government Bill, whatever may be its defects in regard to the power conferred on the Privy Council and the absence of provision for ensuring representation of the profession in the Medical Council, effects the great end of establishing a single Examining Board, which will grant a licence to practise, irrespectively of every consideration but competency. To obtain such a measure has been the ardent aspiration of many a reformer; and it rests with the profession to determine whether it will "take the good the gods provide", or relegate the whole subject to the chances of another session. This is a difficult point for determination, and we will not accept the responsibility of determining it. The Corporations and the Council have had it in their power to achieve great results, and success or failure will depend entirely upon the course of action which they have pursued in the present crisis. We do not wish to predict a failure; but assured success would have been within their grasp, had they acted up to the standard of Dr. Acland, and "subordinated the interests of the bodies which the members of the Council represent to the first and larger duty of advocating the good of the whole profession."

#### MUTUAL MEDICAL AID ASSOCIATIONS.

THOSE of us who can spare time from the consideration of the greater matters of reform, seem to be occupying their attention in devising plans for regulating the relations between medical men and their patients. Newschemes for Self-supporting Dispensaries, for Medical Aid Societies, and the like, are cropping up all around us. We advert to the subject, mainly to express a hope that the promoters of these schemes will be careful to act in such a manner that our professional honour may not suffer. There is certainly some risk. An advertisement appears this week in the *Leamington* papers of a society of the kind referred to, which it is proposed to form on the basis of an insurance company, and with the design to secure the advantages of ordinary medical attendance for fixed payments. To this advertisement two medical men, apparently the sole promoters of the cause, append their signatures and full addresses. We will not for the present mention their names, since it is to be hoped the offence will cease. It must be as clear to them as to others, on a little consideration, that such procedures are very like advertising for other people's patients at cheap rates. A correspondent from *Leamington* suggests, that the scheme we criticise is established in some sort in self-defence against the working of a "provident dispensary."

We take it that there is one principle clear in reference to provident dispensaries and the like, namely, that their rules should allow all medical men in the district to come upon the staff if they wish. To establish a dispensary on any other basis is, in proportion to its success, to inflict injustice on those medical men who are excluded, and is very likely to lead to reprisals. Few things could tend more certainly to degrade the profession than that its members should advertise against each other under the flimsy cover of the name of a public association. The institution to which we have referred at *Leamington*, clearly differs little from a partnership with a special name and the privilege of advertising.

A much more pretentious scheme has been brought under our notice nearer home, and one which is, we fear, in its present shape, little less

objectionable. A printed preliminary prospectus has been issued, proposing the formation of a "Metropolitan Mutual Medical Aid Society." The objects proposed are, of course, excellent, and so are, we doubt not, the intentions of its projectors. But as to its working, it appears to us to be open to grave criticism. It is designed to supply to that portion of the poor which is above the parish and yet scarcely able to pay ordinary charges, medical and surgical attendance, medicines, and surgical appliances, on prepayment of a small sum annually. We shall not mention the exact sum proposed, because it is probably a matter of detail which is open to correction; but the class aimed at will be sufficiently indicated by the statement that the proposed midwifery fee is half-a-guinea. In many of its features, the scheme does not differ from a gigantic self-supporting dispensary, but in some it certainly does. It proposes to appoint a Medical Council—indeed, three names already appear in this office—by whom district medical officers will be appointed, one to each district. The professional ability and standing of the medical officers will, the promoters state, thus be secured, and they trust that the guarantee thus offered will be highly appreciated by those who, from not knowing the comparative attainments of the medical men in their neighbourhood, might be tempted to delay obtaining professional advice. Now this appears to us to be a radical blunder. We had supposed that there already existed those whose duty it is to inquire as to the attainments of all who enter the profession, and that there were few more delicate and responsible tasks which a medical man can possibly be asked to perform, than to give an opinion as to the relative merits of any of his brethren in the craft. We had thought that to volunteer such advice unasked, was always an impertinence to the body at large. Here, however, it is actually proposed to appoint one or more medical men in each district of the metropolis, to advertise their names and certify their ability and standing under the hands of a Council composed of eminent men. Could any more invidious undertaking be attempted? We trust that few surgeons will be found so spiritless as to be willing to accept such preposterous patronage, and that, should any do so, their neighbours will devise means to let them know that there exist social penalties for such conduct. Perhaps this Council of emicients would kindly come to the Lord-President's rescue, and volunteer to effect for him off-hand all that our Medical Acts so laboriously strive to achieve. To them it would appear to be the easiest possible task to assign a surgeon's "professional ability and standing," and they are evidently prepared to undertake it off-hand for London and its neighbourhood.

We could say more on the matter, but that we think we have said enough to shew that, if the scheme is to have a chance of success, the objectionable feature must be changed. Under no pretence whatever must any body of medical men presume to give opinions to patients who pay for advice as to whom they should employ. Any scheme of the kind we have described, working for profit, will differ in size only from a partnership, whilst it will seek its success by methods not open to individuals, and wholly contrary to professional etiquette. The proposed Society has some good points; and, having regard to the present state of professional feeling as to gratuitous advice, we cannot but regard it as probable that some such plan will, before long, be carried out. It will, we repeat, be essential that it should allow all registered medical men who wish to do so to put their names in its list, and to take such share in its practice as may, by the unaided selection of the public, fall to their lot.

#### THE ADMISSION OF LADIES TO THE PROFESSION.

A PETITION is now being handed about for signature, asking that, in future legislation, facilities may be afforded for the admission of women on equal terms with men to medical diplomas, and to the means of medical education. It is not without great reluctance that we say anything calculated to disappoint the hopes of the well-intentioned enthusiasts who are working for the so-called "emancipation of women." So convinced, however are we that this movement is in many of its



phases, of a retrograde civilisation, that we cannot but beg of any who may feel inclined to sign the document referred to, that they will first devote to the matter a few minutes of conscientious thought. The following questions may be suggested for their consideration.

1. Is it not the fact that the medical profession is already well supplied as to numbers, and that not a single inconvenience in reference to sex is encountered?

2. Is it not certain that the introduction of women surgeons will displace an equal number (or nearly so) of men surgeons, and that, except on the hypothesis that an increase of celibacy is desirable, the change will offer no real advantages to the female sex?\*

3. Does not all experience support the belief that the mental powers of the female brain differ somewhat from those of the male, and that the difference, whether little or great, in reference to those qualities which are necessary for the pursuit of medical science, is in favour of men?

4. Is it not self-evident that special inconveniences would be encountered by ladies in the daily practice of the profession?

5. Is it not probable that medical science would progress less rapidly if it were cultivated solely by women? and is it not fair to assume that if the change be but partial the damage will be in ratio with the extent of substitution?

6. Are not the real interests of the two sexes absolutely identical, and will not both suffer if the standard of feminine delicacy be lowered?

7. Is it possible to give any definition of feminine delicacy which shall permit to young ladies, under any circumstances short of absolute necessity, the study of medical jurisprudence and the perusal of Mr. Acton's books?

MR. F. RUFFE, of Tamworth, a member of our profession, has been nominated one of Her Majesty's Justices of the Peace.

DR. LANGDON DOWN and Mr. Walter Rivington have been appointed full Physician and Surgeon respectively to the London Hospital.

AN anonymous donor has lately presented the sum of £5,000 towards defraying the debt in the All Saints Hospital, Eastbourne.

THE annual dinner in aid of the funds of St. Mary's Hospital will take place at the Albion Tavern, Aldersgate Street, on Wednesday, Lord George Hamilton, M.P., in the chair.

THE President and Council of the Pharmaceutical Society have issued cards of invitation for a conversazione at Kensington Museum on Wednesday, the 18th instant.

AN influential public meeting was held at the Mansion House, by the permission of the Lord Mayor, on Saturday last, regarding the present insufficient hospital accommodation at the east end of London. Resolutions were passed favourable to the extension of the East London Hospital for Children.

THE eighteenth annual meeting of the Hospital for Sick Children was held this week, the chair being taken by the Hon. H. Kinnaird, M.P. During the past year 709 children were under treatment, and 112 at the Highgate Convalescent Branch, and 15,000 out-patients at Great Ormond Street. The new building is intended to receive 200 patients.

#### THE AMALGAMATION OF THE MEDICAL SOCIETIES.

A SPECIAL general meeting of the Clinical Society of London will be held after the ordinary meeting on Friday, May 13th, to take into consideration the resolutions agreed to by the Committee of Delegates appointed to prepare a scheme for the amalgamation of various medical societies in London. A special meeting of the Epidemiological Society will be held on Wednesday, the 11th May, at 8 o'clock P.M., to consider further resolutions of the Royal Medical and Chirurgical Society respecting the amalgamation of societies.

SIR THOMAS WATSON.

We have much pleasure in stating that Sir Thomas Watson continues to improve daily. His progress is most satisfactory.

#### THE MEDICAL SCHOOL OF PARIS.

THE lectures at the École de Médecine in Paris, which had been suspended on account of the disorders in M. Tardieu's class-room, were recommenced on Monday last. It was judged advisable by the authorities to take measures for restricting the admissions to M. Tardieu's lecture. Consequently, the audience of the worthy Professor of Medical Jurisprudence was composed chiefly of students properly so called; and his reception was most cordial. The letter of our Paris correspondent gives a full account of the proceedings.

#### THE LAND OF GOSCHEN.

THERE can be no doubt, notwithstanding the high poetic authority to the contrary, that there is some virtue in a name. The objections of the poor to enter a "workhouse" are certainly not wholly of a sentimental order, and the "Bastilles" of the Poor-law are still far from being all that we could wish them to be, whether as hospitals for the sick or refuges for the helpless and destitute. These departments have however unquestionably undergone great reformation of late, and probably without impairing the necessary *désagrémens* of such establishments for the idle and worthless. Now that the horrors of the workhouse for the sick and disabled are much mitigated under the reign of an energetic President of the Poor-law Board, it is, we see, proposed to rebaptise them as the "Land of Goschen." To liberal minds the suggestion may not be unacceptable.

#### UNIVERSITY OF LONDON.

THE following gentlemen have been appointed Examiners for the ensuing year. *Chemistry*: Dr. Matthiessen, F.R.S., and Dr. Odling, F.R.S. *Botany and Vegetable Physiology*: Dr. J. D. Hooker, and Dr. Thomas Thomson, F.R.S. *Practice of Medicine*: Dr. Bristowe and Dr. J. Russell Reynolds, F.R.S. *Surgery*: Mr. Birkett and Mr. Le Gros Clark. *Anatomy*: Mr. Turner, F.R.S.E., and Mr. John Wood. *Physiology, Comparative Anatomy, and Zoology*: Dr. Michael Foster and Mr. Henry Power. *Obstetric Medicine*: Dr. Barnes and Dr. Graily Hewitt. *Materia Medica and Pharmaceutical Chemistry*: Dr. Thomas R. Fraser, F.R.S.E., and Dr. Garrod, F.R.S. *Forensic Medicine*: Dr. E. Headlam Greenhow and Dr. Thomson Stevenson.

#### REGENERATION OF NERVE-TISSUE.

VOIT has recently proved the reproduction of the cerebral tissue in the pigeon, and the coincidence of this reproduction with almost complete renewal of the cephalic functions. MM. Masius and Van Laer, Professors in the University of Liege, deduce from recent experiments—detailed at length in the current number of the *Monthly Microscopic Journal*—that the spinal cord in the frog can recover rapidly a loss of substance which has taken place in its own tissues, and repair its primitive anatomical and physiological properties.

#### THE DOCTOR'S VISIT.

WHAT a cynical disciple of Darwin is he, who would fain pervert Sir Edwin Landseer's most admirable and touching picture in the Royal Academy this year to an attack on the profession, to which the title of the picture conveys an oblique compliment. "The Doctor," a fine old monkey, whose affectionate instincts have earned him the title, is attending a little sick brother. Our poor relations are sometimes very good to each other in sickness; and this one is the tenderest of nurses. The infinite sympathy, the gentleness and quiet affection with which this great master of art has glorified the simian doctor contrasts pathetically with the drooping misery of the little one, who seeks, and evidently finds, warmth and comfort in the embrace of his visitor. The disciple of Darwin insinuates that the "doctor" in the picture is a little black fellow greedily eating oranges obviously intended for the benefit of the patient. But he is not so well acquainted with the history of this piece of zoological pathos as he assumes to be; and

\* See leader on "Lady-Surgeons", April 2nd, p. 338

Mr. Tom Taylor and Mr. Gladstone—the latter of whom declared that he was tempted for a moment to wish himself a monkey, that he might share the pleasurable and benevolent emotions of the old ape—have, we believe, correctly interpreted the artist's intentions and the "doctor's" feelings. Sir Edwin Landseer is the last man in the world to impute selfishness or greed to a doctor; and certain it is that in life the doctor is known many times to help the poor patient to a sly delicacy, but never to play the part of the greedy relative sometimes seen outside the picture, and in tribes not confined in the cages of the Zoological Gardens, who appropriate heedlessly and selfishly the luxuries which would soothe the pangs of sickness and relieve the wants of unheeded and neighbouring distress.

#### FEVER AT WHITEHAVEN.

THE *Whitehaven Herald*, of last Saturday, states that three deaths at the Infirmary from fever were reported to the Board of Guardians at the preceding meeting, and that there have been two more since. The number of patients in the house last Friday was 18, of whom 7 were ready to be discharged.

#### THE EDINBURGH UNIVERSITY CLUB.

We have received the Sixth Annual Report of the Edinburgh University Club, London, to which we cursorily alluded when read at the annual meeting in February. There are now upon the roll 288 members, of whom 12 are honorary, 133 reside in London, 139 in the country, and 6 abroad. Last year 13 members were elected. During the year the Club lost four members—Mr. Graham, Master of the Mint; Dr. Roget, F.R.S.; Dr. Jollie of Gateshead; and Dr. David Blair White of Newcastle-on-Tyne. We take this opportunity of drawing the attention of Edinburgh men resident in or near London to the Club, the objects of which are to maintain good fellowship and to promote the interests of the Edinburgh University and of its graduates. There are a small entrance fee and annual subscription; and the Club votes annually sums of money towards the endowments of the University, or towards such objects as are calculated to commemorate usefully and substantially the labours and reputation of its alumni. It includes graduates of all the Faculties, and is not a purely medical club as supposed. The Club meets at dinner four times in each year.

#### AN INVALID GIFT.

SINCERE regret must be felt by all the friends of the poor in the county of Gloucester, that Vice-Chancellor Malins has felt constrained to support the opposition by one of four heirs-at-law to the gift by Miss Delancey of Cheltenham, intended to favour the foundation of a fever hospital. The advantage of such an institution had been set before her by one of our Associates, Mr. Clement Hawkins; and Miss Delancey, to meet the requirements of the law and take the gift out of the scope of the Mortmain Act, entrusted during her life the sum of £5000 to Mr. Hawkins and Mr. Gwennett, a solicitor, as trustees, for the purposes of the proposed hospital. She died shortly afterwards. The deed having been executed within a year of death, the question was raised by one of the heirs-at-law whether it was valid. The Vice-Chancellor said that he should have been glad to find that the next of kin were willing to carry out the wishes of Miss Delancey. But, as one objected, it was his duty to declare the gift invalid, on the ground that it was executed within a year of death, and was the act of a dying or languishing person. The provisions of this Act are of very great importance to all persons desiring to make bequests for the purchase of real estate for charitable purposes, and the case is one to which professional attention will necessarily be directed.

#### OPENING OF THE UNIVERSITY OF LONDON.

THE arrangements for Wednesday are now almost completed. Those who have secured tickets are requested to be in their seats as soon after ten o'clock as possible. Visitors will be admitted into all the rooms, except the Theatre and Senate-room. The latter will be reserved for the members of the Senate and their friends, but all ladies who have passed

the examinations at the University, six or eight in number, will probably also be admitted. All Doctors and Masters of the Faculties, being Members of Convocation, who applied within the prescribed time, and also Bachelors who graduated previously to 1856, will be accommodated in the Theatre. As many as 600 tickets have been issued to Members of Convocation, and 550 to ladies. This being a State occasion, all Graduates will appear in Academical costume. On arrival at the University Buildings, Her Majesty will pass through the various rooms to the Theatre, where the Chancellor of the University will present an address, and refer to the foundation of the University, its objects, and principles. The Prince and Princess of Wales and the Princess Louise are expected to be present, Mr. Gladstone, The President and two previous Presidents of the Board of Works, the Chancellor and Vice-Chancellor of every British University, the Presidents of the six Societies which are to be accommodated at Burlington House, the Presidents of the College of Physicians and the College of Surgeons, the Lord Mayor, and many other representative personages. The band of the Grenadier Guards will play during the morning, and it is expected that there will be a fine display of flowers from Kew Gardens.

#### THE CASE OF THE LATE EARL ST. MAUR.

DR. C. J. B. WILLIAMS has issued a second edition of his *Authentic Narrative of the late Earl St. Maur*, with a preface explanatory of the reasons which induce him to believe that it is desirable to continue to counteract the evil effects of the unfortunate publication of the original libel from its having been read in court. The Narrative, completely removing as it does every imputation on his carefulness, good faith, and skill, stands unaltered; but, in the preface to the second edition, are quoted the extraordinary letter in the *Times* of Wednesday, March 23rd, which professed to contradict some of the statements of the Narrative, and to be signed by the Duke's solicitors, and the subsequent disavowal of that letter by these solicitors, who stated that, although purporting to bear their signature, it had not been seen or approved by them. The letter which in that document was asserted not to have been written by the Duchess of Somerset, was admitted at the trial to be in her handwriting, and has since been shown by Sir Thomas Watson to Dr. Bence Jones, who has identified it as such.

#### FEVER IN THE HOUSE.

The necessity for isolation homes, to which we last week referred, appears to have been felt at Oxford among the members of the University. For we see that, at a meeting of the Governors of the Institution, held on Wednesday, it was resolved, on the motion of the Dean of Christ Church, to admit to the fever-ward of the Infirmary members of the University whose removal thereto might be desirable. The resolution was opposed by the Rev. J. Rigaud of Magdalen College, who contended that the Infirmary was never intended for the reception of such patients, it being founded for the benefit of the poor; but on a division the numbers were found to be equal, and the Chairman gave his vote in favour of the Dean's motion. The conclusion arrived at seems to us very sound. "Fever in the house" is a terrible sound in the ears of lodginghouse-keepers, schoolmasters, college professors, and very often even of heads of families. Between the home and the hospital there is no half-way house—no *maison de santé*—no isolation-house. They manage these things better in France.

#### CUMBERLAND AND WESTMORELAND LUNATIC ASYLUM: REPORT FOR 1869.

DR. CLOUSTON, the Medical Superintendent, reports that the number of cases of lunacy in Cumberland and Westmorland is not increasing, the increase in admissions into the Asylum being due to the facts that patients' friends have become increasingly willing to gain admission for them, that the adjoining county of Lancashire has contributed a number of pauper patients, and that a good many private patients have been received. Patients of the latter class pay fourteen shillings a week. The general condition of the Asylum seems to be good, the Commissioners having made complaint of only one ward, the defect being chiefly

one of too great number of patients. The number of curable cases admitted is on the increase; and last year included 49 per cent. of the patients who had been in the Asylum several months; *i.e.*, excluding the cases admitted at the end of the year. There is an increasing tendency on the part of friends to send patients at an early stage of insanity.

#### MEDICAL SOCIETY OF LONDON.

ON Monday last, May 2nd, the Annual Oration was delivered by Mr. Francis Mason, to a very large audience, in the Hanover Square Rooms. The subject of the dissertation was a *résumé* of the work done at the meetings of the Society since it was instituted in 1773. Mr. Mason spoke especially of the progress that surgery had made during the last thirty years, and referred more particularly to excision of the joints. Previously to that period, the discussions had been chiefly devoted to medicine, therapeutics, and midwifery. The records contain, in addition, very many quaint incidents, to which Mr. Mason drew the attention of the meeting. Amongst these there is the case of a fasting girl who in 1780 lived for two years without eating or drinking; and also of a girl who in 1807 was known by the title of the "sleeping beauty", and who remained in a state of complete somnolence frequently for nine days. An amusing account was given of the heroic treatment adopted in the days of Dr. Lettsom, not the least remarkable examples of which were the case of a lady who, for some irritation about the rectum, applied one hundred leeches (she died exhausted by the hæmorrhage); and also a case of ophthalmia which required no less than two hundred leeches, besides free venesection, to arrest the inflammation. Mention was made of cases of foreign bodies which had been swallowed taking a remarkable course; and a singular instance was narrated of a man who had swallowed a large blue earthenware egg-cup, which, after death, was found at the ileo-cæcal valve. Curious instances, in which rapid recovery had taken place after very severe injuries to the head, were noticed. Mr. Mason said, in conclusion, that he had reviewed the past, and looked hopefully forward to the future. The chair was occupied by Mr. John Gay, the President of the Society.

#### CONTAGIOUS DISEASES ACTS.

A MEETING of the Contagious Diseases Association was held on Tuesday last. Several members of Parliament and a number of eminent members of the medical profession were present, including Mr. Skeggs, Mr. Prescott Hewett, Mr. Curling, Mr. H. Spencer Smith, Dr. Chambers, Dr. Sieveking, Mr. James Lane, Mr. Gascoyen, Mr. Acton, Surgeon-Major Wyatt, Mr. A. Myers, Dr. Aldis, and the Honorary Secretaries, Mr. Berkeley Hill and Mr. Curgiven. A letter was read from Earl Russell, who readily gave his name in support of the purposes of this association, and also sent a donation to the funds. Letters were also read from the Rev. Dr. Barry, of King's College (who added that his opinion as to the necessity of these Acts, and the good they do, remained unaltered by what had lately been said), from Sir John Simeon, M.P., Mr. Cesar Hawkins, Mr. James Paget, Dr. Carr, and others. Mr. Quain, who presided in the absence of Sir Thomas Watson through illness, said that the committee had come to the conclusion not to recommend any further extension of the Acts until the public had become better informed on a subject in regard to which much prejudice, through misapprehension and ignorance, had been raised. Mr. Berkeley Hill read a detailed report, which dealt with the subject in all its bearings, and gave statistics showing that immorality was lessened among all classes in the towns in which the Acts were operating, and that there was no room for doubt as to their beneficial effects upon all the populations of those towns. The adoption of the report was moved by Lord Charles Bruce, M.P., and seconded by Dr. Sieveking, who said that these sanitary Acts were requisite, and one disease should be prevented as well as another. For his part he knew that, if the medical man were to stop his hand on dealing with every disease in which there was any moral obliquity, he would rest very often. The report was adopted, and it was agreed that it should be printed for circulation.

#### A SPECIAL GENERAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

THE following resolution was passed at a meeting of the Committee of Council held in Birmingham on Thursday.

"That a General Meeting of the British Medical Association be held in London on Wednesday, the 18th of May, to consider the Medical Bills now before Parliament; unless the President of the Association, the President of the Council, and Dr. Edward Waters, find, from the postponement of the Bill, that such meeting may be deemed unnecessary."

#### ROYAL MEDICAL BENEVOLENT COLLEGE.

THE anniversary dinner of this valuable institution was held on Wednesday evening, under the presidency of Mr. W. H. Smith, M.P. Besides a large attendance of medical supporters, the Nawab of Bengal and other lay friends were present. The schools contain two hundred pupils, the sons of medical men, of whom fifty are on the foundation; and there are twenty-four resident pensioners. In proposing "Success to the Institution," the Chairman pleaded earnestly for the support of a charity which aimed at remedying some of the unforeseen disasters which befall men whose sacred calling exposes them to constant risks, who were earlier called upon to marry than others, and thus often exposed throughout life to heavy burdens and a constant struggle. He referred in warm language to the excellence of the schools and their high educational efficiency, and to the great value of the pensions to decayed members. The subscriptions collected amounted to between £600 and £700.

#### HOSPITALS AND FEVER-CASES.

WHY should not the governing bodies of the metropolitan hospitals adopt the suggestion of the *Pall Mall Gazette* for limiting the extension of fever, now believed to occur through the reckless use of public vehicles by persons suffering from contagious disease? It is proposed to make it the duty of some hospital official—the porter, we presume, would be the first person concerned, under the direction of the secretary or resident medical officer—to note the number of any public carriage conveying a fever or small-pox patient to the building, and to communicate it to the medical officer of the district. The fever and small-pox hospitals could render the most efficient public aid in such a matter, and really it is of great public concern that they should do so. Mr. Cheyne has shown already great activity in the matter, and we do not doubt that Mr. Marson would be equally desirous of assisting to free the population by an appropriate preventive measure from the scourge which his medical labours have largely aided to combat. All hospitals, however, which admit fever cases are in greater or less degree able to render this service. By the facilities which they afford for the use of their fever-carriages, they indicate the interest which they take in this part of the public duty; and the adoption of the measure recommended would probably aid yet further in the work. From communications which have been made to us, there appears to be some difficulty in finding a superior class of vehicle for the conveyance of the sick at a moderate price.

#### TYPHUS FEVER AT HIGHGATE.

DR. BALLARD, Medical Officer for Islington, in his monthly report, dated April 12th, makes the following remarks with reference to the outbreak in the Holborn Union School at Highgate, as a striking illustration of the necessity of weekly returns of public sickness, as well as returns of death, being forwarded to the proper sanitary authorities.

"As I receive no sickness returns from that establishment, I knew nothing of it until twenty-six cases had been received into the London Fever Hospital. My attention was first called to the probability of there being something amiss in the sanitary arrangements of the establishment by the return of a death from 'cancrem oris' in the schedule which came to me on March 24th. This death took place on March 18th. The first death from typhoid fever was recorded in the mortuary schedule which reached me on March 31st; that is to say, five weeks after the first recognised case of typhoid had occurred in the house. I



am morally certain that the disease might have been prevented from spreading as it did in the School, had I been in a position to interfere at its first onset. The first recognised case occurred in a boy who was sent to the Fever Hospital on February 24th; afterwards the fever attacked both boys and girls. On visiting the house on March 31st, I found that the children were in the habit of drinking from a closely covered cistern, the waste-pipe of which, untrapped, entered directly into the drain which conducted the overflow of a cesspool communicating with the boys' closet. Both the boys' and the girls' closets, in separate parts of the premises, are defective in construction. Up to the close of the month of March, 31 cases, including a nurse and a washerwoman, had been sent to the Hospital. I directed the waste-pipes of the cisterns to be at once disconnected from the drains, and the cisterns themselves to be cleansed and disinfected; that carbolic acid should be thrown daily into each drain inlet on the premises and used for flushing the closets; and that the night-stools in the infirmary and dormitories should be charged with the same disinfectant. Up to the date of this report only three fresh cases have been sent to the Hospital, and one of these patients was ailing at the time of my first visit. Householders are scarcely even now aware of the danger to which they are exposed from the stupid but common practice of covering the water cistern and then carrying a waste-pipe from the vacant space directly into the house drain, by which this space becomes virtually a receptacle for the foul gases generated in the latter and for any poisonous matter which they convey."

## SCOTLAND.

### THE LOTHIAN MEDICAL SOCIETY.

THIS Society met on Friday last week, and agreed to petition Parliament for direct representation of the profession in the Medical Council.

### MUSIC AND MEDICINE.

MR. CARNIE, the active Secretary of the Aberdeen Royal Infirmary, has been requested to conduct a choir of one thousand voices which has just been got together in that city. The proceeds of these concerts will, we hear, go, in part at least, to the Royal Infirmary.

### PROFESSOR LAYCOCK ON THE MEDICAL EDUCATION OF WOMEN.

PROFESSOR LAYCOCK, in opening his Summer Class on Tuesday, referred to the criticisms which had been made on certain of his remarks on the subject of Medical Education of Women, at the recent meeting of the University Council; and said that he had never stated that it was necessary to inquire into the moral character of any lady who had attended, or who in future might attend, the University as medical students, but that there were possibilities in the future that might render such an unpleasant, dangerous, and delicate proceeding necessary.

## IRELAND.

THE Surgeoncy of the Dublin Artillery Militia is vacant by the death of Dr. E. H. Scriven.

THE Governors of the Richmond Lunatic Asylum are about to appoint an Assistant Medical Officer; and the 17th inst. is fixed for the election.

### ROYAL COLLEGE OF SURGEONS.

MESSRS. FLEMING, Stapleton, Tufnell, Richardson, Stokes, O'Grady, and Barker, have been re-elected Examiners for the ensuing year. Drs. Cronyn, Kidd, and Kirkpatrick, have been elected Midwifery Examiners; and Messrs. Byrne, Nugent, and Murray, Examiners in General Literature. On Saturday last, the Licentiates who had obtained Diplomas at the last Quarterly Examination were assembled in the Board Room for the purpose of taking the usual declaration. The President, Mr. Macnamara, afterwards addressed them in appropriate terms of congratulation. The Annual Meeting of the Fellows will take place on Monday, May 30th, and the election of Council will occur on the following

Monday, June 6th. On the same day, the Annual Meeting of the Irish Medical Association will be held in the College of Surgeons; and, as the present is an eventful year in medical politics, it will be very largely attended.

## SPECIAL CORRESPONDENCE.

### PARIS.

[FROM OUR OWN CORRESPONDENT.]

Paris, Monday, May 2nd, 1870.

### 1. Professor Tardieu and the Reopening of the School of Medicine.—2. Small-pox and General Mortuary Statistics.

PROFESSOR TARDIEU AND THE REOPENING OF THE SCHOOL OF MEDICINE.—I have just come from hearing Professor Tardieu's lecture, upon the occasion of the first meeting of his class since the School was closed by the Minister of Public Instruction in consequence of the riotous conduct of the students. Every thing passed off peaceably; and, indeed, the precautions taken were of such a character as to make it impossible to attempt a repetition of the disgraceful proceedings which I chronicled in former letters. There is every reason to believe that there will be no renewal of the outrages; and that Professor Tardieu will go on as in former times, conciliating by his kindness and instructing by his eloquence and perspicacity.

Though the School was, in an academic sense, "opened" to-day, the opening was, in a physical sense, only partial. The great iron gates were kept closed during the whole day; and the only entrance to the court, library, and amphitheatre, was through the *guichet* leading to the secretary's office. Of course, the great event of the day was Professor Tardieu's lecture at four o'clock. Twenty minutes before that hour, the doors leading into the great amphitheatre were opened. Each individual who entered had to show his special card of admission. This special card was issued only to "students who had taken out more than twelve inscriptions." It bore the signature of the Dean (M. Wurtz) and of the person to whom it was granted. All students, therefore, who had not commenced their fourth year of study were excluded by this arrangement. Besides the students, there were present the Dean of the Faculty, several professors, as well as some of the physicians of the town. There were also a few celebrities from a distance; and among others (whose names I failed to ascertain) was Dr. Gairdner, Professor of Medicine in the University of Glasgow. There was, from the exclusive arrangements adopted, a large amount of unoccupied space: the number present, as nearly as I could count, was, when at its maximum, between 510 and 520. The general appearance of those present was that of senior students, and a large number were *internes des hôpitaux*, the best category of students. The *internes* are mostly all hard-working fellows, and many of them are students of five and six years' standing. From what I have said, it will be seen that the names of all present were registered by the authorities, and that the audience was in itself essentially friendly, and for every reason necessarily on the side of order. Neither before nor after the Professor's entrance was there any personal or political manifestation—no singing, crying, hooting, hissing—no hostile or unmannerly noises. When Professor Tardieu took the chair, he was greeted by several rounds of cheers, which elicited only the faintest counter manifestations.

When the applause had subsided, the Professor thanked his audience for the kind reception which he had received, remarking that it had somewhat softened the inexpressibly painful circumstances under which he appeared before them. "I have been," said he, "most cruelly outraged, most mercilessly insulted, in this place; but I console myself by the conviction that the persons who have outraged and insulted me know neither me, the principles upon which I act, nor the circumstances which they pretend to criticise. Having said this, gentlemen, let me add that I do not wish again to have to refer to the painful past; I wish to forget it. Let our scientific meetings be improving, peaceful, and mutually pleasant, as they used to be. I rely on you, gentlemen, to be earnest in your studies and peaceful in your conduct: I ask you to rely on my forgetting the past, and endeavouring to discharge towards you, to the utmost of my powers, the duties which have been confided to me as your Professor. I shall now resume my lectures on poisons at the point we had reached before the School was closed." The noise of plaudits and of fifty or sixty of the audience leaving the amphitheatre, caused a brief temporary halt; but after that, the lecture proceeded in quiet to the end, when Professor Tardieu was again loudly cheered.

Just as the lecture closed, and Professor Tardieu was retiring with the Dean, the latter was clamorously called upon to explain how certain favoured students had been allowed to pass their thesis examination with closed doors, although the Government had ordered all examinations as well as lectures to be suspended. M. Wurtz at once responded to the challenge. He said it was not true that "a student" had been allowed to pass the thesis examination on the 26th of April; there was not a word of truth in the allegation that on the day in question a *soutenance à eu lieu à huis-clos, et que l'un de jury a protesté.*" After a pause, in reply to pressing and precise queries, the Dean went on to explain that the Faculty was obliged to examine when the Government ordered them to do so, and that the Minister of Public Instruction upon the very day on which he issued his decree closing the School, issued an order to the effect that the naval and military officers who had got special furlough to come to Paris to pass their last examination for the doctorate, should be allowed to go up, inasmuch as they were not implicated in the riots. Moreover, to grant them leave of absence afterwards, might be inconvenient to the public service. The Dean added: "Le candidat dont il s'agit était un chirurgien de marine." This declaration, notwithstanding its precision, did not seem quite satisfactory to a knot of interrogators, among whom was prominent a student whose name I was told was "M. de Serment"; or, rather to use the style which the republican youth of the Schools are adopting (in common with revolutionary workmen and revolutionary newspapers), "le citoyen de Serment." This young citizen writes in a republican paper called *La Cloche*.

But to return to Professor Tardieu. The little incident with M. Wurtz detained me some minutes, so that when I got out into the court the spectacle which met my eyes was a dense crowd of students and others outside the railings, and Professor Tardieu in his carriage (with a friend) receiving the cheers and hootings from two opposing parties. The clamour and the crush made the horses restive; and it was necessary for the police to clear a passage and the coachman to act warily to get the Professor clear out of the whistling and racket. I heard no political cries. For a few minutes, it seemed as if there was to be a riot; but the firm loud call of the sergents-de-ville, "Circulez, Messieurs," restored tranquillity, and soon scattered a crowd which appeared afraid to show its mischievous bias.

**SMALL-POX AND GENERAL MORTUARY STATISTICS OF THE WEEK ENDING APRIL 30TH.**—The bulletin of deaths in Paris is still more unfavourable than that of the previous week. In the week ending April 23rd, the general mortality was 1209; in the week ending April 30th, it was 1263. The deaths from small-pox have also increased, the mortality from that disease having been 166, the highest mortality yet attained during any one week since the beginning of the epidemic. The next highest mortality from small-pox was that of the previous week—the week ending April 23rd—during which the number of deaths was 132.

Pneumonia carried off 109 persons in the week ending April 30th; it has consequently been less fatal than during the previous week, when it was the cause of death in 133 cases.

The following is a summary of the mortuary bulletin of Paris for the week ending April 30th.

Small-pox ... ..	166
Scarlatina ... ..	12
Measles ... ..	20
Typhoid fever ... ..	13
Typhus ... ..	—
Erysipelas ... ..	2
Bronchitis ... ..	106
Pneumonia ... ..	109
Other causes ... ..	835
Total ... ..	1263

It is interesting to contrast with the above the mortuary bulletin of London for the week from the 17th to the 23rd April.

Small-pox ... ..	10
Scarlatina ... ..	77
Measles ... ..	32
Typhoid fever ... ..	18
Typhus ... ..	10
Erysipelas ... ..	8
Bronchitis ... ..	176
Pneumonia ... ..	91
Other causes ... ..	1065
Total ... ..	1487

## ASSOCIATION INTELLIGENCE.

### SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT MEDICAL MEETINGS.

The next meeting of the East Sussex district will be held at the Queen's Hotel, Hastings, on Wednesday, May 11th, at 2.15 P.M.; Dr. UNDERWOOD in the Chair.

All gentlemen willing to read papers, will oblige by letting me know at their earliest convenience.

Dinner at 4 P.M. Tickets 7s. 6d., exclusive of wine.

FREDK. CHAS. MUDD, *Honorary Secretary*.

Uckfield, May 5th, 1870.

### SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

The next meeting of the above Branch will be held at the Fountain Hotel, Canterbury, on Thursday, May 12th, at 3 P.M.

Dinner will be provided at 5 o'clock precisely. Charge, 5s., exclusive of wine.

ROBERT L. BOWLES, M.D., *Honorary Secretary*.

Folkestone, May 5th, 1870.

### SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEDICAL MEETING.

The Third Meeting of the Session, 1869-70, was held at Dartford, on April 26th; F. SPURRELL, Esq., F.R.C.S., in the Chair.

*New Member.*—Frederick B. Jessett, Esq., of Erith, was elected a member of the Association, subject to the rule respecting confirmation.

*Communications.*—1. Mr. SPURRELL demonstrated the use of Beale's Self-illuminating Ophthalmoscope.

2. Mr. J. M. BURTON related the particulars of a case of Peritonitis successfully treated by opium and iced drinks.

3. Mr. BURTON also related a case of Cerebral Lesion, with unconsciousness for one month, in a boy aged 5 years. There was congestion of the lungs on the second day. Head-symptoms commenced on the third day. The pupils were dilated, and there were strabismus, convulsions, and involuntary evacuations. Iodide of potassium was given, and the patient recovered.—Mr. JESSETT inquired whether blindness resulted; for he had seen cases of such result.—Mr. BURTON replied that the recovery was perfect.—Dr. SMART drew attention to the difference between the effects of effusion within the ventricles and of that in the arachnoid sac. In the former case blindness might be expected.

4. Mr. T. HECKSTALL SMITH spoke on the subject of the Iron Treatment of Acute Rheumatism and of Erysipelas; fifteen minims of the tincture of the perchloride was given for a dose.—Dr. ARMSTRONG remarked that, in his experience, iron was only useful in anæmic cases of rheumatism.

5. Mr. T. H. SMITH related a case of Fæcal Ball as large as a fetal head, occurring in a man, and requiring breaking up under chloroform. The symptoms consisted in intense back-ache.

6. Dr. ARMSTRONG related the mode of treatment of Pneumonia that proves successful at the present time, viz., confinement to bed with a liberal diet of beef-tea, milk, and wine; the application of poultices or spongio-piline to the affected part of the chest with turpentine stipes occasionally; and the use of opium (a fourth of a grain every six hours) and of liquor ammoniac acetatis with ipecacuanha or colchicum in small doses.—The prognosis is favourable in single pneumonia when the pulse does not exceed 120-124, and when the temperature is not above 104° Fahr. In double pneumonia, recovery will often occur under a liberal use of brandy: one old man recovered under the use of a bottle daily.—Dr. SMART contended that amongst soldiers and sailors venesection was still necessary in many instances. Venesection removes the pressure on the venous system. In an old man under pleuro-pneumonia, the tricuspid valve was lacerated, causing sudden death through the exertion of getting out of bed.

7. Dr. F. J. BROWN corroborated Mr. Higginbottom's mode of treatment of Uterine Hemorrhage by emetic doses of Ipecacuanha (30 grains). Post partum hemorrhage is arrested within three minutes. He stated that Hip-joint Disease is readily cured by Ipecacuanha, in three grain doses three times a day.

8. Dr. BROWN gave a formula for the External use of Iodine, by which the colour is bleached whilst the effects are augmented, viz., equal parts of tincture of iodine and of liquor sodæ chlorate.

*Dinner.*—The members adjourned to the Bull Hotel to dinner.

## REPORTS OF SOCIETIES.

## MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH.

APRIL 6TH, 1870.

J. HUGHES BENNETT, M.D., F.R.S.E., in the Chair.

*Morbid Preparations and Cases.*—Dr. T. G. STEWART exhibited a patient who, he believed, suffered from Movable Kidney; and also a truss which he wore an inch or two below the xiphoid cartilage, to keep the kidney in its proper place.

Dr. GAIRDNER (of Glasgow) showed the Heart of a patient whose very remarkable symptoms are detailed in his work on *Clinical Medicine*, and, ten years ago, had been diagnosed to be those of a tricuspid murmur of obstruction. The patient died lately, and the heart was obtained. On opening the ventricle, the tricuspid valve seemed perfectly healthy; but, on opening the auricle, which was not much dilated, a tumour about the size of a walnut was found adhering to its wall. This fell on the valve at each contraction of the auricle.

Dr. GAIRDNER also showed a Bladder and Kidney from a patient who had presented some remarkable symptoms.

Dr. WATSON exhibited an Uric Acid Calculus, which he lately removed from a boy aged 17; it weighed eight and a quarter ounces, and measured nine inches in its long circumference. The patient died on the fourth day; and it was found that the bladder showed traces of epithelial disease.

Dr. WATSON also showed an Urethral Calculus.

Dr. JOSEPH BELL showed a large Encephaloid Tumour which he had removed, along with the heart of a lady aged 42. It had been very rapid in its growth, and was exceedingly vascular, though very well encapsulated.

Dr. T. G. STEWART showed the Kidneys of a case of Hematuria, and the Brain of an Epileptic.

The SECRETARY read a paper by Dr. L. AITKEN, recording a case of Hepatic Abscess, which had resulted in a biliary fistula. The fistula had closed after three injections of tincture of iodine.

Dr. BENNETT then left the chair, and read a paper on the Therapeutical Effects of Chloral. He had made 64 observations on 59 different cases of phthisis, bronchitis, disease of the heart, etc.; and had found that by 20-grain doses in every case but 4, sleep was induced. In 6 only was the sleep followed by headache; and in all the tongue was entirely unaffected. Dr. Alex. Bennett's experiments, which were very numerous and varied, were some physiological and some therapeutic. The physiological effects of doses of 20 and 25 grains on healthy patients varied a good deal. In some, no result followed. Of 31 therapeutical observations of doses of 40 grains, in half the cases excellent sleep was obtained; and the remainder were more or less failures. Chloral seemed to be an useful hypnotic, inasmuch as it did not excite the pulse or the respiration, and thus probably it would be useful in phthisis. The author and Drs. Balfour and Stewart had made observations in 23 cases of phthisis, in doses of 20 and 30 grains; all the patients obtained good sleep, without the headache, dry tongue, and loss of appetite, so constantly induced by opium. Experiments had been made on animals, and it was found that a full dose of chloral delayed the fatal effects of Calabar bean. One rabbit was killed in six minutes by the injection of three-fourths of a grain of Calabar bean hypodermically; while another similarly treated survived two hours and fifty-three minutes, fifteen grains of chloral having been given along with the poison.—Dr. T. R. FRASER thought the paper important, in so far as it proved the *hypnotic* effect of chloral. Chloral, however, had no anæsthetic effect; indeed, the sleep induced by chloral was characterised by hyperæsthesia, the slightest stimulus producing exaggerated reflex action. He and his colleague Dr. Muirhead had found in the Fever Hospital that chloral was a most valuable and unfailing hypnotic in fever. In cases where the cerebral symptoms are morbid, an ordinary dose of 30 grains was insufficient, and merely excited, and it was necessary to administer a second dose in an hour or two.—Dr. W. T. GAIRDNER had watched the effects of large doses in three cases—one of chorea—where, by accident, as much as 90 grains was given to a child aged 11, with very deep sopor for some hours, but with improvement in the chorea.—Many other members made remarks on the subject of the effects of chloral in their practice, mostly all agreeing with the paper as to the value of chloral as a hypnotic, and detailing some idiosyncratic effects and variety in results.—Dr. MCKENDRICK had noticed in experiments on animals that, the first half hour after the dose was given, the sopor was accompanied by hyperæsthesia; that during the middle of the period, anæsthesia was complete; while, as the effects of the drug wore off, hyperæsthesia again returned.

## CORRESPONDENCE.

## ENTERIC FEVER.

SIR,—Dr. Thorne's comments upon my essay on Enteric Fever are one more instance of that rule we are all so slow to learn—not to meddle, that is, with matters we do not understand; nor talk about things as proved, when they are not proved. If I had stuck to my own cases, which I did comprehend, I should not have exposed myself to Dr. Thorne's very just correction. Instead of this, I gave way to the thoughtlessness which besets us all, and talked about the Terling epidemic, about which I really knew nothing. My conclusions were, however, based upon my own investigations, and in no way upon the evidence of Terling, to which I made only a casual allusion.

One other oversight I must also admit; namely, the fixing of ten days as the shortest time of incubation. The length of incubation may undoubtedly be much less than this. Dr. Murchison kindly pointed out to me this error; and strangely enough, by way of warning, a case came under my notice very shortly after the publication of my paper, in which the incubation was five days only. A nurse came to her master's home in the early stage of enteric fever. On the night of her arrival, and on that night only, she slept with a little girl of the family. On the next morning, the nurse was isolated; but her little bedfellow fell ill on the fifth day, and had a very severe attack of enteric fever. No other person in the house was attacked; and the house was in all conditions, both natural and artificial, irreproachable. It is only in chance cases like this, that we dwellers in towns have an opportunity of testing the incubation-time of enteric fever. In our fever-hospitals, such chances seldom or never occur. The shortness of the incubation in this and other cases seems to be due to the dose of the poison, which in the little girl was probably excessive. It also shows that enteric fever may be very infectious during the first week. Another point of very great interest arising out of the case is the mode of introduction of the poison. Slight diarrhoea had commenced in the nurse; and some of the bowel-excretion may, by the mediation of chance soiling of hands or clothes, have reached the little girl's mouth; but a dose thus administered could scarcely have been large. Could excretions transferred from the mouth by kisses have been poisonous? Any how, a close and prolonged contact of persons seemed to have resulted in a short incubation and a very bad attack in the little girl.

To return to the mode of introduction by water: I may draw attention to an interesting paper by Liebermeister in the last number of the *Deutsches Archiv für Klinische Medicin*, in which paper Liebermeister illustrates the propagation of enteric fever by drinking-water, but says, as in my essay I said, that the air seems often to be a means of its conveyance into the system. If it be useful only that it should reach the pulmonary membrane, it is by absorption, rather than by mere travelling, that the poison affects the iliac glands. It is clear that ground-water levels can affect the distribution by means of well-water, but cannot possibly affect the distribution by means of the air from privies, middens, cesspools, or drains. Where both means of distribution exist, no doubt the conveyance by air may be indirectly increased by the effect of ground-water on the wells, thence on the human bowels, and thence again on the privies which receive their contents. Finally, Dr. Veale of Hampstead has kindly replied to some inquiries of mine concerning an outbreak of enteric fever which has recently occurred in his neighbourhood. He is unable to trace the infection to any of the water-supplies, and is strongly disposed to blame personal contagion as the means of propagation. This mode, so true of typhus, can, I hardly think, do much mischief in typhoid. I am, etc.,

Leeds, April 1870.

T. CLIFFORD ALBUTT.

## TREATMENT OF RHEUMATIC FEVER BY PERCHLORIDE OF IRON.

SIR,—In the JOURNAL of September 18th, 1869, I pointed out my reasons for fearing that the perchloride of iron would increase the tendency to the formation of coagula which already exists in cases of rheumatic fever, owing to the excess of fibrin in the blood in this disease, and hence that its use would increase the number of such complications as urgent dyspnoea from the plugging up of pulmonary vessels, cerebral symptoms from emboli obstructing the flow of blood to the brain, etc., to say nothing of the danger of the valves of the heart becoming more frequently permanently damaged by deposits on their surface. I also remarked that one of the greatest advantages of the alkali treatment was, that it tended very materially to lessen the disposition to such complications and to subsequent disease of the



heart. Allow me briefly to refer to the cases which have since been published, and to leave you to judge how far my fears have been justified by the facts themselves.

Dr. Russell Reynolds's cases (*JOURNAL*, December 18th, 1869).—Case I. On the thirteenth day, violent delirium set in suddenly, and the patient died comatose.—Case II. On one day, Dr. Reynolds remarked, the pulse became so low as 60 per minute.—Case III and IV. Did well.—Case V. The pulse became irregular, intermittent, and as low as 56 per minute, and there was great pallor.—Cases VI and VII. Did well.—Case VIII. Pneumonia occurred, possibly from emboli being carried into the pulmonary vessels.

Dr. J. R. Buck's cases (*JOURNAL*, March 12th, 1870).—Case I. On the sixteenth day, there was an attack of urgent dyspnoea, with tumultuous action of the heart.—Case II. "There were no cardiac symptoms."—Case III. On the eighth day, the patient complained of such cardiac pain as to necessitate the application of a blister.

In conclusion, allow me to suggest, could not the perchloride of iron be combined with some remedy which would tend to obviate the dangers I have endeavoured to point out? and would not the chloride of ammonium be suitable for this purpose? I am, etc.,

H. ERNEST TRESTRAIL, L.R.C.P., etc.

Harston, March 1870.

### EAR-COUGH AND REFLEX ACTION.

SIR,—I must refrain from noticing the personal allusions in the letter of Mr. Fleischmann (*BRITISH MEDICAL JOURNAL* of March 26th), and content myself by making a quotation from my essay on Ear-Cough, and appending two or three remarks. The extract runs thus: "The best anatomists inform us, and their views have been confirmed by my own dissections—1. That the auditory canal is supplied with nerves from the auriculo-temporal branch of the inferior maxillary division of the fifth cranial nerve; 2. That the auricular branch of the vagus is one of the several nerves which find their way to the external ear, this particular nerve being distributed to the posterior part of the pinna."

The authorities alluded to are Quain and Sharpey (*Elements of Anatomy*, vol. iii, p. 42), G. Viner Ellis (*Demonstrations of Anatomy*, p. 800), Gray (*Anatomy, Descriptive and Surgical*, p. 492), Harrison (*Dublin Dissector*, p. 335), etc.

Kölliker, in his *Microscopic Anatomy* (p. 586), evidently disbelieves the statement that the auditory canal receives its nervous supply from the vagus.

Dr. Lockhart Clarke thus writes (*BRITISH MEDICAL JOURNAL*, January 15th, 1870): "I have no doubt that Dr. Fox is correct in considering the fibres of the fifth cerebral nerve distributed to the auditory canal as the starting-point in the circle of reflex actions."

On the other hand, Sappey, Romberg, Toynebee, and last, but not least, Mr. Fleischmann, assert that the auditory canal is supplied by the vagus. Mr. John Wood would seem to have "several times traced a branch of the vagus into the external auditory meatus." It is possible that, on these occasions, there may have been some abnormality in the distribution of the auricular branch of the vagus.

Mr. Fleischmann settles the disputed question as to the nervous supply of the canal in a very amusing manner: 1, by making an apology for his long absence from the dissecting-room; 2, by declaring that a statement made by him a short time ago in favour of the vagus is "a simple assertion of an anatomical fact"; and 3, by informing the profession that he simply "inferred that a branch of the vagus nerve was given off to the external auditory meatus." I never for a moment doubted the fact that the nasal nerve sometimes sends a branch to the conjunctiva; for Mr. John Wood showed me once or twice, during my student days, the branch in question. In my letter on Ear-Cough (*BRITISH MEDICAL JOURNAL*, Feb. 26th, 1870, p. 224), I merely inquired whether, in persons known to have been affected during life with a sternutation, whenever a flash of sunlight has suddenly impinged on the eye, a branch of the nasal nerve has been traced into the conjunctiva after death. I am, etc.,

CORNELIUS B. FOX, M.D.

Scarborough, April 5th, 1870.

BOARDING-OUT OF PAUPER CHILDREN.—The Committee of the Bath Board of Guardians have reported that, from their first year's experience of this system, it has been successful, and has not failed in any single respect. Since it has been adopted by the Bath Union, twenty-two other unions have followed the example, and in others it is under consideration.

## THE GOVERNMENT MEDICAL BILL.

### METROPOLITAN COUNTIES BRANCH.

At an ordinary meeting of this Branch on April 29th, it was resolved that authority should be given to the President and Secretaries to sign, on behalf of the Branch, a petition to the House of Commons in favour of the direct representation of the profession in the General Medical Council.

### SOUTH EASTERN BRANCH.

THIS Branch has presented a memorial to Earl De Grey and Ripon, in which, while they express their gratitude for the care and trouble taken by his lordship in directing the preparation and introduction of the Bill, and while they approve of the general scope of the Bill, they state that, if it should ultimately be determined that there should be three boards, they deem it of the utmost importance that due provision should be made in the Act that the subjects of the examinations and the fees, etc., should be uniform. They also suggest that there should be a proportionate direct representation of the general practitioners on the Council, to be elected by the registered members of the profession. They also suggest that absolute power should be given to the Medical Council as regards the curriculum of education of students, and the correction of any irregularities or misconduct of practitioners; and that, so soon as the primary settlement and formation of the new Council and Examining Boards are complete, the control of the State or Privy Council should cease.

### THE MANCHESTER MEDICO-ETHICAL ASSOCIATION.

THE President, Vice-President, and Secretary of this body have petitioned the House of Lords to the effect that they are gratified with the manner in which the present Government has undertaken the charge of a Bill for the reform of medical legislation. They suggest that the general body of practitioners should be directly represented in the General Medical Council; that it is desirable that, for the future, entrance into the profession shall be by one sole uniform portal of examination; that it is desirable that the examiners be appointed by the State and General Medical Council conjointly; and that it is desirable that all unregistered persons who, for objects of gain, assume any designation used to distinguish qualified practitioners, shall be amenable to penalties, and that the General Medical Council, or some other legal authority, shall have power and be required to prosecute such persons.

### KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

THIS corporation has petitioned that the Bill may not be further proceeded with without inquiry by a Royal Commission, or in such other way as may be thought fit, into the state of the laws affecting the medical profession. The petitioners think it desirable that all candidates for registry as medical practitioners should undergo a State examination; but they think that this can be attained in a better way than is provided in the Bill. They object to the Bill on the ground that it would deprive the College of its chartered rights to grant fellowships and licences; that it would appropriate the title of licentiate; and that Clause xx would force the College to receive, under pecuniary penalty, those who had received the licence of the Central Board. They object, also, to the parts of the Bill which would give admission on special terms to the holders of foreign degrees, and to the power given to the Medical Council under Clause xvi to refuse to register the qualifications or degrees of any of the Corporations or Colleges.

### LIVERPOOL MEDICAL INSTITUTION.

THE medical practitioners of Liverpool have expressed in a petition to the House of Lords their satisfaction at the introduction of the Medical Bill, to establish a single joint examining board for each division of the Kingdom, and to invest the General Medical Council with adequate powers to control and, if necessary, to enforce the formation of such boards, and also to revise and regulate the details of medical education and examination. They, however, regret that no provision is made for the direct representation of the members of the profession upon the General Medical Council, and pray that such alterations may be introduced as may be necessary to secure this object.

## ST. ANDREW'S MEDICAL GRADUATES' ASSOCIATION.

A MEETING of the Council of this Association was held on Friday the 29th ult., to consider the provisions of the Government Medical Bill, in so far as they affected the University of St. Andrews. After a prolonged discussion the following resolution was unanimously adopted.

"That this Council is in favour of the proposed establishment of an examining board in each division of the United Kingdom for the license to practise Medicine and Surgery. But it protests against the power given in Clause xx., by which degrees may be granted by a university without special examination."

## MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At the quarterly meeting, on April 28th, 1870, the following gentlemen, having passed the required examinations, were admitted as members.

French, James, Cheltenham  
Jelly, William, 21, Great Western Terrace, Paddington, W.  
Snow, William Vicary (M.D. Lond., 1866), Richmond Gardens, Bournemouth  
Thomson, John Roberts (M.D. Ed., 1866; L.R.C.P. Lond., 1866), Bournemouth

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on May 3rd:—

Bowles, William Wallace, Ickeston (St. George's)  
Brash, Edward Alexander, Exeter (St. Bartholomew's)  
Butler, William John, Albion Street, W. (St. Mary's)  
Collins, Edward Lorton, Canterbury (Guy's)  
Dutt, Ruskul Lal, Calcutta (University College and Calcutta)  
Famble, Charles Edward, Fulneck, near Leeds (Leeds School)  
Gibson, John Charles, Somerset Place, Brixton (King's College)  
James, James Bowen, Llandovery, Carmarthen (Middlesex)  
Noakes, Samuel Silverthorn, Newhaven, Sussex, (Charing Cross)  
Peacock, Henry George, Gloucester (Guy's)  
Pinder, John William, Horsforth, near Leeds (Leeds School)  
Smith, Edwin, Birmingham (Birmingham School)  
Walls, Ferdinand, Beborough Gardens, Westminster  
Webb, Thomas Law, Salop (Birmingham School)

Admitted members on May 4th:—

Bayliffe, Alworth Mercwether, Chippenham, Wilts (London)  
Hayley, Thomas St. Clair, Hull, Hull School  
Hunt, Thomas Henry, Manchester (Manchester School)  
Male Henry Davis, Yeovil, Somerset (St. Thomas's)  
Maybury, William Augustus, Frimley, Surrey (St. Thomas's)  
Morris, William Jones, Portmadoc, Carnarvonshire, (Glasgow School)  
Morrison, William, St. John Street Road (St. Bartholomew's)  
Roy, Arghul Chunder, Calcutta School

Of the forty candidates examined, eight failed to acquit themselves to the satisfaction of the Court of Examiners, and were referred to their hospital studies for six months; and nine, having passed in surgery, will be admitted members when qualified in medicine.

UNIVERSITY OF ABERDEEN.—On the 22nd April, the following candidates (Bachelors of Medicine) received promotion to the degree of M.D.

Alexander Collins, M.B., Bervie; Alexander Dyce Davidson, M.A., M.B., C.M., M.R.C.S. Eng., Aberdeen; Alfred John Freeman, M.B., Southsea (Hants); Thomas Jeanes Jefferson, M.B., Market-Weigh, Yorks; William Ken-  
nedy, M.B., L.R.C.S., Canby, Wick; John Vacy Layle, M.B., M.R.C.S. Eng.,  
Durban, Natal; Lewis Wainye Morgan, M.B., C.M., The Hafod, Glamorgan-  
shire; Edward Payne Philpotts, M.B., C.M., Leamington; Henry Rayner,  
M.B., C.M., H.M. Disp., Kent; Joseph Haine Smith, M.B. & C.M.;  
Roy, John Lewis Thomas, M.B., C.M., L.S.A. Lon., Nottingham; William  
Watson, M.B., Indian Army; John White, M.B., C.M., H.M.S. *Scylla*.

The following candidates having passed the usual examinations, received degrees in Medicine and Surgery.

Alexander Thomas Anderson, Marnoch, Huntly (M.B. & C.M.); Arthur Woolsey  
Blacklock, Brighton (M.B. & C.M.); Edward Thomas Blake, Taunton  
(M.B.); Francis Henry Bodman, Colne, Wiltshire (M.B.); James Cullen,  
Calcutta (M.B. & C.M.); John Davidson, Aberdeen (M.B. & C.M.); Christo-  
pher James Davis, Barbadoes (M.B. & C.M.); James Duncan, Aberdeen  
(M.B. & C.M.); Henry Vasey Ellis, Crowle, Doncaster (M.B. & C.M.);  
Peter Grant Hay (M.B. & C.M.); Patrick Letters, Aberdeen (M.B. &  
C.M.); Edward Mair, Aberdeen (M.B. & C.M.); David Manson, Aberdeen  
(M.B. & C.M.); John Mattheson, Urray, Ross-shire (M.B. & C.M.); John  
Merson, M.A., Cabraich (M.B. & C.M.); George Morrison, Aberdeen (M.B.  
& C.M.); Alexander B. Munro, Glasgow (M.B. & C.M.); Thomas  
Nathaniel Orchard, King's College, Inverness-shire (M.B. & C.M.); Robert  
Ostlere, Halifax (M.B. & C.M.); William Simpson, Fochabers (M.B. &  
C.M.); Patrick Blake Smith, Aberdeen (M.B. & C.M.); George Thomson,  
Elchevie, (M.B. & C.M.); Alexander Walker, M.A., Udney (M.B. & C.M.);  
William Whitelaw, Dunfermline (M.B. & C.M.); William Yeats, Aberdeen  
(M.B. & C.M.).

Of the above-mentioned candidates, John Davidson, Edward Mair,  
John Merson, Patrick B. Smith, and Alexander Walker, received their  
degrees in Medicine and Surgery, with highest academical honours;

John Matheson, Alexander B. Munro, and George Thomson, their  
degrees in Surgery, with academical honours; and William Yeats, his  
degree in Medicine, with academical honours. At the same time,  
James Stewart Orchard was certified as having passed all the examina-  
tions, and is entitled to receive degrees on his attaining the necessary age.

The following were declared to have passed part of their examinations.

William Campbell, Ed. Nicolls Carless, William Carless, Archibald Carmichael,  
Edleston H. Cook, Charles Creighton, Charles M. Crombie, Charles David-  
son, Geo. F. Davidson, James Dewar, Lewis Edwards, Wm. Henry Edwards,  
Wm. A. D. Fasken, Geo. W. Fowler, Robert John Carden, Robert Shirra  
Gibb, Cuthbert J. Gibbs, James Inglis, Geo. W. Jotham, W. G. King,  
Nathaniel Lawrenson, David Lowson, John Lyon, John C. E. Maclean, Hugh  
Mc'Alman, Duncan J. M'Kenzie, John Milne, David A. Paterson, John R.  
Philpotts, John Pringle, Thomas Raitt, James A. Reid, Robert W. Reid,  
Thomas Kenne, George Robertson, John Sanath, George W. Smith, Fred R.  
Swaine, Alex. Walker, James Walker, Chas. John Wharry, Francis Jas.  
Wright, James D. Wynnes.

APOTHECARIES' HALL.—The following gentlemen passed their ex-  
amination in the science and practice of medicine, and received certi-  
ficates to practise, on Thursday, April 28th, 1870.

Field, George Purdey, Sussex Gardens, W.  
Lidbey, Arthur, Cambridge Place, W.  
Lidbetter, Thomas George, Cliftonville, Brighton  
Morton, Samuel, Sheffield  
Walsham, William Johnson, Tyndale Place, Ilston

The following gentlemen also on the same day passed their first pro-  
fessional examination.

Beech, Lionel, London Hospital  
Lyett, John Allan, Middlesex Hospital  
Russell, Ebenezer Geer, Guy's Hospital

As Assistants in compounding and dispensing medicines.

Bell, James, The Orchard, Ambleside  
Boden, Samuel, Royal Asylum, Chelsea  
Thompson, John Thomas, Richmond, Yorkshire

At the Preliminary Examination in Arts, held at the Hall of the  
Society, on the 29th and 30th of April, 1870, 46 candidates presented  
themselves, of whom 17 were rejected, and the following 29 passed,  
and received certificates of proficiency in general education; viz., in the  
First Class, in the order of merit.

1. Joseph Tyson; 2. John Henry Badcock and Arthur Littlewood Tate; 3. H.  
W. Phillips.

In the Second Class, in alphabetical order.

Morgan Henry Allen, Edward Pass Balshaw, William Beckford, Robert Francis  
Black, Algernon D. Brencley, Robert Stratton Coles, John Alfred Dearden,  
William Gilbert Dickinson, David Herbert Fort, T. P. Greenwood, Samuel  
White Hodding, Alfred Robert Iles, Timothy Siddall Jones, Harry Martin  
Lightowler, William Henry Maberly, George Henry Makins, Herbert Elliott  
Marsh, William Syvas Paine, George Robinson, William Abraham  
Frost, John Christopher Russell, John Burton Rudduck, Arthur Sargent,  
Henry Stanley Thorpe, and George Wellington.

## MEDICAL VACANCIES.

The following vacancies are declared:—

BALLINASLOE UNION, co. Galway.—Medical Officer for the Killan Dispensary  
District: 6th.

BANDON UNION, co. Cork.—Medical Officer for the Inishannon Dispensary  
District: 6th.

CASHEL UNION, co. Tipperary.—Medical Officer to the Workhouse and Fever  
Hospital.

CITY OF LONDON LYING-IN HOSPITAL, City Road.—Surgeon-Accoucheur:  
applications, 17th; election, 18th.

CORK SOUTH CHARITABLE INFIRMARY and COUNTY HOSPITAL.—  
Medical Officer for the Intern Department; Surgeon for the External Depart-  
ment: applications, 12th; election, 12th.

CRANBROOK UNION, Kent.—Medical Officer for the Hawkhurst District: ap-  
plications, 10th; election, 11th.

DROITWICH UNION, Worcestershire.—Medical Officer for the Workhouse;  
Medical Officer and Public Vaccinator for the Droitwich District: applications,  
24th; election, 25th.

GLENEG and KNOYDART, Districts of, in the Parish of Glenelg, Inverness-  
shire.—Medical Officer: applications, 14th.

INFIRMARY FOR THE COXSON, DUNDEE AND DISEASES OF THE CHEST,  
Margaret Street, Cavendish Square.—Visiting Physician: applications, 11th.

KELLS UNION, co. Meath.—Medical Officer for the Kells Dispensary District:  
applications, 11th.

KIRKHAMBRICK, Kirkcudbrightshire.—Parochial Medical Officer: applications,  
May 25th.

LINCOLN UNION.—Medical Officer for District No. 4.

LIVERPOOL DISPENSARY FOR SKIN DISEASES.—Assistant Surgeon:  
applications, 21st.

LIVERPOOL NORTHERN HOSPITAL.—House-Surgeon: applications, 7th;  
election, 11th.

LIVERPOOL ROYAL INFIRMARY.—Junior House-Surgeon: applications, 9th.

LONDON ROYAL HOSPITAL.—Assistant Physician: applications, 9th; elec-  
tion, 11th.

LONDON HOSPITAL.—Assistant Physician: applications, 10th.

NORTHERN INFIRMARY, Inverness.—House-Surgeon and Apothecary: ap-  
plications, 20th.

NORTH RIDING OF YORKSHIRE INFIRMARY, Middlesbrough-on-  
Tees.—Two Honorary Surgeons: applications, 13th.





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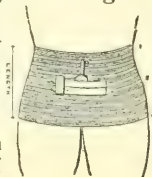
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# LECTURE ON MEDICAL PROGRESS:

IN MEMORIAM

R. B. TODD.\*

By LIONEL S. BEALE, M.B., F.R.S.,

Professor of Pathological Anatomy in King's College; Physician to King's College Hospital.

As knowledge advances, a further division of labour in teaching and working becomes necessary, and many subjects which were formerly comprised in a single course of lectures are now divided into distinct departments, and treated of by several different teachers. Real progress in any department of human knowledge is always marked by an increased number of labourers and increased division of labour; and one observer finds his life's work in devoting himself unremittingly to the advancement of a fractional part of a subject of which the whole had been studied by his predecessors. In science, without this division of labour there would have been no progress; and further additions to our knowledge can only be made by those who, after a thorough scientific training and good general education, submit to concentrate their powers upon a limited field of inquiry, and employ their life in studying what to most persons must appear as an almost invisible speck in the firmament of knowledge.

And in various departments of science the same process of expansion, involving further subdivision of work, has been going on, so that three or four subjects which were once comprised under one head, are now distinguished and treated of separately. This same subdivision and multiplication of departments is proceeding in medicine as in every other branch of human knowledge. It is deplored, and despised, and scoffed at by some, advocated and encouraged by others. But whether it is promoted, or whether it is impeded, it is certain that it will proceed; and while it becomes ever more necessary that the medical student should be well grounded in many departments of scientific knowledge, it is of paramount importance that he receive instruction from an ever increasing number of teachers, or the teaching will be bad. Unless what we have to learn, more especially in the case of subjects which are advancing almost from day to day, be presented to us clear, and distinct, and living, as a thorough master alone can present it, instruction becomes a pretentious sham, and learning a dead formality. A great increase in the number of subjects which the medical student has to learn has taken place. This is inevitable, and it is good that it should be so. Before men now advanced in the profession and wielding great authority deprecate the change and do their utmost to stop it, and to recur to a state of things for ever past, they should endeavour to take a calm survey of the existing state of knowledge, and look kindly upon those whose hopes and aspirations necessarily extend beyond their own. Though they undoubtedly possess great power and are able to obstruct or even to repel, they should hesitate before they determine to act, and study calmly and dispassionately the current of active progressive change going on around, which, if stemmed here, will only flow on with renewed vigour elsewhere, and the stream of intellectual labour and ambition which sets, at this time, not too strongly or too decidedly towards the London Medical School, will be diverted into other and more suitable channels, to a more congenial clime. Our great schools are quite alive to the state of things, and many of those who work in them are anxious enough to improve, extend, and to progress; but those who possess the power to give effect to this desire lack courage, are alarmed at progress, and dread expansion. And so the monstrous absurdity is exhibited of a multiplicity of subjects being taught in our schools, while a knowledge of but two or three is required for passing some of our examining boards. Thus the student is taught by his examiners who can pass him or pluck him, to estimate highly or lightly, or as nothing, the several subjects which he is supposed to be taught at his school. But worse than all, the examining boards compel attendance upon courses of lectures on subjects which, from the circumstance of not being included in the examination, the examiners may be supposed to regard as useless or unnecessary. In this way, the teacher is discouraged, if not degraded, and the proper relationship between teacher and pupil is rendered impossible. How long the existing painful state of things is to last it is not possible to say, but it is to be hoped that Government will

soon put an end to the anomaly of students being forced to pay teachers for teaching what they do not want to learn, and examining boards do not require that they should know.

For many years past, the views of those who teach in our medical schools have been expanding at a much greater rate than the views of those who exercise authority over medical education. Teachers change, while examiners remain; and, indeed, it must be confessed that among the latter, at least in the case of the most popular boards, are to be found but a small minority who have, for many years, contributed to the advancement of science and to the development of those continually advancing subjects without which there can be no real progress in medicine. For this reason, therefore, but few of them really appreciate or believe in the necessity for gradual but unceasing change.

These remarks are particularly applicable to that subject which I have had the honour of teaching in this College for sixteen years. Physiology is recognised by everyone as the very foundation of medicine, and yet many of you know how slight an acquaintance with physiology will enable you to obtain a diploma to practise. In our great schools have been men who have devoted themselves earnestly to the study and advancement of this important subject, but how infinitesimal is the influence they have exerted upon medical education. Is it not most extraordinary how lightly physiology is estimated by those in power in the medical profession? Nothing indicates this more decidedly or more painfully than the fact that out of seven sections to be comprised in the new Royal Society of Medicine there is not one devoted to physiology, nor is the word physiology, or biology, or histology, or minute or general, or other kind of anatomy mentioned in the scheme from one end to the other—a Royal Society of Medicine in which anatomy is ignored and physiology holds no place whatever! What would Harvey, and Hunter, and Bell, and Baillie, and Astley Cooper, and Brodie, have thought of the proposal?

Comparative anatomy is looked upon more coldly even than physiology. At this very time, I hear, there is great difference of opinion amongst those who preside over the most splendid museum of comparative anatomy in the world, as to whether it is desirable or not that a medical student should be acquainted with the elements of comparative anatomy. One would feel inclined to ask rather if every one of us, man, woman, and child, in every station of life, ought not to know something of the living beings by which we are surrounded, many of which are in so many ways of such importance to us. How can anyone learn physiology without knowing something of comparative anatomy? To treat properly of the function of respiration or of circulation without referring to the breathing and circulating organs of a number of the lower animals, is not possible. But is it not a disgrace to anyone to be utterly ignorant of the differences between a whale and a fish; not to know something of the way in which plants and animals live; how a worm differs from a caterpillar; what changes occur in the development of a butterfly or a moth, or how the foot of a horse differs from those of a pig, a bear, and a dog? Surely all medical students and all men ought to know such things as these now—days.

But, as I have said before, physiology has expanded enormously of late years, and is expanding fast, and demands a continually increasing number of earnest investigators. The subject of physiology used to be treated of in the anatomical course, but it has long been detached, and is now undergoing further division. Although in Edinburgh, towards the end of the last century, separate courses of physiology were delivered by John Allen and his successors, in most schools the consideration of this subject fell to the province of the teacher of anatomy. Herbert Mayo, the first professor of anatomy in this College taught physiology; and it was not until 1836 that a division in the duties was made, and my colleague, the present professor, became lecturer on descriptive and surgical anatomy.

The talented author of the *Outlines of Human Physiology*, published about the year 1825, was a great anatomist, a good draughtsman, and an elegant writer. In 1843, he gave an introductory lecture in which he deplored the tendency in that day to disparage the cultivation of classical literature, and to despise the study of the languages of ancient Greece and Rome. After having held the Chair of Physiology for a very short period (I am not sure whether he delivered any lectures), Herbert Mayo was succeeded by Robert Benney Todd, to whom many of the present members of this College, and many more who are teaching and labouring usefully elsewhere, are indebted for what they know of physiology, and much more besides.

Dr. Todd was in the habit of alluding to morbid changes in his lectures on physiology; but for many years past it has been necessary to divide the course of physiology and general and morbid anatomy; and I have given a distinct course on morbid anatomy during the summer session. When last year I found it necessary to resign my professorship of physiology, the Council of the College considered it

\* Being the Inaugural Lecture to the course of Pathological Anatomy in King's College, delivered May 5th, 1870.



desirable to institute a new chair of Pathological Anatomy, of which I have the honour to be the first occupant. It is a source of pleasure and satisfaction to me that the most important part of the labours of the Chair I held for sixteen years have been committed by the Council to my friend Dr. Rutherford, who so admirably fulfils the duties of Professor of Physiology in this College.

Although it is very gratifying to me to be able to state that this Chair has been divided into two distinct professorships, I had hoped to be able to record, long before this, a further subdivision. Microscopic anatomy might well have been separated from physiology proper, while physiological and medical chemistry is worthy of all the attention and devotion a separate professor could give to it. Before I was elected a Professor in King's College I was well aware of the enormous importance of the study of minute anatomy and physiological chemistry; and many of the earlier years of my life were employed mainly in the prosecution of these subjects in a private laboratory adjoining the hospital, which I had fitted up for the purpose, and where I gave many courses of lectures and demonstrations. When I became professor, I confess I looked forward with great confidence to the time when a large laboratory for the study of physiological and pathological chemistry, and workrooms for thorough microscopic teaching, would be attached to the physiological department of King's College. I had hoped that, before the time came for me to resign my Chair, my little laboratory and workrooms in Carey Street would have been superseded by splendid workrooms permanently established here, and I had visions of two or more professors and several demonstrators engaged in thorough practical work—teaching the several branches of physics, chemistry, and minute anatomy, human and comparative, healthy and morbid, upon which the medicine and surgery of the future are being founded. But these hopes of mine have not been realised. I have worked hard and done my utmost to carry them into effect, because I knew that if I could succeed I should have helped in some measure to advance the true interests of British medical science. Had these arrangements been carried out, a great impulse would have been given to the scientific investigation of disease, a greater number of highly qualified teachers and new investigators would have sprung up in our own school, and many new and highly important facts would have been added to science. But my dreams were to remain but dreams. However, I do not despair of seeing some of the great valleys and physiological laboratories and microscope-rooms, where the vast and ever-growing work demanded for the proper elucidation of those many subjects bearing upon the nature and treatment of disease may be successfully carried on by competent workers.

Purely scientific work of this kind is opposed by many, probably because it does not seem to pay. Very seldom, however, is any kind of real progressive work found to pay the worker. Some authorities, high in the position they hold in this practical country, seem inclined to look coldly upon men who perform work for which there is no demand, and which cannot be estimated as worth so many shillings or pounds. Workers who work for the work's own sake are too often regarded as impractical enthusiasts, and are looked upon as tiresome useless creatures in the body politic, who take up space which could be better occupied, and who seem to live but to vex the spirits of the well-to-do and well-satisfied by their continual striving after that of which no one but themselves has any conception, and which, if obtained, only serves to make them more restless, and to excite in them a demand for more of this unsatisfying knowledge. It is, however, in great measure, unpaid work which has made England what she is. It is, for the most part, by the unpaid work of the unmercenary enthusiasts that every branch of science is advanced; and it is to this very work that all the practical arts now so highly developed are indebted for their progress. It is well indeed that men should work that they may live; but is it not to be permitted to anyone to desire to live in order that he may continue to work on? The struggle to be having been surmounted, is he alone a wise man who forthwith enters upon a never-ending struggle to gain and to accumulate?

I suppose that at this time it would not be possible to suggest a mode of expending good money which would be more ridiculed, than the proposal to build scientific workrooms and provide for carrying out purely scientific work in connection with the study of disease. The idea of devoting a large sum of money to buildings and fittings, and appropriating £5,000 or more a year for researches and for the publication of the results, would not be listened to for a single instant in the City; and yet it would be difficult to point out a more thoroughly profitable investment. The health gained, the lives saved, and the new discoveries which would lead to practical improvements in various ways, would be worth hundreds of thousands of pounds in a very few years. The shrewd practical man of these days thinks nothing of investing his tens of thousands in enterprises of which he knows nothing, which may pay, but in which he may, and very often does, lose all. The philanthropic man devotes thousands to the relief of suffering, and to the

supply of want; but if anyone were to suggest to either the wisdom of devoting a few thousands to scientific work, unless it be for experiments connected with warfare, he would, I fear, run some risk of being regarded by both as a madman or a knave. Nor would such an expenditure be regarded with much greater favour by the profession itself.

To many, the work and teaching I am advocating appear unpractical and unprofitable, of no present utility, and of doubtful advantage in the time to come. Acting as if this position were incontrovertible, some occupying even high place in the profession very seriously undervalue the importance of scientific inquiry, discourage investigation because it appears to them unpractical, and endeavour to divert the energy and intellect of the day into other channels. Far different, however, were the views and acts of Todd. This great friend of medical science and progress laboured vigorously and incessantly to advance medical work, and endeavoured to encourage, in every way in his power, his pupils to press forward into the very centre of the stream of active work and thought. For these reasons, therefore, I have long desired to speak of him in this place. And now that ten long years have passed since he ceased to labour amongst us, we should be able to form a calm and, I trust, a true estimate of the good work he did. It will, however, be said that my judgment is partial, and this is true, for I was taught by him; and there will be found very few of his pupils who really knew him who had not the failing which I am obliged to acknowledge. Todd was a man who was ever moving onwards, and therefore he was accused of restlessness, and regarded by some as a disturber of peace, and too fond of change. But is progress without change possible? In those scientific subjects which promote the advancement of medicine, frequent changes are needed. The development of new work and new thought necessitates new workrooms and great expense, new modes of teaching and generations of teachers different from the former school. How can this be carried into effect without great and serious changes? Constant progress involves continual change, short periods of service, limited tenure; and these things can never be popular.

But Todd himself acted according to the rules which he desired should influence the conduct of others. While he held place, he did the utmost he could to advance the work in which he was engaged, so that when he left the post empty it was better worth filling than when he was called upon to occupy it. The hypercritical censoriousness of these days may possibly lead some to suggest that mere self-interest is sufficient to account for such a course of action. By working energetically and by doing his utmost, it is certainly true that a man may advance his own interests and help himself onwards. But is it more to be desired that he should perform the work committed to his care in a slovenly careless manner, so that he may be successful in escaping the accusation of endeavouring to advance himself? Modern criticism would be far more useful than it is to those who work at science and to the public who desire to know the result of their labours, if the work itself were examined and criticised, and the men who did the work, or the motives which directed them, were less considered. Todd, like many others, suffered somewhat at the hands of hostile critics. It could hardly have been otherwise, for his views were sometimes much opposed to those current at the time, and often much at variance with the doctrines taught by his contemporaries; while some of his acts were so generous and disinterested that a sharp far-seeing critic was sure to attribute them to some judiciously concealed selfishness. But, after a time, motives cease to be discussed, differences are softened, and questions which were hotly contested many years before become altogether removed from the regions of doubt and controversy. Let me now tell you, in a few words and as plainly as I can, what I have been able to learn concerning the work of my master, colleague, and friend; and would that I were able to perform my task half as well as I know it might have been performed by others.

Robert Bentley Todd was one of a very large and well known family in Dublin, in which place his father, who died at the early age of 44, universally loved and respected, had for some years been a teacher of surgery and had practised as a distinguished surgeon. Several members of Dr. Todd's family have attained eminent positions in various departments of learning. Dr. Todd was born in April 1809, and was educated in Trinity College, Dublin. Intending to practise as a surgeon, he passed the College of Surgeons of Dublin in 1831. In the same year, he visited England, and took an *ad eundem* degree at Pembroke College, Oxford. Having been led to abandon the idea of surgical practice, he graduated in medicine, and came to London, when he was 23 years old, to commence his career as a physician and public teacher in this city. He took the licence of the Royal College of Physicians in Feb. 25th, 1833, and was made a Fellow of the Royal Society in 1837. Dr. Todd soon became connected with the Aldersgate Street School of Medicine, where for two or three years he taught anatomy. In 1836, at



the early age of 27, he was elected to the Chair of Physiology and Morbid Anatomy which had just been created in King's College.

As a Lecturer on Physiology, Dr. Todd was accurate and clear in his statements, and excited the interest of his pupils in what he had to teach. He had a happy knack of putting before his hearers the broad essential points of a question, and keeping the attention directed to these, not by repeating what he had already said, but by recurring to the main facts from time to time, and using these for illustrating new points. His language was good and his manner quiet and deliberate, without ever being tedious. His class was always well attended; and many of the old students used frequently to come to hear him. The subject which he probably taught with the greatest success, and which he himself liked best, was Innervation. His exposition of the anatomy of the brain and nervous system was always remarkably good; and he dissected the brain and exposed the various parts with great skill. After lecturing with great success for twelve years, at his express desire, his friend and coadjutor, William Bowman, was associated with him as co-Professor in the year 1848. Todd and Bowman took different parts of the course—Dr. Todd lecturing on Digestion, Respiration, Circulation, and the Brain; while Mr. Bowman took minute Structure, the organs of the Senses, Secretion, and Generation. But this division was by no means strictly adhered to. The Chair was filled by these two distinguished teachers for five years. In 1853, Dr. Todd was compelled, by increasing practice, to resign his Chair; and I had the good fortune to be elected as Mr. Bowman's colleague, a position which, however, I only enjoyed during two years, for circumstances similar to those which had led to Dr. Todd's resignation had at that time necessitated Mr. Bowman's retirement. I continued to hold the Chair until last year, when my friend, Dr. Rutherford, was appointed to succeed me. It would not be uninteresting if I could give here a brief history of physiological work during the last thirty years, in which my colleagues have performed so important a part; but this would occupy too much of our time and carry us away somewhat from the special object of this lecture: I revert, therefore, to the subject of my memoir.

In 1838, being warmly supported by many friends of the College, among whom may be mentioned the names of William Moody, T. G. Sambrooke, and Robert Cheere, Dr. Todd took a very active part in establishing King's College Hospital, and for some time performed the duties of Honorary Secretary in that Institution. Here for twenty-two years he carried on the work of a clinical teacher, and soon became distinguished for accuracy in the observation of disease, correctness of diagnosis, remarkable clearness and exactness in expressing his views, and for judicious treatment.

Dr. Todd was, in truth, a physiological physician. It has been well remarked by his dearest medical friend that "he looked on all diseases as one thoroughly conversant with the several avenues and processes of the body deranged by it, and was thus enabled not only to see comprehensively, and to teach decidedly, the phenomena before him, but with all the energy of a wonderfully active mind to take a leading part in moulding the theories and practice that were current in his youth into conformity with the requirements of an epoch in which physiology has made greater strides towards the perfection of a science than in all former periods combined. He did not look at diseased processes merely as such, but at disease in contrast with health; and he had the courage to write, and teach fearlessly the conclusions to which he was led, but always with simplicity, honesty, and candour." Dr. Todd was one of the most popular clinical teachers of his day; and no one produced in the minds of the majority of his pupils a stronger conviction of the truth of the doctrines which he advocated. Few teachers have had the satisfaction of seeing so large a number of their pupils pursuing a life of usefulness and distinction, and no master ever took a greater interest in the success of those he taught.

Dr. Todd was mainly instrumental in establishing, in 1848, with the warm co-operation of the Bishop of London and under his Presidency, St. John's House and Sisterhood for the training and employment of nurses for hospitals, the poor and private families, and took the warmest interest in its progress up to the time of his death. This Institution supplied Miss Nightingale "with some of that first devoted band which left England for Scutari in October 1855." Dr. Todd's colleague, Mr. Bowman, has also long been on the Council of this Institution, and has devoted himself earnestly to its welfare; and a later occupant of the Physiological Chair has, though in a more humble way, endeavoured to assist in promoting the success of St. John's House, and has been for some years its Honorary Secretary.

Dr. Todd took an active part in placing the nursing of King's College Hospital in charge of the sisters and nurses of St. John's House. With many other physicians and surgeons, he had long felt the many evils connected with the old system of hospital nursing, and had long aimed at introducing improvements in that department. The night

nursing in our Hospital up to 1856 was not satisfactory, and the persons to whom this responsible office was committed were in too many instances utterly unqualified for the work. The objections urged against the proposed plan were answered in a letter to Mr. Sambrooke, who was at that time Deputy-Chairman of the Council of the Committee of the Hospital, and also a member of the Council of St. John's House. Many difficulties had to be overcome, and fears were entertained that the plan would not succeed; but at length it met with the approval of the authorities of both Institutions; and in May 1856, the Lady Superior of St. John's House, with a staff of nurses, entered King's College Hospital. Since this time the nursing department has been conducted most efficiently, and the change has benefited both institutions. You must all have been frequent witnesses of the unremitting care and devotion towards the sick displayed by our sisters and nurses. The nursing department of Charing Cross Hospital, and the Galignani Hospital, Paris, are now conducted by the sisters and nurses of St. John's House. The Institution has a permanent home in Norfolk Street; and it is hoped that the staff will be still further increased so that they may undertake more extended duties, and thus spread over a continually increasing area the priceless blessings this institution was designed to bestow.

Dr. Todd's contributions to medical science were numerous, and he was the author of several well-known works. In the *Transactions* of the Royal Medical and Chirurgical Society and the medical journals from 1833 to the year 1859, will be found reports of clinical lectures, papers, and original memoirs. In 1843, his treatise *On Gout, Rheumatic Fever, and Chronic Rheumatism of the Joints*, was published; but the first great literary work with which his name was associated was the *Cyclopædia of Anatomy and Physiology*. This important and comprehensive cyclopædia was commenced in 1835; many of the articles were contributed by the ablest men in their respective departments; and from the amount of original matter they contain, and the number of new drawings with which they are illustrated, they may be regarded as distinct monographs upon the subjects of which they treat. As the work proceeded its reputation increased; and the last of the five large and closely printed volumes, containing altogether nearly 5000 pages, was only completed a year before the death of its zealous and indefatigable editor. This cyclopædia has done more to encourage and advance the study of physiology and comparative and microscopic anatomy than any book ever published.

In February 1843, the first part of the *Physiological Anatomy and Physiology of Man* appeared. In this work Dr. Todd was associated with his intimate friend and pupil, William Bowman. It is not too much to say that this treatise formed the model upon which many subsequent works on anatomy and physiology published on the Continent were constructed; and its influence in promoting the study of physiology in connection with medicine can hardly be overrated.

Dr. Todd contributed a memoir upon the "Anatomy of the Brain, Spinal Cord, and Ganglions", as well as several important papers on the Nervous System; and for many years he devoted much attention to the investigation of this class of diseases. In the Lumen lectures before the College of Physicians in 1850, he showed that many cases of delirium and coma were to be explained upon the supposition of blood-poisoning, and strongly advocated the idea that these conditions were often entirely of humoral origin, and did not depend upon any lesion of the central organs of the nervous system. These conclusions naturally led to the adoption of a plan of treatment very different from that then generally followed; and many cases which by some practitioners would have been depleted, were by him put upon a supporting plan of treatment. The effect of these views upon the profession has been great; and many cases of paralysis which years ago would have been largely bled and subjected to the influence of low diet and lowering remedies, are now treated by tonics, and even by stimulants. It has been clearly shown that the effusion of blood in the brain immediately results from the giving way of weak vessels, and not from an increased rush of blood to the part, or from any inflammatory process; the weakness of the capillary walls depending upon an abnormal condition of the blood, and consequent imperfect nutrition, which had probably gone on for a period of many years.

Dr. Todd published three volumes of clinical lectures, the first *On Paralysis, Cerebral Disease, &c.*, in 1844; the second *On the Nervous System*, in 1854; the second *On Certain Diseases of the Urinary Organs and on Dropsy*, in 1857; and the third volume, *On Certain Acute Diseases*, was only completed a month before his death occurred. The fifty lectures, with reports of more than two hundred cases, comprised in these three volumes, were afterwards collected into one large volume by myself. This was published early in 1861.

Dr. Todd always took a warm interest in medical education, and was one of those who held "that the duties which devolve upon the medical profession are such as to render the religious and moral character

of its members not less important than their practical and scientific attainments." This was the principle introduced by the founders of King's College; and no one believed its truth more steadfastly, or endeavoured to carry it into practice more earnestly, than Dr. Todd. Long ago he endeavoured to remove many of the difficulties which beset the medical student on his first coming to London; and in a letter to the Principal in 1842, strongly advocated the extension of the collegiate system to students of this department.

From a very early period of his life, Dr. Todd endeavoured to increase the intimacy of the relationship between student and teacher, and warmly supported every attempt to render teaching more efficient. He objected to increasing the number of lectures, but urged the importance of making the teaching more *direct* in its character, so that the student might be encouraged to see and observe and think for himself. No one was more alive to the serious defects existing in connection with medical education than Dr. Todd. He endeavoured to remedy them to the utmost of his power; but the most serious were unfortunately irremediable, and not a few remain uncorrected even now. Little has been done and little can be done until some decided change like that proposed in the present Government Bill has been actually carried, and a number of the absurd restrictions which press heavily upon teachers and students completely removed. Good general examinations year after year during the period of studentship, conducted by examiners appointed for limited periods, whose knowledge has been acquired within a quarter of a century of the period when they examine, is really all that seems to be required. If this were established, all registration formalities and compulsory attendance might be swept away, for the student would soon find out for himself how he could most efficiently study the various subjects of which he would be compelled to show that he possessed a competent knowledge.

## EARLY OPENING OF THE NEW BATHS OF BORMIO.

By C. J. B. WILLIAMS, M.D., F.R.S.

In my notes on "Alpine Summer Quarters for Invalids," printed in the BRITISH MEDICAL JOURNAL last autumn, I called attention to the remarkable eligibility of Bormio, as combining many advantages not to be found in the Engadine and other high districts in Switzerland. At a height of 4,600 feet, it is, nevertheless, sheltered from the colder winds from the north and east by the lofty Tyrolian mountains immediately behind it; and although it has high mountains on all sides, yet those to the south are at a greater distance, and do not shut out the warming and vivifying influence of the sun's rays. Consequently, during the winter and spring months Bormio preserves a temperature much milder than that of any of the places in Switzerland of equal height; whilst the dryness of the soil and smaller amount of rainfall preclude all damp in the summer, and any great accumulation of snow in winter and spring.

From a letter just received from M. Cafisch, the intelligent manager of the *Bagni Nuovi* of Bormio, I find that during the last month there has been no snow, but uninterrupted fine weather; and although the high mountains are still covered, these are not near enough to give the damp and chilly feel to the air, with fog and clouds, so prevalent in Switzerland at this season. These observations, therefore, confirm the recommendations which I gave of this place for the trial of the *Alpine cure* with suitable patients who have been spending the winter on the Riviera, in Rome, or in other of the warm places of the south. I quite participate with my friend Dr. Hermann Weber in the belief that the high Alpine climate is likely to be beneficial in certain cases of phthisis and scrofula; but I think that the trial will be more safely and agreeably made, if, in selecting the high stations, a preference be given to those which are most sheltered from the coldest winds, and most free from the chill and dampness arising from the proximity of melting snow-fields and icy lakes.

I have just been informed by M. de Planta, chief proprietor of the *Bagni Nuovi*, that the establishment was opened for the reception of visitors on April 22nd, in compliance with a suggestion which I made in my notes; and any, who are recommended to try the fine air of this favoured locality, can be comfortably accommodated. At present, the only way of access is up the Valtelline, by road from Como and other parts of Italy; but in another week it is expected that the Stelvio pass will be open from the Tyrol and other parts of Germany. I also recommended Le Prese, in the Poschiavo Valley of the Valtelline, at a height of 3,000 feet, as an early summer residence. There is a very comfortable hotel, with also a bathing establishment, but I have not heard whether it is yet open for travellers.

## THE GERM-THEORY.

By GEORGE F. ELLIOTT, M.D., B.A.,  
Physician to the Hull Infirmary.

SINCE the publication of Professor Tyndall's well-known lecture on "Dust," increased attention has been directed to the interesting inquiry, Whether or not certain diseases are spread, and unhealthy conditions are set up in wounds, by the agency of air-borne germs? Biologists may be left to decide the vexed question of the origin of infusorial life; but supposing for the moment that it be proved to be due to germs, may we not still ask, Are they, or anything analogous to them, the parents of disease? Is it owing to their destruction that Professor Lister has attained his admirable results with what is known as the antiseptic treatment? Is it by destroying germ vitality that the disinfectant arrests the spread of contagious diseases? To each of these questions, many will agree in saying, the answer is no; and I think we can find a satisfactory explanation of the means by which certain diseases are spread, on grounds that do not involve the supposition of anything so equivocal as the existence of germs seems to be.

With regard to the effect of antiseptics on wounds and injuries, medical men entertain, I think, one or other of three opinions. 1. There are those who agree with Professor Lister as to the existence of the ubiquitous germ, and the advantages derived from its supposed destruction. 2. Others believe that the good effects of carbolic acid are not due to its germ-destroying properties, but that it affords material for oxidation, and thus spares the tissues to which it is applied; or that it acts by forming a layer of coagulated albumen by which the air is excluded. 3. Others, again, smile at all such applications as little better than superstition, and either stoutly deny that any good results from antiseptic applications, or ask us to prove the obviously difficult negative that a certain wound or amputation would not have done as well on some other plan of treatment. But if we take it as at least the prevailing opinion that antiseptics are of use, we find that, whatever may be the different theories as to their action, there are two acknowledged facts which may be made to throw considerable light on this important subject. 1. There is the very old observation that wounds and injuries will do best if the air can be kept from them. 2. *Ceteris paribus*, they will do better in the pure air of the country than in the air of a crowded town; better in a house or room where there are few occupants than in one where there are many. The first observation evidently leaves it an open question, whether an evil effect is produced by the air or by its contents; but the second, I think, sufficient to show that the evil agent is not the air itself, *i.e.*, its oxygen, as we should expect to find this, at least, as active in the pure air of the country as in town air. If the evil effects then are not produced by the air itself, it must be by some foreign matter contained in it; and the question is, what is this foreign matter? "Germs," says one, "and the good effects of antiseptics are due to their killing them." "I won't believe it," says another, "if there be germs in the air, the powerful microscopes of the present day ought to show them." Surely, in endeavouring to account for the spread of contagious diseases, we have no need to look for the existence of these germs at all; that is, if we understand the word germ to signify anything corresponding to the germ of an animalcule, or the spore of a fungus. But if these septic influences are due neither to germs nor to the decomposing agency of the air itself, to what, it will be asked, are they due? Professor Tyndall, while declaring himself a firm believer in the germ-theory, casually refers to what seems to me to afford a much more reasonable explanation of the spread of certain diseases than this theory does. I must first observe that he seems to have ignored the existence of any kind of organic matter in the air, save that existing in the form of germs; but have we not (as has been shown by Dr. Angus Smith, of Manchester) putrescible organic matter thrown off from the bodies of human beings? This organic matter being combined with the watery vapour exhaled from our bodies, and by this means attaching itself to damp-absorbing surfaces in its neighbourhood—is it not easy to conceive that this organic matter is at times inert and harmless, which at others, when given off from patients suffering from such diseases as small-pox, scarlatina, and erysipelas, it is loaded with the virus of these diseases; this virus being of such a subtle and imponderable nature that it is impossible to recognise it by any of our present methods of research? There is nothing more remarkable in this than that we should be unable to tell what constitutes the difference between a drop of matter taken from a non-specific pustule and that from a pustule of small-pox. What can we say of the difference between the desquamated cuticle of the convalescent from scarlatina and that which is incapable of spreading any contagion? Is the poisonous element of difference between them anything that can be suitably expressed by the word germ?



Speaking of the sodium which the spectroscope reveals in the air, Professor Tyndall says that the suspended particles are "the rafts upon which it floats, as when they are absent the sodium disappears." Surely, instead of looking upon the particles as disease-germs, it is more reasonable to suppose that they are the rafts upon which contagion, as well as sodium, floats; that in the case, for instance, of erysipelas occurring in a hospital ward, one patient does not suffer because there arose from the body of another patient innumerable germs (of whatever nature we may suppose them to be), but because the dust surrounding the first patient became charged with the specific virus of the disease from which he was suffering, and that, by this dust circulating through the air, the disease in due time became conveyed to the wound of the second patient. From this source, also (*i.e.*, the floating particles), if such diseases as small-pox, scarlatina, and typhus, were present, the virus would be received, probably, by inhalation.

There are two or three considerations which support the idea that these floating particles, though in no sense germs, are, nevertheless, the carriers of contagion. 1. We know how readily articles of cotton and woollen fibre (by virtue, probably, of their hygroscopic nature) acquire contagious properties, and also with what difficulty they are made to part with them; and of the *débris* of such materials this floating dust is largely composed. The blanket or counterpane from the bed of a typhus or erysipelato patient would most probably convey its particular poison to any person fitted to receive it; and the only reasons that particles given off from, or which had been in contact with, such materials should fail to do so are—they may not reach a fitting soil in sufficient quantity for the development of the disease; or, they may not do so before they have been subjected for a long time to the disinfecting influences of ventilation. 2. This belief accords with the known good effects of the exclusion of air from wounds, and of the application of antiseptics, quite as well as the germ-theory does. In the first case, the floating particles and their poisonous burden are shut out together; in the second, the virus they may carry is rendered incapable of exercising its effects by the agency of whatever antiseptic may be employed. 3. The dust taken from such places as hospital-wards and barrack-rooms has been shown to contain epithelial cells from the skin; and that these and the other constituents of it should form "rafts" for the conveyance of organic poisons, is suggested by what Professor Tyndall says he believes to be the case with the sodium present in the air; and it is also a much smaller task on our belief than is the separate existence of these undemonstrated germs.

For one important reason, I believe it would be well if the theory of their existence were abandoned; and that is, I think the antiseptic treatment would be more extensively used and impartially put upon its trial, were it not for the distrust engendered by its being directed against what is naturally looked upon by many in the light of a hypothetical enemy.

## FIBROUS TUMOUR OF THE VAGINA.

By W. T. GREENE, M.B., etc.,  
Formerly Medical Officer, Moira Dispensary.

JANE D., aged 51, for fourteen years previously to my seeing her had been troubled with "a gathering in the front passage," which prevented her from passing her urine, and necessitated the constant employment of a catheter to empty her bladder, an operation which she had learned to perform for herself, with considerable adroitness. She was a very strong, able-bodied woman, and had been accustomed to field-labour, but had latterly been occupied in less laborious work. On Thursday, February 20th, 1868, she had "put in a heavy day's washing," and at its close, found the "gathering" had descended lower than it had ever done before, except on one occasion, three years previously, when considerable hæmorrhage had taken place.

On the 21st of February, she was attacked with severe pains, which a neighbour declared to have been "exactly similar to labour-pains," and a tumour, "about as large as a goose's egg," was expelled, with violence, beyond the vulva, within which she found it impossible to return it. During the night and the following day the tumour increased considerably in size; so much so that when I first saw it on the 23rd of February, it was as large as the head of a child a month old, and presented very much the appearance of an inverted uterus, for which it had been taken by a person who was in attendance. Learning, however, that not only the woman had never had a child, but that there was every reason to suppose her to be a virgin, I questioned the correctness of this opinion, and proceeded to make an examination.

The tumour, which was of a bluish-red colour, and was covered with large veins, had a soft, flabby feel externally, but a hard, resisting

centre. The stalk, or base, extended from immediately above the mentus urinarius to within a very short distance of the os uteri, and lay more to the left than to the right; facts which, however, were not ascertained until afterwards, for at that time the tumour blocked up the entrance to the vagina, the perineum being lacerated to within half-an-inch of the anus. Catheterism had no effect upon the size of the tumour, which had no orifice or opening in it whatsoever.

Having procured the assistance of a surgical friend, we removed about two-thirds of the mass, posteriorly, where it was sloughy; the portion removed resembling coagulated blood entangled in the meshes of cellular tissue; the remainder, which was firm, and quite insensitive, was, by the advice of my friend, enveloped in a linseed-meal poultice and supported by a suspensory bandage, awaiting daylight. I wished to incise it in a ligature, but my friend, not satisfied as to its nature, thought it would be better to wait. On the 25th of February, however, I passed a double ligature through the base of the tumour, which was so thick that it was not thoroughly strangulated for several days, although the ligature was tightened daily as much as possible. On the fifth day another waxed thread was passed round the base, then much constricted, of the tumour, and on the following morning my patient was delighted to show me "the lump," which had dropped off during the night. Even then, the tumour was the size of a large goose egg, and was of a strongly fibrous nature, traversed by a few blood-vessels; a longitudinal fissure was apparent, to the depth of about an inch, on its posterior surface, but there was no trace of a cavity of any kind. Two days after the detachment of the growth, the woman was able to pass her urine spontaneously, and has continued to do so ever since. On the 20th of April, 1868, there was no vestige of the tumour remaining, with the exception of a cicatrix, on the anterior wall of the vagina, where the pedicle had been attached.

It was a very puzzling case at the time; but, seen by the light of subsequent experience, I have no doubt as to its having been a fibrous tumour encysted in the anterior wall of the vagina, whence it was spontaneously enucleated during the woman's exertions while engaged in washing, and probably lifting heavy tubs; when blood-vessels were ruptured, and hæmorrhage took place into the cellular tissue between the wall of the vagina and the tumour, thus adding to the apparent size of the latter, and the perplexing aspect of the case.

I regret that I was not allowed to preserve the tumour, for the woman made a point of having it buried, and I did not insist.

Dr. Churchill, in his *Diseases of Women*, records a somewhat similar case as having occurred in the practice of Dr. McClintock, of Dublin; but considers it rare, which is my excuse for exclaiming these notes, taken at the time.

## ATROPINE POISONING FROM HYPODERMIC INJECTION: SCARLATINA RASH.

By A. W. STOCKS, Esq., Salford.

HAVING had an attack of lumbago for ten days or a fortnight, I determined to try the effect of hypodermic injection, and got a medical friend to give me six minims of a solution of atropine, which I had frequently used in my own practice, containing one grain of the alkaloid to two drachms of water. From this I obtained very satisfactory relief for a day or two. The pain recurring, I again had recourse to my friend, who injected a dose of his own solution, containing a precisely equal quantity of atropine which he had obtained from a different druggist. This was at about 9.30 in the evening of this day week. In less than five minutes, I became aware that I had an overdose; my heart began to labour heavily, and, to my feelings, roughly, at the rate of about fifty per minute, accompanied by a sore feeling immediately over the base of the heart. This continued about ten minutes, and was immediately followed by intense thirst, dryness of the mouth and throat, with great perversion of sensation, everything tasting intensely acid. The skin of my whole body began to feel turgid and swollen, and, in about an hour and a half, was covered with a rash precisely similar to that of scarlet fever. There was also diplopia; during the evening, I was completely unable to read the newspaper. Next morning, there was power to read with one eye at once; and in the evening the disturbance in the vision had entirely gone, as well as all other signs of the action of the drug. My object in sending this account is twofold: first, to warn my professional brethren in the subcutaneous use of the alkaloids, lest, taking for granted that all samples are of a similar strength, they may, when using a fresh supply of the drug, unwittingly produce symptoms of a much more disagreeable character than those above related; and, secondly, to give an instance of the peculiar rash occurring after the administration of belladonna or its active principle, a fact which, I believe, is disputed by some no mean authorities of the present day.



## REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN  
THE HOSPITALS OF GREAT BRITAIN.

## A REPORT ON HYDROA AND ALLIED DISEASES.

UNDER the name of Hydroa, one new to dermatologists in this country, M. Bazin of Paris has asked attention to some very curious cases of constitutional disease attended by a skin-eruption. We may say of M. Bazin, that he is equally distinguished by his philosophic acuteness as a physician, and by his detailed familiarity with his special subject; and that any clinical observations from his pen are worthy of careful attention. Respecting the malady which he has described, we may add that we feel no doubt that his statements are well grounded; and there do occur every now and then, in English as well as in French practice, cases which fit well with them, and to which no clinical name or description previously given is applicable. We are well aware that considerable responsibility attends the attempt to introduce a new name into our nosologies. In the present instance, however, we are convinced that it will prove a real convenience. To those who feel inclined to remark, on hearing a new name, "Oh, it is, in all probability, only an attempt to rechristen with a more imposing epithet something with which, under simpler phraseology, we are already well conversant," we would reply, "Partly true, and partly not so." No doubt, cases of what Bazin would call Hydroa have in times past come under the notice of observing men; and, in all probability, their peculiar features have claimed attention. Probably the descriptions extant of such maladies as erythema circinatum, erythema iris, erythema multiforme, have been modified by the impressions made by those to which we allude. In this sense, Hydroa is no new malady. But, on the other hand, examples of it in a typical form are so infrequent that observers not enjoying the almost unlimited opportunities for the collection and comparison of unusual forms of disease, which our modern out-patient institutions afford, may well be excused if they have failed to notice their special features. Lastly, we may observe that it is very probable that not a few cases of hydroa have been diagnosed as syphilis on the one hand, or as variola or varicella on the other. It is, indeed, the risk of error in these directions, and especially in that of syphilis, which chiefly gives practical importance to the subject. Not, indeed, that the investigation of the facts of nature and disease, be they ever so small or so infrequent in occurrence, is ever unimportant. A sound knowledge of the malady in question, although perhaps not often required in practice, will, in all probability, throw light on others which are of more common occurrence. We shall, therefore, offer no apology for entering upon the investigation in some detail.

It may be fair, in beginning, to say a word on the necessity for caution in the use of names, that we do not give them too great definiteness of meaning, more especially as it is possible that Bazin himself has erred a little in this direction, and has written of Hydroa as if it were wholly dissociated in cause and nature from the other maladies with which before his time it was confused. The second task, after the discovery of any new symptom or group of special symptoms deserving to be named as a new disease, is to discover the natural allies of such disease. We must proceed, in this search, in full conviction that there not only exist features of resemblance and of difference, of which, for purposes of diagnosis, it is necessary to take cognisance, but that there exist also true affinities. These affinities will not infrequently be found to be so close that, respecting some examples, it is very difficult, if not impossible, to declare to which group they should be assigned. Respecting nine-tenths of the maladies with which physicians have to deal, it is nowise true that they stand as distinct entities or species, wholly separate from all around them; but rather, on the contrary, that they are the products of an inextricably interwoven web of influences, and have thus numerous true relationships, some distant, but some very near. It is certainly so with hydroa; for, whilst some examples of it are very peculiar indeed, both in course and in symptoms, others merge, both in history and in clinical features, so gradually towards other and better known maladies, that it is impossible to feel sure as to where the limit should be put. Let us fully acknowledge that such limits are arbitrary and unnatural; and let us beware, in the study of disease, the imitation of the gardening propensities of our forefathers,

when they cropped their box-trees to one predetermined pattern. We have to deal with Nature, and must carefully follow all her windings, and not insist that her beautiful but irregular hill-paths shall be forthwith levelled, for our convenience, into straight Macadamised roads.

The closer relationships of Hydroa, so far as hitherto made out, are with the special forms of erythema and urticaria. From these its most striking difference is that its eruption is attended by vesicles or even small bullæ. Like them it has usually a definite duration and disappears spontaneously; but like them it deviates from this rule not unfrequently and rather widely. Its clinical history can, however, only be written, without risk of error, when a larger number of facts respecting it shall have been accumulated.

## HÔPITAL ST. LOUIS (PARIS.)

## M. BAZIN'S CASES OF HYDROA.

Before proceeding to narrate the cases which have been observed in London practice, we think it best to quote from M. Bazin's writings those which he has himself recorded.\*

**CASE I. Vesicular Hydroa, the Eruption occurring chiefly on the Forearms: Vesicles on the Soft Palate; Speedy Recovery.**—A man, aged 26, came under M. Bazin's care on May 13th, 1859. The brother of the patient, aged 16, was subject to epistaxis and headaches. He had been subject, every five or six months since the age of two years, to vesicular eruption on the chin, and sometimes on the hands. This eruption resembled that of the patient. The patient himself had convulsions in his infancy; then he was attacked at short intervals with intermittent fever till the age of twelve. He was liable to running at the nose, bronchitis, quinsy, and giddiness. He had hæmoptysis at the age of fifteen. He had muscular pains in the loins and limbs, for which he had taken a great number of vapour-baths. He was of florid complexion, with chestnut hair. On May 11th, he perceived, when he got out of bed, red spots on his forearms, attended with itching. He went to take a bath. The next day, he suffered from fever and difficulty of swallowing. Vesicles were developed on the spots which had appeared the day before, and new spots had shown themselves.

**Condition on Admission.**—On the outer surface of the forearms, but especially on the back of the left forearm, were observed red spots with a violet tinge, rounded in shape, and varying in size from that of a small lentil to that of a fourpenny-piece. These spots presented slightly projecting and sharply defined edges; they were slightly depressed in the centre, and surrounded by a small red areola, which gradually faded off into the colour of the healthy skin. Some showed in their centre a small vesicle filled with a transparent fluid. Others were remarkable for the existence of a blackish or yellowish crust, and were surrounded by a whitish border. Lastly, the margins of many of them were covered with a great number of miliary vesicles, whilst in the centre existed a vesicle of larger size. The eruption was discrete; the patches were isolated usually, but some touched at the circumference. The isthmus of the fauces was uniformly reddened; the base of the uvula was surrounded by a crown of whitish vesicles, lying on bases of a violet tinge. There was scarcely any itching on the arms. The febrile symptoms had disappeared, and he had a good appetite.

The treatment ordered was decoction of hops and alkaline baths.

On May 18th, the greater part of the crusts had fallen off, leaving only violet macule. The patches were no longer prominent. On May 25th, the patient went out, only reddish spots remaining, and these were disappearing day by day.

**CASE II. Vesicular Hydroa, occurring chiefly on the Hands: Slight Febrile Disturbance; Speedy Recovery; History of a similar Attack three years before.**—Annette Noirot, aged 17, a servant, was admitted on April 29th, 1859.

**Antecedents.**—No history of the father and mother could be obtained. There are five brothers, who were in good health. She had had, during infancy, many attacks of ophthalmia. At nineteen years old, menstruation commenced, but was painful; now it was regular, but rather scanty. She had been subject to sore-throat; but colds had been her chief trouble, coming every winter, and lasting a long while. Three years previously, after a chill, pimples appeared similar to those which she had now. The girl had lived in Paris for the last year. At the beginning of the winter, after a long walk, an eruption of red spots and vesicles came out on the knees, with itching of the skin. The affection troubled her but a little, and gradually disappeared. Three days before admission, she felt fatigued, out of sorts, feverish, and had pinching and itching on the backs of the hands. The next day, red spots and vesicles were developed on the hands.

**Present Condition.**—The eruption was situated on the backs of the hands and on the fingers; it was characterised by red circular spots of

\* *Paris, Leçons sur les Affections Cutanées, Mémoires de Paris, 1860, p. 11.*

piece. All the spots seemed to go very rapidly through their stages, their fluid contents being at first clear, then opaque, and then disappearing, either by absorption or by abrasion of the epidermis. A great many of the papules appeared to end abortively, without the formation of a vesicle; and a great many of the vesicles had dried up. All the fingers on their backs and sides were red, and presented indistinct papules; but no actual vesications had formed. The man stated that he had had good health up to the day of the appearance of the eruption; he had had no premonitory symptom whatever. The spots appeared first on the face, and the next day on the hands. The weather was moderately hot at the time. He first applied at the hospital on the eighth day of eruption, when, according to his statement, the eruption was already beginning to fade away. His ears, nose, and cheeks were covered with scabs; and there were no fresh vesicles on these parts. The only premonitory symptom which, on cross-questioning, we could get him to admit, was, that he had felt shivering, two or three mornings in succession, on going into the yard to wash himself. This was a symptom which he had never had before, and which left him when the rash came up. He had continued his usual work throughout, and been enabled to eat, drink, and sleep well. He stated that a year ago he had a similar attack, but not nearly so severe. The eruption on that occasion did not form scabs, and probably did not pass the papular stage. The eruption lasted nearly two months. He had no constitutional disturbance, and kept his work.

His brother, a year or two younger than himself, had a similar eruption about the same time last year. His brother had had it two or three times before. There appears reason to think, from his description, that it was the same disease. Both the brothers are engaged in stables; both are of fair complexion. There is no history of rheumatism in either of them. The elder one stated that he had suffered much from cramp.

[To be continued.]

#### UNIVERSITY COLLEGE HOSPITAL.

DEATH FROM CHLOROFORM IN A CASE OF CALCULUS IMPACTED AT THE NECK OF THE BLADDER.

(Under the care of Mr. MARSHALL.)

J. C., aged 42, of good muscular development, but care-worn aspect, was admitted into University College Hospital on May 2nd, with stricture of the urethra and stone in the bladder. He had suffered from pain and difficulty in micturition for five years, latterly had been unable to retain his urine for more than five minutes at a time, and was quite unable to sleep on account of pain. An attempt was made to sound him; but the patient's urethra was so tender that the process had to be repeated while the patient was under chloroform. On the 3rd, therefore, the resident medical officer administered chloroform by means of Clover's apparatus. According to the inventor's latest practice, only thirty minims of chloroform were used to each thousand cubic inches of air. Nothing unusual occurred during the first part of the process. The patient did not struggle excessively. His pulse, 84 at first, full, but compressible, increased to 92. After five or six minutes, he became insensible, and began to breathe somewhat stertorously. Mr. Marshall was summoned, and the chloroform removed. He was then placed in position, pillows and mackintosh put under his loins, and the sound selected. During this time (one and a half to two minutes), the stertor passed off, and he breathed quietly. Mr. Marshall then proceeded to introduce the sound. As this was done, the respiration suddenly stopped, during inspiration, as if the patient was holding his breath; and the dresser, who had his finger on the pulse, called out that he could not feel it. The man's face also became dusky pale, as in the first moments of an epileptic fit. Artificial respiration (Silvester's) was immediately begun, and continued for about twenty minutes. Galvanism was applied over the præcordium; but the heart refused to act. There were no convulsions, nor even twitching of muscles. The pupils were not noticed.

At the post mortem examination, the heart was found relaxed, but not distended. There was a moderate amount of dark blood in the right side, little in the left. The organ was loaded with fat, which penetrated deeply into its substance. The walls were pale and soft. Under the microscope, there was a great excess of interstitial fat, and, in places, well marked fatty degeneration of its fibres. The valves were healthy. There was some atheroma of the aorta, but not extreme. The lungs were quite normal. The stomach contained about ten ounces of half-digested food. The kidneys were congested, and markedly albuminoid. The spleen and liver were also albuminoid. The brain was healthy, but the arteries and sinuses were both empty. The bladder contained a pyramidal or nail-shaped stone, firmly impacted in the neck, and partly adherent to the prostrate.

## PROFESSOR FLOWER'S HUNTERIAN LECTURES ON THE COMPARATIVE ANATOMY OF THE MAMMALIA.

Delivered at the Royal College of Surgeons of England.

LECTURE N.—Monday, March 7th, 1870.

THE CRANIUM AND ITS APPENDAGES.

IN his description of the Cranium, Mr. Flower selected the skull of the Dog as presenting the typical form. He did this, because the Dog's skull can easily be obtained for study; and, if one become thoroughly conversant with its structure, it will be easy to trace out the modifications in the skulls of other Mammals.

The *Cranio-Facial Axis*.—Illustrating his description by a diagram of the skull of a young Dog two or three months old, and adopting Huxley's nomenclature with some modifications, Mr. Flower said that the first point to be noticed is, a chain of bones running along the base of the cranium, in the middle line, forming the "cranio-facial axis" of Huxley. These bones are all single and median, being serially continuous with the bodies of the vertebrae. The most posterior of these bones is the basi-occipital, which becomes ankylous with other parts to form the occipital bone, but remains separate longer in other Mammalia than in Man. The next bone, the basisphenoid, corresponds to the hinder part of the sphenoid bone. It has a hollow on the upper surface, with a ridge in front and one behind; this is known as the *ella Thureia* in the human skull, and is an important landmark. The præ-sphenoid is the next bone; it is more cellular, and hollow within. The two hinder bones are broad and flat; the præ-sphenoid is much narrowed in front. The cranio-facial axis is then continued forward by a thin vertical plate, in which (being cartilaginous) ossification commences at the hinder part soon after birth, and proceeds forwards and downwards to a variable extent. A great part, however, remains cartilaginous, and forms the septal cartilage of the nose. The ossified part is the central plate of the ethmoid bone; the part known as the ethmoid in human anatomy is a complex structure.

The *Cranial Cavity* is described as consisting of three segments. Of these, the posterior, or Occipital, is formed at the base by the basi-occipital bone; on each side of this is the exoccipital, passing outwards and rather upwards, and having on it the posterior condyle; in some Mammalia, however, a part of this condyle lies on the basi-occipital. Above the exoccipitals lies a somewhat triangular-shaped bone, the supraoccipital, which closes in the foramen magnum above, and, with the bones already described, forms a distinct segment of the cranium. In the occipital bone are to be noticed the two condyles, and the hole (*foramen condyloideum*) for transmitting the hypoglossal nerve. This foramen is always situated in the exoccipital bone. Attached to the exoccipital is also a large process, the paroccipital or paramastoid, which serves for the attachment of muscles, and takes the place of the mastoid process in Man.

The second or Parietal segment is formed on the basisphenoid, from the sides of which proceed, outwards and somewhat upward, the alisphenoids, corresponding with the "great wings" of the sphenoid bone in the human skull. The alisphenoid on each side is ossified separately from the basisphenoid; it sends down the pterygoid process—the external pterygoid of human anatomy. At the base of the alisphenoid are two foramina—rotundum and ovale; the latter of these is always present in Mammalia. The segment is closed in above by the square-shaped parietal bones.

The third or Frontal segment consists of the præ-sphenoid, having, on each side and above, the orbito-sphenoid, or the "lesser wing of the sphenoid" of human anatomy. At the hinder part is a notch or hole for the passage of the optic nerve. The segment is completed by the frontal bone.

*Sense-Organs*.—There are also other important structures which enter into the composition of the brain-case. Between the posterior and the middle segments is a space, filled in by the ossified capsule of the organ of hearing, known as the petrous or petro-mastoid bone, with the squamous bone above, and the mastoid below. These together form the temporal bone of human anatomy, which is apparently a part intercalated among the segments of the skull. Between the petrous or petriotic bone and the basi-occipital is a vacant space—the foramen lacerum posterius; it gives exit to nerves. In the petriotic bone is a foramen for the transmission of the portio dura and the portio mollis.

Between the middle and anterior segments is a space known as the orbital fissure or foramen lacerum anterius; it transmits several nerves, etc.—sometimes including the optic nerve.

Anteriorly, the frontal bone meets in the middle line above, but leaves below an opening which is closed in by the ossified part of the organ of smell.

Thus, between the hinder and middle segments is the organ of hearing; between the middle and anterior, the organ of sight and its nerve; and anteriorly, the organ of smell.

**Nose.**—Here we have no longer a single cavity, but two cavities divided by a median partition; these are the nares, which are tubes opening in front and behind.

The inner wall or septum consists of two elements: above, the mesethmoid plate and its continuous cartilage; below, the vomer. The vomer is, in its simplest form, a sort of trough embracing the lower edge of the mesethmoid; and from the lower edge of this trough is developed a ridge of bone which continues the septum.

The floor and sides of each nasal cavity are formed of four bones. Posteriorly, there is the small square pterygoid bone—the internal pterygoid process of human anatomy. This is continued backwards further in other Mammals than in Man. In front of this is the palatine bone, which consists mainly of two parts; one forming part of the outer wall of the nasal passage, and the other forming its floor and the roof of the mouth. In front of the palatine bone lies the maxillary, occupying a small space in the middle line, but extending outwards to form the face and the alveolar ridge for the attachment of the teeth. The tube is completed anteriorly by a smaller bone, the præmaxilla, which carries the incisor teeth.

The roof of the nasal cavity is formed by the nasal bone, lying on the mesethmoid, and articulated posteriorly with the frontal.

In the interior of the nasal cavity are two special bones or groups of bones—the turbinate bones—having a relation to smell. In the Dog, they are very large, and even more so in some other Mammalia. The olfactory nerve is distributed over their laminae. The laminae of which these bones are formed are collected in two groups on each side. Those of the posterior group pass backwards, and are united to the cribriform plate, and by means of this to the hinder edge of the mesethmoid bone. They are commonly described as forming part of the ethmoid bone; and perhaps the most correct designation for them would be "ethmoturbinal." Lower down is a smaller group, having the same structure, not connected with the upper group, but united to the maxillary bone by a thin piece of bone. These are the so-called inferior turbinate bones; or they may be called the maxillary turbinal bones. Both sets of turbinal bones are present in all Mammalia that have the nose well developed. They fill up the greater part of the nasal passage, so that the air must pass over them in respiration.

**Divisions of the Cranial Cavity.**—The cavity of the cranium is divided to a certain extent into three fossae. The hinder part is cut off by a ridge to which the tentorium is attached; below this is the cavity for the cerebellum. Next to this is a large cavity in which the cerebrum is lodged. This is very imperfectly divided in most Mammals, but more so in Man, by a projection corresponding with the Sylvian fissure. The anterior fossa is the olfactory; it is small in Man, but large in other Mammals.

The part described in human anatomy as the os planum of the ethmoid bone, and forming part of the orbit, is not found in the Dog.

Besides the bones already described, there are two others; the malar or jugal bones, attached on each side to the outer part of the maxilla, and forming an arch by uniting with a process from the temporal bone. The lacrymal bone is also wedged in to complete the orbit in front; it has an opening for the lacrymal duct.

The Lower Jaw or Mandible, and the Hyoid Arch, are appendages of the temporal bone, being primarily and essentially connected with it, and not with any other part of the skull.

In the development of the embryo, three visceral arches, with intermediate clefts, are formed. A rod of cartilage (Meckel's cartilage) is formed in the anterior arch; another is also formed in the posterior arch; and these become united above. The upper cleft becomes filled, leaving a small orifice above, from which are formed the Eustachian tube, tympanum, and external auditory meatus. The malleus, with its processus gracilis, is formed from the upper part of Meckel's cartilage; while the lower part of that cartilage has fibrous tissue developed on it, from which in part, and partly from conversion of the cartilage, is formed the lower jaw or mandible. At the upper part of the cartilage on the second arch are formed the incus and stapes; and the remainder of the cartilage is converted into hyoid bone. From the lower visceral arch are formed the basi-hyoid and the smaller cornua of the hyoid bone.

Around the parts forming the organ of hearing is developed the petrous, petromastoid, or petriotic bone. According to Huxley, this is ossified from three portions—a pro-otic, an opisthotic, and an epiotic; which, although remaining distinct in lower Vertebrata, unite early in

Mammalia, and long before birth form one bone. The petrous and mastoid portions have been generally described as distinct parts; they form, however, but one bone—the mastoid being merely a projecting portion. In nearly all Mammalia, the petromastoid bone is distinct.

On the outer side, the petriotic bone is covered in by the squamosal, which in most Mammalia is not so large and important as it is in Man. It has a large process projecting forwards to join one from the malar bone and to its under part is the articulating surface for the lower jaw.

A bone, developed from membrane, forms a ring round the membrana tympani; this is the tympanic bone. In many Mammalia, it remains as a simple ring; in Man, it forms the outer part of the external auditory meatus; and in the Dog it forms a great part of the tympanic cavity.

## THE GENERAL MEDICAL COUNCIL ON EDUCATION AND REGISTRATION. SPECIAL SESSION, 1870.

Wednesday, May 4.

The Council met at 12 o'clock.

MR. CHAS. H. WALKER moved—

"That it is expedient to draw the attention of the Lord President to the danger of Class XXX being infracted, in consequence of the vagueness of the term 'ordinarily resident,' in the Schedule."

DR. EMBELLTON seconded the motion, which was carried.

Classes XXIII, XXIV, XXV, XXVI, XXVII, XXVIII, and XXIX were read.

Class XXIX was read, viz.—

"30. Any power given by this Act to, and anything authorised or required by this Act to be done by the medical authorities of any one part of the United Kingdom, may, transposed into date by a majority of the medical authorities of such part."

DR. HEMMELBY moved—

"That it is desirable that Class XXIX should be so altered as to permit the powers given by this Act to the Medical Authorities, to be exercised and done by the Governing Bodies of the Medical Authorities."

MR. HARGRAVE seconded the motion, which, after some observations from DR. BENNETT, was put to the vote, and lost; 2 only voting for it.

Class XXXI was read, as follows—

"31. The Acts mentioned in the fourth schedule to this Act are hereby repealed to the extent and as from the dates in the third column of that schedule mentioned; provided that this repeal shall not affect anything done or suffered, or any right acquired or accrued, or any offence committed, before such repeal takes effect, or any remedy or proceeding in respect thereof, or any power of the General Medical Council to make any order in relation thereto."

SIR D. CORRIGAN proposed—

"That it is desirable in reference to Class XXVI, that the same legislation should apply to the Apothecaries' Company in each part of the United Kingdom, and that, in accordance with this principle, Section LV of the Medical Act of 1858 should be repealed, and also Section XXVI, of Geo. III., for regulating the Profession of an Apothecary throughout the Kingdom of Ireland; and that due provision should be made for the regulation of the Practice of Pharmacy in Ireland, as at present in force in England, in accordance with the Resolution of the General Medical Council, laid before the House of Secretary (see Minutes of General Medical Council of July 6, 1868), which is as follows:

"That from and after the passing of the Act, 'Pharmacists or Dispensing Chemists or Druggists' duly qualified to open shops or establishments in England for the compounding of Medicines, shall in like manner be deemed duly qualified to open like shops or establishments in Ireland, and shall not be liable to penalty or fine for so doing; and that in like manner persons licensed in Pharmacy, and registered by the Apothecaries' Hall of Ireland, shall not be liable to penalty or fine for so doing in Great Britain."

MR. HARGRAVE seconded the motion.

DR. LEET and DR. A. SMITH made some observations on the powers possessed by the Apothecaries' Hall of Ireland.

MR. COOPER said that the Apothecaries' Company in London did not wish to interfere with the dispensing of medicine by chemists and druggists.

DR. PARKES proposed as an amendment, and DR. LEET seconded—

"That as the Council understand that a Bill is to be shortly introduced into the House of Commons, affecting the practice of Pharmacy in Ireland, and the interest of the Apothecaries' Hall in Ireland, the Council beg to direct the attention of the Lord President to this Bill, and to express an opinion that the practice of Pharmacy in Ireland ought to be assimilated to the practice in England and Scotland."

After some remarks from SIR D. CORRIGAN, the amendment was put to the vote and carried. It was then put as a substantive motion, and carried.



the size of a large lentil, with raised borders. On some of them was perceived a blackish crust, a little depressed; on others, a single vesicle filled with yellowish serum. The development of the affection could be followed. There was at first a small transparent vesicle; then a red areola showed itself around the vesicle, and enlarged from the centre to the circumference at the same time that its borders became slightly raised. On the backs of the hands, many patches ran together at their circumference, but the greater part were isolated. Around the knees were violet-coloured spots, but no vesicles. There were four violet spots and vesicles on the inner surface of the lower lip. There was very little general disturbance, some pricking and itching of the skin, but no loss of appetite. The patient was of good constitution, of sanguine temperament and irritable temper. The treatment was decoction of wild pansy and alkaline baths.

April 20th. The patient left. There only remained red stains in place of the eruption.

CASE III. *Vesicular Hydroa, chiefly occurring on the Hands, Forearms, and Knees; History of a similar but milder Attack three months previously: Rapid and Spontaneous Improvement.*—Sophie Dijon, a housekeeper, aged 52, was admitted on July 22nd, 1859. The patient had small-pox at the age of four years. Menstruation began at ten years, and was scanty. At puberty, she was troubled frequently with dyspepsia, and had headaches till the age of forty years. She had been subject to gouty pains in the hands from youth (the middle finger of the right hand presenting topi near the phalangeal joints), to colds, and to frequent bronchitic attacks in the winter, and cramps in the limbs. At forty years of age, the menses ceased after a fright. The previous winter, she suffered from inflammation of the right eye. Three months ago, some red spots, with itching, appeared on the left forearm. The next day, small vesicles developed on the spots. Some days later, similar vesicles showed themselves on the hand, then on the forearm, on the right side. Successive crops followed. The patient contented herself with drinking some decoction of hops. She was of good constitution, sanguine temperament, and well nourished.

*Present Condition.*—On the forearms were seen small violet-coloured spots, of the size of a fourpenny-piece. Some on the right side presented slightly raised borders, and in their centres a yellowish crust or a small transparent vesicle; others were covered with large vesicles filled with pus, and of the size of a small pea. Lastly, there were seen reddish spots without vesicles, and violet stains which had taken the place of the crusts. These patches, etc., were isolated and rather numerous; they occupied, on both forearms, surfaces as large as the palm of the hand. On the front and sides of the knees were groups of patches, of which some resembled erythema marginatum (disc-like spots, with raised borders); but others had in the centre a vesicle or small yellowish crust. Some similar patches existed also on the front of the chest, on a level with the upper extremity of the sternum. The patient's appetite was good. She had been less subject to constipation and dyspepsia since the outbreak. Pricking sensations were felt on the affected parts. The itching was very slight. The treatment consisted of alkaline baths, decoction of hops, and alkaline syrup.

Aug. 8th. Whilst the vesicles transformed themselves into crusts, which fell off, leaving violet stains, vesicles and new spots arose from time to time.

Aug. 15th. The crops were less frequent. The general condition was the same, and the treatment was continued.

Aug. 20th. The eruption was much less confluent. There existed now only some groups of vesicles on the forearms; otherwise, red blotches only were seen. The patient was anxious to depart and continue the treatment at home.

CASE IV. *Fourth Attack of Vesicular Hydroa within three years; Hands, Knees, Feet, and Buccal Mucous Membrane affected; M. Bazin's Remarks on the Mode of Evolution of the Rash.*—Eugene Boivin, aged 19, a burnisher, entered the hospital on January 24th, 1862.\*

*Previous History.*—There were no symptoms of scrofula, nor of syphilis. He admitted one attack of gonorrhoea a year ago, which lasted about a month. He was of good constitution; his muscular system was well developed. He did not appear to have suffered from indigestion, nor visceral affections, except a tendency to constipation. He never had rheumatism, nor neuralgia. Two years ago, the present eruption first appeared. It came out suddenly, without premonitory signs, and with no general symptoms—merely a little smarting in the places where the eruption came out. It remained out about three weeks. Since then, he had had the fresh attacks, at intervals of six months, and under similar circumstances to the first—that is, without premonitory signs, and without marked constitutional disturbance. Each time the duration was about a month. In the intervals, the

patient had been in good health. He had never had any other cutaneous affection. On January 18th, he had a fresh attack of hydroa, and now decided to enter the hospital.

*Present Condition.*—*Remarks by M. Bazin.*—One interesting point in connexion with the topography of the eruption strikes us at once: that the parts affected were distinctly limited; they are the two hands, the knees (fronts), the feet, and the buccal mucous membrane.

1. The hands. It was on the back of the right hand that the eruption commenced; and it is here that the individual parts of the eruption were best characterised. The spots or patches are there seen in different stages of evolution. In the most advanced patches are to be noted—

a. In the centre, a small yellowish or even brownish crust, with a central depression. On certain patches, the umbilication is very marked; and the circumference of the crust appears still soft, and sustained by a little serosity.

b. Outside the small central crust is a zone with a diameter of three or four millimètres, and of a characteristic white, like the red dregs of wine, resulting manifestly from inflammation.

c. Outside the red zone there is a whitish semi-transparent areola, composed of a mass of small vesicles grouped together, mostly confluent, and disposed in such a manner as to form a circular collar, and resembling bulbs.

d. Lastly, immediately outside this whitish areola there is a fresh reddish zone, of a tint less vivid than the first, and also of much smaller diameter.

The size of these completely developed patches varies between that of a franc and a piece of fifty centimes. In the neighbourhood of these patches we find others less advanced, which present for our notice, in the centre, a small brownish crust, surrounded by a whitish collar, which embraces it; and outside this the reddish zone, incompletely developed.

It remains for us to describe the mode of development of the eruption; and this is best seen on the back of the right hand. The initiatory phenomenon, just where the eruption is about to be developed, is a faintly marked rosy spot, which, before it can disappear, is replaced by a single vesicle of the size of a millet-seed. This vesicle soon dries up in the centre, becomes umbilicated, and thus gives rise to the appearance of the small central crust; whilst its periphery remains still raised and supported by a little serosity, which gives it a yellowish white colour. As a secondary phenomenon, there occurs around this small crust an inflammatory disturbance, which is indicated by the presence of a violet red zone; then outside the red zone appears the whitish circle, composed of vesicles grouped together, and composing a sort of circumferential bulla. Lastly, encompassing the bullous circle, there is developed a second zone, of a reddish colour, but of a less vivid tint.

It is of great importance to note the secondary appearance of the red inflammatory circle surrounding the central vesicle, and perfectly distinct and limited; for this is one of the characters which serve to distinguish vesicular hydroa from "herpes phlyctenodes". In herpes, the groups of vesicles are developed always on a red surface inflamed from the first, and with irregular contour; whilst in hydroa there is a zone of red colour like wine-lees, with regular circumscribed boundary, and appearing after the development of the primary vesicle, to the existence of which it appears entirely subordinate. In the interval between the patches, the skin is quite healthy, without the least redness or swelling. Further, the patient does not complain of pain in the parts which are the seat of the eruption, nor of itching; he only experiences occasionally a little heat or feeling of tension. In the palm of the hand, the patches are of smaller size; and the central crust appears to take longer to form, no doubt because of the greater resistance offered by the epidermis. The various shades of colour are more manifest than on the dorsal region, and the red zone is even of a much more vivid tint. On the fingers are observed some patches where the different elements are a little less definitely separated; in some of them, even the peripheral necklace is united to the central vesicle; and of them, even the peripheral necklace is united to the central vesicle; and of them, even the peripheral necklace is united to the central vesicle. It might thus with justice be asserted that in these parts there was seen a mixture of vesicular and bullous hydroa.

2. On the feet, the patches are slightly less numerous; they are more like those we have just described on the palms of the hands.

3. In front of the knees there are some few patches, perfectly isolated, and just as little developed as those on the palms of the hands.

4. *Buccal Mucous Membrane.*—The lower lip is red, swollen, and presents on the mucous surface a certain number of closely grouped patches, less fully characterised as regards the shades of colour. Their evolution is more rapid; and they appear to transform themselves promptly into a sort of yellowish exudation, adherent to the mucous surface. The tongue is not entirely free; it presents, especially towards

\* Bazin, *Affections Génériques*, etc., 1862, p. 408.

the point and on the sides, a redness similar to that of the rudimentary patches. There is no affection of the velum palati, nor of the pharynx. The presence of the eruption on the mucous membrane of the mouth accounts for pain in mastication, with dryness of the mouth and slight salivation.

The only constitutional symptoms are slight cephalalgia and loss of appetite; no febrile disturbance.

The treatment was a simple bath and a slight purge. During the first few days after the admission of the patient, the eruption manifestly became modified. Some new patches were developed on the hands; whilst the first lost a little of their colour, which began to pale under the influence of the baths. The buccal mucous membrane also cleared rapidly; the lower lip returned to its normal size; and the dryness of the mouth, as well as the salivation, began to disappear. The general condition of the patient remained good; he ate largely, with good appetite. The treatment with simple baths was continued.

At the end of a week's sojourn—that is, about twelve days from the commencement of the eruption—a very evident change was observed. The patches had lost their shades of colouring; they were diminishing more and more; there were no longer traces of serosity. The epidermis, at every point where it had been the seat of eruption, was becoming dry, and separating in the form of round scales, leaving uncovered rosy surfaces, provided with new epidermis, and without depression. On the buccal mucous membrane there was no longer any trace of eruption.

On February 14th, 1863, the patient left the hospital.

## HOSPITAL FOR SKIN-DISEASES (BLACKFRIARS).

### CASES OF HYDROA.

*CASE V. Six Attacks of Hydroa within a year, in connexion with Constipation and Use of Purgatives, Popular in Parts, Vesicular in others; Rapid and Spontaneous Recovery.*—In April 1870, a young man applied at the Hospital for Skin-Diseases, who had been under care in the previous August, on which occasion his eruption had been diagnosed as hydroa. He stated that he had had six attacks since his first one, and that in none of them had the eruption lasted more than about four days. He believed that the attacks had almost always been brought on by taking a dose of purgative medicine. It did not appear that the kind of purgative was of importance; for it had followed Epsom salts, castor-oil, and some others. It is quite possible, however, that his observation on this point was a mistake, and that, in fact, an attack of constipation was the usual precursor of the eruption; for he admitted that, as a rule, his bowels were always regular, and that until within the last year he had never taken aperients. The eruption which he displayed on April 19th had been out only twenty-four hours. He had had constipation, and had taken a dose of castor-oil, six hours after which he felt the skin of his face begin to tingle in a manner which made him certain that the eruption was coming. Twelve hours later, the eruption was fully out, covering his face, neck, and the backs of his hands. He had not felt specially ill. His cheeks were covered with small papules, symmetrically placed, and in many parts confluent. Over the malar bones, vesication had occurred, and patches not unlike acute eczema had been produced. On the bridge of his nose there was a small bulla. Many of the papules on his face were pointed in the centre, and resembled the acne produced by the bromide of potassium. On the sides of his neck, where the eruption was very copious, the papules were for the most part flat-topped, resembling erythema papulatum. On the backs of both his hands and wrists there were numerous papules, all of them quite distinct, and remarkably similar in type. They were more or less pointed, and looked exactly as if about to vesiculate in the centre. None of them, however, actually contained fluid. They were almost exactly like those of small-pox in its early stage—scarcely, however, so firm to the touch. The backs of the hands and backs of the wrists were the parts affected. With the exception of these, there was no eruption on any other part but the face and neck. There were no sores in the mouth. The man expressed his conviction that the eruption would come to an end on the fourth day. It had always done so before; leaving, however, stains and little sores, which lasted somewhat longer.

Whether we prefer to give to such a case as this the name hydroa or erythema, does not, perhaps, much matter. The points in its clinical history which it is desirable that we should keep clearly before us are the following:—1. Its sudden outbreak and symmetrical arrangement; 2. Its short duration and spontaneous disappearance; 3. That the eruption always comes on the face and neck and backs of the hands; 4. The papulo-vesicular character of the eruption itself; and 5. That one

attack does not prevent another; but that, on the other hand, the attacks recur rather frequently, and with increasing severity.

The case is a very exact parallel to that of James Smith (Case VII).

## THE LONDON HOSPITAL.

### CASES OF HYDROA.

*CASE VI. Symmetrical Copious Eruption (Hydroa) of Abortive Vesicles in Group, Effusion into one Knee-joint; Slight Constitutional Symptoms; Spontaneous Disappearance of Rash.*—E. Nicholls, aged 7, a delicate-looking lad, applied as an out-patient. At first his eruption was thought to be herpes zoster occurring over the whole surface; but, on further examination, this diagnosis was corrected.

The following notes were taken at the boy's home, on the day following his application at the hospital.

First of all, with reference to symmetry, the eruption occurs on both legs as low as the ankles, and scarcely at all on the feet. On both sides, the eruption avoids the popliteal space. On the upper extremities it is much less copious than on the lower ones, and occurs chiefly in scattered spots on the backs of the arms and forearms, reaching as far as the wrists, and on the right side showing two spots on the back of the hand. The fronts of the arms are almost free, and the flexures of the elbows and wrists quite so. On his trunk, there are very few spots in front above the navel; on the back, they pass higher up; but his shoulders are comparatively free. His neck is quite free, both in front and behind. There are groups of isolated spots on both cheeks and on the middle of his nose; none on his forehead, and a single one on his chin.

*Character of Eruption.*—In its present stage, it appears to consist of abortive vesicles, with much congestion at their bases. The term abortive is meant to imply that many of them look as if they contained fluid, and were about to develop into vesicles of considerable size, but dry up without doing so. Many of these vesicles are single, and many of them are arranged in groups. The groups are very irregular in form, and never rounded; nor, as a rule, are they developed in any special arrangement. It must be noted that at no single place have the vesicles passed into a typical condition, every where subsiding without forming an appreciable quantity of fluid. A few of them are abraded by scratching. The largest patches are seen on the lower part of the back and on the nates. There are enlarged glands on the right side beneath the angle of the jaw. His left knee was slightly swollen and tender. He is very pale, fretful, and much troubled by a hacking cough, which he has had for six months. His tongue is quite clean, and he eats fairly. He has had no spots on the mucous membranes. It is now the fifth day of the eruption, and the rash is already beginning to subside.

The only point of importance to note in the mother's history is, that she suffered from rheumatism.

The case seems to differ from herpes very definitely. First, the eruption is almost every where symmetrical—occurring, for instance, on both cheeks, extending on the extremities to the wrists and to the ankles, but not below them. Secondly, the eruption, although grouped, and although consisting in many places of confluent vesicles, does not show long oval patches, or patches arranged in curves or lines, as is common in herpes. Thirdly, every where the vesicles are abortive. The disease is allied to hydroa in many of its features—its symmetry, sudden outbreak, etc. It must be recollected that there are no vesicles on the mucous membranes, and that no vesicles are fully developed. The joint-affection must not be forgotten.

*CASE VII. Hydroa in a Healthy Young Man, with History of a previous Attack a year before, and Statement that the Patient's Mother had suffered from a similar Disease.*—James Smith, aged 21, a carman, applied at the London Hospital on August 25th, 1869. He presented a copious eruption on his face and on the backs of his hands. The ears, and the skin immediately behind them, were also covered; and there were a few spots on the back of the neck. On the hands, the eruption was quite symmetrical, covering the backs of the hands and the backs of the wrists. A slight deviation from symmetry occurred, in that the front of the left wrist was covered, whilst there were scarcely any spots in front of the right; and that there was a group of spots on the outer side of the right forearm just below the elbow, which had no corresponding group on the opposite limb. With the exception of the parts mentioned, his skin was quite free; he had no spots whatever on his trunk and lower extremities. There were no spots on the mucous membrane of his mouth, nor any on the hairy scalp.

The character of the eruption was unmistakably the same as that of our other cases. It consisted of red papules, surmounted by vesicles of very various sizes. In some cases, the vesicle was a mere pin's head; in others, it constituted an irregular flat bulla, of the size of a fourpenny-

Schedule I, enumerating the Medical Acts, and Schedule II, giving a list of the medical authorities, were read.

The third Schedule was read. It gave the form of register, containing, under the heading "Licentiate in Medicine and Surgery," columns for the date of registration; the part of United Kingdom in which examined; name; and residence. There was also a separate column for higher titles.

Dr. ALEXANDER WOOD moved—

"That it be suggested to the Lord President, that in the third Schedule, the heading of the last column should be 'additional titles,' instead of 'higher titles.'"

Dr. ANDREW WOOD seconded the motion, which was carried.

Sir D. CORRIGAN moved—

"That it is desirable that column 2 of the third Schedule, and its heading, viz.: 'part of United Kingdom in which examined,' be omitted."

Dr. APIJOHN seconded the motion, which, after some remarks from Dr. Acland, Dr. Sharpey, and Mr. Cesar Hawkins, was put to the vote, and carried; 11 voting for, and 6 against it.

Mr. CESAR HAWKINS moved, with reference to the fourth Schedule, containing a list of the Acts and parts of Acts to be repealed—

"That it is desirable that the attention of the Lord President be drawn to the fourth Schedule, by which many important duties and privileges are affected, in regard to the Medical Authorities in England, without any reference to the Laws affecting the Medical Authorities in Scotland and Ireland; and that it is very desirable that the application of such Laws in Scotland and Ireland, to the Medical Bill, should be considered by the legal advisers of the Privy Council."

Dr. STORRER seconded the motion, which was carried unanimously.

The Council, which had throughout been sitting as a Committee, then resumed.

Dr. ANDREW WOOD moved—"That the proceedings of the Committee of the whole Council be brought up and adopted by the Council."

Sir D. CORRIGAN seconded the motion, which was agreed to, after some remarks from Dr. Parkes, to the effect that he regretted the resolution which had been passed with regard to clause XXII.

Dr. PARKES moved—

"That this Council, having carefully considered the principles of the Amended Medical Bill introduced by Lord De Grey, and having learned the readiness of Lord De Grey to adopt suggestions from the Council on some of its provisions, desire now to express their general approval of the Bill, and their earnest hope that it may become law during the present Session."

The Lord President had taken up the matter at the earnest request of the Council, and had shown every disposition to carry out its wishes. It was therefore right that the Council should strengthen his lordship's hands in every way.

Dr. HUMPHRY seconded the motion.

The proposal of the resolution was followed by a discussion. There was an unanimous feeling that thanks were due to Lord De Grey for having introduced the Bill into Parliament, and for his courteous attention to the representations made to him by the Council; but much diversity of opinion was expressed as to the extent to which it was advisable to express an approval of the Bill. Several amendments on the motion were suggested, and the following one, proposed by Dr. ALEXANDER WOOD, and seconded by Sir D. CORRIGAN, was put to the vote, and lost; 5 voting for, and 10 against it.

"That the cordial thanks of the Council be given to Lord De Grey for the trouble he has taken in preparing and introducing into Parliament the Medical Bill, and for the courtesy with which he has received the suggestions for its improvement, which the Council has felt it a duty to make. The Council trust that Lord De Grey may succeed during the present Session of Parliament, in carrying the Bill, with such Amendments as will be satisfactory to the Profession and to the public."

Sir D. CORRIGAN required that the names and number of those who voted for and against the amendment, and of those who declined to vote, be taken down. *Majority:* Mr. Hawkins, Mr. Cooper, Dr. Acland, Dr. Humphry, Dr. Storrer, Dr. Andrew Wood, Dr. Thomson, Dr. Leet, Dr. Sharpey, Dr. Parkes. *Minority:* Dr. Alexander Wood, Dr. A. Smith, Mr. Hargrave, Dr. Apjohn, Sir D. Corrigan, Bart. *Decline to vote:* The President, Dr. Fleming, Dr. Macrobin, Dr. Quain, Dr. Christison.

The motion was then put to the vote and carried.

Dr. PARKES required that the names and number of those who voted for and against the motion, and of those who declined to vote be taken down. *Majority:* The President, Dr. Bennett, Mr. Hawkins, Mr. Cooper, Dr. Acland, Dr. Humphry, Dr. Storrer, Dr. Andrew Wood, Dr. Fleming, Dr. Macrobin, Dr. Thomson, Dr. Leet, Dr. Sharpey, Dr. Parkes, Dr. Christison. *Minority:* Dr. A. Smith, Mr. Hargrave, Sir D. Corrigan, Bart. *Decline to vote:* Dr. Alexander Wood, Dr. Apjohn, Dr. Quain.

Dr. SHARPEY moved, Dr. FLEMING seconded, and it was agreed to unanimously—

"That the best thanks of this Council be respectfully offered to Lord De Grey for the pains and courtesy with which he has attended to all the representations of the Council, and for the great trouble he has taken in preparing the Amending Medical Bill."

Dr. A. SMITH moved—

"That it is desirable that the following words should be inserted after the third paragraph of Clause VII, and at the end of Clause XII. That if the General Medical Council are of opinion that such modifications are inconsistent with the general principles of the scheme as proposed by them, they may, if they think fit, withdraw such Scheme; and shall proceed to frame and propose to the Privy Council a new Scheme in lieu thereof."

Sir D. CORRIGAN seconded the motion, which was carried unanimously.

Dr. BENNETT moved, Dr. A. SMITH seconded, and it was agreed—

"That this Council will be willing to accept any such extension of the Powers conferred by Section 29 of the Medical Act (1858) as the Government may think fit to grant."

Dr. PARKES proposed—

"That it is expedient that a Clause should be introduced into the Amended Medical Act, giving the medical authorities power to elect their representatives on the Medical Council on an enlarged basis; and that the clause shall be so worded as to allow the modes of election to be hereafter settled between each medical authority and those registered medical practitioners who have received from it any diploma or degree higher than the minimum diploma granted after passing the examination of one of the Conjoint Boards."

He regretted that the question came on so late in the Session; and would have withdrawn it, but that some movement in this direction might be made in the House of Commons, and therefore the Council ought to express an opinion. Of the various modes of increasing the representation of the profession in the Council, he thought that the best was that of enlarging the constituencies of the medical authorities. He objected to the plan of electing by the votes of the profession at large. He conceived that the Government in 1858 had acted correctly and logically. The Corporations and Universities were necessarily the proper constituencies for electing members of the Council, being engaged in those matters which the Council was called on to consider. If the relations between the Council and the State were enlarged, there would be room then for direct representation. Again, the plan of direct representation would be attended with great trouble and expense; and still further, there would be the necessity of apportioning out the representatives into electoral districts. There would be thus an enormous preponderance of English members; while, at present, the members of the Council were equally divided between the three divisions of the kingdom. On the other hand, election by Corporations had advantages; but he thought that, in electing representatives in the Council, every Corporation should enlarge its borders. This would be attended with benefit to them, as had been already shown in the cases of the University of London and the Colleges of Physicians and of Surgeons. He would restrict the privilege of voting to those who passed the higher examinations; because it would diminish difficulty and expense, and would be more likely to ensure that superior men were brought into the Council. He thought that it would not be well to give votes to those who held the lowest diplomas or degrees only. The mode of election should be left to be decided by each Corporation, provided that they took in as large a number of Fellows as possible. There were two bodies which could not be well brought under the clause—the two Societies of Apothecaries; for these a special exemption might be made, allowing them to elect as at present.

Dr. ANDREW WOOD seconded the motion. It was vain to expect that the profession would be satisfied, so long as the election of members of Council remained on the present basis. Dr. Parkes had very ably pointed out the objections to direct representation. A Council composed entirely of members so elected would be impracticable. The addition of members elected by direct representation was objectionable on the ground of the increase of members. An advantage would be that many of the holders of minor diplomas would be led to go beyond those. The trouble and expense attending voting by large constituencies was very great. He thought Dr. Parkes's proposal a moderate one, and hoped that it would receive the support of the Council.

Dr. A. SMITH would adopt the first clause of the motion as far as the word "basis." The second part demanded more discussion than the time remaining at the disposal of the Council could allow. He moved an amendment accordingly.

Mr. HARGRAVE seconded the amendment.

Dr. STORRER said that the Medical Act of 1858 never attempted to define who should elect. The representatives of the Universities and Corporations were elected according to their respective charters; and it would not be fair to ask the Lord President to press on them a power which they might not desire.

Dr. BENNETT felt that Dr. Parkes had said a good deal that was worthy of consideration by the Corporations, but nothing that should induce the Medical Council to call on the Lord President to interfere with the authorities. As to the plan of direct representation, he did



not think that it could make a better Council than the present one. He did not object to Dr. Parkes's proposal, but questioned whether it would improve the Council. He was quite ready to leave it to Parliament to make any modification in the constitution of the Council that might be thought fit.

Dr. CHRISTISON agreed with Dr. Parkes that it was desirable to extend the constituencies moderately. He spoke of the difficulties and expense attending the competition in large constituencies, such, especially, as the Universities of Edinburgh and Aberdeen. He thought it was very undesirable to come to any opinion in the matter.

Sir D. CORRIGAN was inclined to agree with Dr. Christison, though he approved of the principle laid down by Dr. Parkes.

Dr. AGLAND moved, and Dr. BENNETT seconded, "the previous question."

The PRESIDENT approved of Dr. Parkes's resolution as being very moderate. He did not think that the authorities had in all cases the power of enlarging their representative basis. There might be an enabling clause, giving the Corporations power to enlarge their constituencies. The question had been forced on the Council, and would be forced on Parliament; and he did not see how the Council could avoid expressing an opinion.

Dr. QUAIN opposed the "previous question."

Sir D. CORRIGAN said that it was a cowardly way of getting rid of the matter. He was in favour of the election of members of the Council by the profession in general. The profession at large had no voice in the election of the Council; its members ought to have the power of electing independently of the Colleges. He agreed with Dr. Parkes as to the principle, but not as to the mode in which it was to be carried out.

The "previous question" was put to the vote, when 10 voted for, and 10 against it; the President gave his casting vote against it.

Dr. SMITH's amendment was then put to the vote and lost; 6 voting for and 8 against it.

Dr. PARKES's motion was then put to the vote; the numbers were, for 8, against 10. It was therefore lost.

Dr. ANDREW WOOD required that the names and number of those who voted for and against the motion, and of those who declined to vote, be taken down. *Majority:* Dr. Bennett, Mr. Hawkins, Dr. Storrar, Dr. Alexander Wood, Dr. Fleming, Dr. Macrobin, Dr. A. Smith, Mr. Hargrave, Dr. Leet, Dr. Christison. *Minority:* The President, Mr. Cooper, Dr. Acland, Dr. Humphry, Dr. Andrew Wood, Dr. Sharpey, Dr. Parkes, Dr. Quain. *Declined to vote:* Dr. Thomson, Dr. Apjohn, Sir D. Corrigan, Bart.

Mr. CÆSAR HAWKINS moved, Mr. HARGRAVE seconded, and it was agreed to—

"That a Committee be constituted on the 1st day of February, with the date of October 1st be substituted, for the transmission to the General Council, of the Scheme requested from the Universities and Corporations."

After the re-election of the Executive Committee, and the passing of some formal resolutions, the Session came to an end.

## INVENTIONS, &c.,

### MEDICINE, SURGERY, DIETETICS, AND THE ALLIED SCIENCES.

#### LIQUID NITROUS OXIDE GAS.

THIS gas is being largely manufactured in a liquid form by Messrs. George Barth and Co., of Duke Street, Bloomsbury, and Messrs. Coxeter and Son. The iron bottles, measuring nine inches by three, used for this form of the anæsthetic, are proved to resist a very high pressure, and made to contain fifty gallons of gas. The advantages of portability are evident; and it has also been thought that the quality and anæsthetic powers of the gas are improved when it is subjected to the necessary pressure to reduce it to the liquid form, that a less quantity of gas is required, and that consequently it is more economical. The pressure required to liquefy the gas is about 750 lbs. to the square inch; but, at or below a temperature of 33 deg. Fahr., it liquefies under a pressure of thirty atmospheres, or 450 lbs. to the square inch only. The increased portability thus obtained for the gas materially assists in rendering it available for short surgical operations, and other cases where comparatively prolonged anæsthesia is requisite.

## NOTICE.

THE ANNUAL SUBSCRIPTIONS TO THE BRITISH MEDICAL ASSOCIATION FOR THE YEAR 1870 ARE NOW DUE: and it is a matter of great convenience to the Association, and conduces to the efficiency of its working, that they should be paid promptly.—Members of Branches, and all others who usually receive circulars at the beginning of the year from the local Secretaries, will greatly oblige, and will prevent trouble, by PAYING their SUBSCRIPTIONS TO THE LOCAL SECRETARIES, AND NOT TO THE GENERAL SECRETARY.—All other members should pay their Subscriptions without delay to the General Secretary, T. WATKIN WILLIAMS, Esq., 13, Newhall Street, Birmingham.

Members of the Association residing in the counties of Middlesex, Essex, and Hertfordshire (except those belonging to country Branches), should pay their Subscriptions to Dr. A. F. STEWART, 75, Grosvenor Street, W.; or Dr. ALEXANDER HENRY, 16, Great Cornam Street, W.C.

Gentlemen wishing to become members of the Association are requested to apply to the General Secretary, to the Branch Secretaries, or at the office of the JOURNAL, when forms of application and the rules of admission will be forwarded.

## BRITISH MEDICAL JOURNAL.

SATURDAY, MAY 14TH, 1870.

### THE ASSOCIATION AND THE GOVERNMENT MEDICAL BILL.

THE Committee of Council of the British Medical Association have comprehended the urgency of the present crisis in the question of Medical Reform, and have summoned the Association to pronounce formal judgment between them on the one side, and the Government, the Medical Council, and the Corporations, on the other. The lists are closed, and the ground is cleared for the fight. It is a fair trial of strength. If challenged to show cause why we speak of the Government and the Medical Bodies as if they were adversaries of the profession, when they have scarcely spoken a word against it, we answer that the quiet and apparently studied neglect with which those in authority have treated the claims of the general body of the profession, is of all forms of defiance the most thorough. Those who uphold the representative principle have cause to congratulate themselves on the course of conduct taken, for it has made converts of some who doubted the necessity of a change in the constitution of the Medical Council; confirmed others who were wavering; and produced a substantial agreement among reformers as to the best mode of making the influence of the profession felt in the Council. The manifest tendency of authority to lead the few who possess it to take but little account of the multitude outside their own circle, begets the apprehension that, if established in the possession of what is virtually irresponsible power, they may come, before long, to consider the medical profession of the United Kingdom as a flock of sheep, to be driven or trampled on as they and the Privy Council may think fit.

For, let it never be forgotten that the Government Bill makes the Privy Council "the Lord, the King, the Governor," of the Medical Council and of the Medical Profession. Many seem to think that the worst which can befall us is to be subjected to the autocracy of the present Medical Officer of the Privy Council. This is a great mistake. Mr. Simon is, as we all know, a true and loyal son of medicine. But suppose his post vacant, and a Homœopathic Lord President seated in the Council office, what is there in the Bill to hinder the appoint-

ment of a medical officer like-minded, who might demand, in the interests of the public, the recognition, to use the words of the Marquis of Clanricarde, of "practitioners who have a preference for methods of treatment differing from those which are generally adopted"? We are reminded on every hand that, unless the Privy Council is entrusted with the large powers which the Bill places in its hands, the Licensing Bodies may put off to the Greek kalends the formation of joint Examining Boards, and so defeat the beneficent intentions of the Government, and the true well-wishers of the medical profession. Our answer is, as we believe that of the meeting of next Wednesday will be, enlarge the basis of the Medical Council so as to make it the representative not only of the official classes, but of the entire body of the profession, and then give it full power to enforce its decisions.

Such are the motives which have induced the Committee of Council to summon a Special General Meeting of the Association. With our brethren throughout the country now rests the decision of this great question. If, by their attendance in large numbers on the 18th, they show that they reckon it an object to which personal convenience and even professional business should for once be postponed, and that they are firmly resolved to lend a united, a hearty, and a thoroughgoing support to those who have hitherto been fighting their battles, success is morally certain. If, on the other hand, they consider it a matter that concerns them but slightly, and does not demand from them any sacrifice for the common good, the time will come when they will rue their present apathy, and recall with regret the emphatic warning we now give them.

Since writing the preceding remarks, we have seen a copy of the amendments which the Lord President proposes to make in the Bill. An abstract of these is given at the next page. The clauses relating to the Privy Council are, apparently, to be altered in such a way as to remove from the Privy Council any other power than that of simply accepting or rejecting the schemes presented to them. Nevertheless, the members of our Association must express their opinion on the power which the Bill originally proposed to give to the Privy Council, and which, as we have shown, would be most detrimental to the profession. That this should be done, is the more essential, as the list of amendments contains no provision whatever for improving or altering the constitution of the Medical Council.

#### WESTMINSTER ABBEY.

WE believe it will cause general satisfaction amongst our readers to know that the honour of interment in Westminster Abbey was very nearly secured for the hero whom our profession has just lost. The proposal originated in London, and was warmly taken up by a large number of those who admired Sir James Simpson's character and his unselfish devotion to the advancement of our art for the benefit of humanity. All the steps taken in the matter were necessarily hurried; for there was no time to be lost, and it was not a subject which could be discussed at a public meeting. At little more than a few hours' notice, a Committee for promoting the object was formed, which included, with many others, the following names: Sir William Fergusson, Dr. Gull, Dr. Sibson, Dr. Stewart, Dr. Risdon Bennett, Dr. Peacock, Mr. Cock, Mr. Hilton, Mr. Bowman, Mr. Simon, Dr. Davies, Dr. Andrew Clark, Dr. Sutton, Dr. Sieveking, Dr. Little, Dr. Garrod, Mr. Flower, Dr. Priestley, Mr. Spencer Wells, Mr. Henry Lee, and Mr. Hutchinson. Had the intention been persevered in, probably most

of the prominent names in the profession would have been added. On Tuesday, a conditional inquiry was made as to the feelings of Sir James's family; and a telegraphic reply of "highly gratified" was received. On the following day, however, in reply to a more direct application, Sir Walter Simpson telegraphed that, "under the circumstances, the family had decided to decline the proposal." It will be seen that the application was made rather late, and after all arrangements had been made in Edinburgh for a public funeral there. Thus the matter has ended. It will be now for the profession to determine whether in some other manner it cannot find the means of expressing its sense of appreciation of the man whom we have lost.

We have with great pleasure to add that the Dean of Westminster, in reply to a private inquiry made on Monday, stated with the greatest kindness that he should at once accede to the proposal, and made suggestions as to the details. No deputation waited on him, as it was thought best to get the consent of Sir James's family before doing so. As far, however, as is concerned the most ready willingness to confer upon a member of our profession, on account of medical merit, one of the highest honours in the gift of the nation, the Dean of Westminster deserves the gratitude and thanks of us all.

It would have been a great event, not in honour only of the deceased, but also of the profession which he would have represented, had the plan been realised. It is very long since such a national recognition of the value and merit of work done in connexion with our art has been accorded. Hunter was, we believe, its last recipient, and he only gained it long after his death. It is a national disgrace that Jenner was not placed there, and that he has never even had a tablet erected there to his memory. Perhaps, indeed, for the latter object, it is not even now too late.

We trust that no one will attempt comparisons of merit between Sir James Simpson and Hunter, Jenner, Brodie, or any of the veterans still with us. It is enough for us to know that he was great in himself—that, endowed with rare genius, he used it with rare industry, fed its flame with enthusiastic philanthropy, and achieved very remarkable results. No one claims for him that he was exempt from human frailties. No one acquainted with the facts doubts that the public has accorded to him a larger share of credit in reference to anaesthetics than was his due; and some will go further and admit with pain that in some moments he appeared to yield a little to the temptation of receiving praises which were offered in some degree of error. It is rather to his whole life's work that his friends appeal. They cite with confidence his zeal in medico-antiquarian research; his eloquent antagonism to quackery; his discoveries in therapeutics and operative surgery; and the great fact that a large part of his laborious career was devoted to subjects which had no relation to his practice or to his own special part of the profession. His ten years' work at Accupressure, if it be to end at last in failure, came as close as possible to a glorious success, and reflected the utmost credit on both his head and his heart. For a time it seemed to have been fairly accepted by the surgical profession. Lastly, his exertions to reduce the mortality of large hospitals were undertaken from a most noble motive, and will doubtless result in the greatest good.

It is too early immediately after his death to estimate a man's character, especially if he fall in the prime of life. Sir James Simpson's reputation will ripen with years; jealousies will be forgotten, and antagonisms will be merged. We believe that in future years it will be matter of universal regret that circumstances have prevented the realisation of the proposal to which we have adverted. Meanwhile, it is much to know that it was planned, and that the profession was honoured by its most courteous acceptance on the part of those in authority. We trust that this latter fact will not be forgotten in the future; and that amongst a crowd of poets, politicians, philosophers, and warriors, a resting place in Westminster may from time to time be secured for a HERO OF MEDICINE.

## THE GOVERNMENT MEDICAL BILL.

THE Medical Amendment Bill, which the Lord President of the Privy Council has introduced into the House of Lords, was on Tuesday read a second time *pro forma*, and several amendments were laid upon the table. The following is an account of the principal of them.

The first amendment proposed is in the seventh clause, which relates to the confirmation by the Privy Council of schemes submitted to it by the Medical Council. The amendment directs that the Medical Council, and not the Privy Council, should give to the medical authorities notice of a proposed scheme; and the number of objecting members of the Medical Council is increased from three to six. There is also to be inserted the following paragraph. "At any time before the confirmation of the scheme, the General Medical Council may propose to the Privy Council any modifications in the scheme which they may desire to make."

In the next paragraph, by the substitution of the word "the" for the word "any", and by the omission of the words "therein as they may think fit" at the end of the paragraph, the power originally given to the Privy Council, of modifying the schemes, is taken away; and, by a further amendment, the Medical Council may propose another scheme, if the Privy Council refuse to confirm the scheme presented.

In the next paragraph, the amendment makes it the duty of the Medical Council (instead of the Privy Council) to give notice of modifications to the medical authorities concerned.

In Clause X, relating to the rules for examinations and licences, a paragraph is to be inserted providing more plainly than in the Bill for the general education to be required of candidates before entering upon a course of medical study.

It is also provided, by amendment of Clause XI (which relates to the confirmation of examination rules), that the Medical Council may propose modifications, and if the Privy Council refuse to confirm either the rules or the modifications, the Medical Council may propose new ones.

The whole of the second paragraph of Clause XII, which has reference to examinations by medical examining boards, is omitted, and the following is inserted.

"If it appear to the General Medical Council that any medical examining board fail to comply with the scheme or examination rules for the time being in force under this Act, the General Medical Council may represent the same to the Privy Council, and the Privy Council may, if they think fit, make an order dissolving such medical examining board.

"If it appear to the General Medical Council that any attempt has been made by any medical examining board to require any candidate to adopt, or abstain from adopting, the practice of any particular theory of medicine or surgery, either by making such adoption or abstention a condition of admission to or passing any examination or otherwise, the General Medical Council may represent the same to the Privy Council, and the Privy Council may, if satisfied that such an attempt has been made, by order direct such medical examining board to desist from such attempt, and, if the board fail to comply with such order, may by order dissolve the board.

"Where an order is made under this section for dissolving a medical examining board, such board shall be dissolved as from the date mentioned in the order, or, if no date is mentioned, from the date of the order, and a scheme for a new board in its place shall be made under the provisions of this Act."

The words in Clause XX giving power to the Universities to confer "their lowest medical or surgical degrees" on licentiates under the Act, are to be omitted; and the latter part of the clause, which provides that the medical authorities receiving part of the surplus income from fees shall confer "minor medical titles" on licentiates, is removed. In various parts of the Bill, reference to "higher" and "lower" medical degrees and titles is omitted; the words "the like" being substituted for "higher".

In Clause XXI, relating to the registration of foreign and colonial practitioners, an addition is made, providing that the person to be registered shall have practised medicine and surgery for five years, and shall have been resident in the United Kingdom for at least twelve months.

In the penal clause (XXII) the following important addition is made:—"If any person, not registered under the principal Act, gives any certificate which, under the principal Act, is not valid unless signed by a person registered under the principal Act, he shall be liable, on summary conviction, to a penalty not exceeding twenty pounds." The effect of this will be, for example, that any person who gives a certificate under the Vaccination Act, and is not registered, though he may have obtained his licence to practise, will be liable to the penalty.

There is to be a new clause inserted, relating to the erasing of names of practitioners from the *Register*. It is as follows.

"Where any medical practitioner registered under the principal Act has been, either before or after he is so registered, convicted in any part of her Majesty's dominions, or in any foreign country of any offence which, if committed in England, would be a felony or misdemeanor, or, if committed in Scotland, would be a crime and offence, or has been guilty of any infamous or disgraceful conduct in any professional respect, such medical practitioner shall be liable to have his name erased from the *Register* under the principal Act.

"The General Medical Council may, and upon application of any of the medical authorities shall, cause inquiry to be made into the case of any person who is alleged to be liable to have his name erased under the provisions of this section, and, on proof of such conviction for infamous or disgraceful conduct, shall cause the name of such person to be erased from the *Register*.

"The name of no person shall be erased under this section on the ground of his adopting any theory of medicine or surgery."

We cannot help regretting that there is still an absence of all disposition on the part of the Government to accede to the wish so generally expressed by the profession, that they should be represented in the Medical Council, instead of leaving them to the very dubious representation which they possess in the members elected by the several corporations and the Crown.

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THE subscribers to the fund for raising a statue to the Italian anatomist Panizza, of Pavia, have determined that it shall be of marble.

DR. ASHFORTH appeared on Saturday last as a candidate for the vacant coronership of Berks, but quickly retired.

PROFESSOR ANDRAL finds that the temperature of new-born children is lower than that of adults only during the first half-hour after birth.

DR. LYONS (Dublin) and Dr. Greenhow (London) have been nominated by the Government as the Medical Members of the Commission to inquire into the treatment of Fenian prisoners.

DR. J. HUGHLINGS JACKSON has been appointed Physician to the Royal Infirmary (late *Dreadnought*), Greenwich. Under the new arrangement, no salary is now attached to this office.

DR. DUGAN, Staff-Surgeon Royal Navy, has been appointed Inspecting Medical Officer in the Western District under the Contagious Diseases Act. He will probably be stationed at Southampton.

A COLOSSAL statue of the illustrious anatomist Morgagni is to be solemnly inaugurated at Forlì, on the centenary of his death, December 7th, 1871. The statue has been modelled by the sculptor Salvini.

LORD DERBY has notified his intention to give a site for the new Stanley Hospital at Liverpool, and to lay the foundation-stone of the building on the 6th of next month.

THE Chair of Physiology in the University of Prague, vacant by the death of the celebrated Purkinje, has been filled by the appointment of Dr. Hering of Vienna. It was offered to Professor Helmholz, who, however, preferred to remain at Heidelberg.

MR. EDWIN LOWE, surgeon-dentist, George Street, Hanover Square, has been committed for trial by Mr. Tyrwhitt, on the charge of causing certain noxious things to be taken by a female, with intent to procure miscarriage. The defence was reserved.

MR. ROBERT BARNES, an ex-Mayor of Manchester, has given £16,000 towards the erection of a new Convalescent Hospital in connection with the Manchester Royal Infirmary. Mr. Barnes last year gave £10,000 towards the purchase of the present Hospital.



It is understood that Dr. Lyon Playfair, C.B., M.P.; Mr. Samuelson, M.P.; and Dr. W. A. Miller, F.R.S., will be included in the Royal Commission for inquiring into the present state of science in this country.

#### LONDON UNIVERSITY EXAMINATIONS FOR WOMEN.

THERE are this year seventeen entries for the examinations which take place during the present week, against nine last year. Of these, twelve will be examined in London, and five at Cheltenham.

#### ST. MARY'S HOSPITAL.

THE annual festival of this admirable institution took place on Wednesday evening, at the Albion Tavern, Aldersgate Street, under the presidency of Lord George Hamilton, M.P. There was a considerable attendance of friends of the hospital. During the evening, £947 in donations, and additional annual subscriptions amounting to £73, were intimated, in response to the appeal of the Chairman. Some excellent music contributed to the pleasure of the evening.

#### THE ROYAL SOCIETY.

THE following members of our profession have been recommended by the Council for election as Fellows of the Society on June 2nd: E. Headlam Greenhow, M.D., of the Middlesex Hospital; J. Jago, M.D., Truro; M. Tylden Masters, M.D., Ealing; W. H. Ransom, M.D., Nottingham; S. Wilks, M.D., of Guy's Hospital. There were fifty-three candidates and fifteen vacancies.

#### THE EDINBURGH UNIVERSITY CLUB.

THE quarterly general meeting of this Club was held at St. James's Hall, on Wednesday, May 11th, 1870. Dr. Murchison, F.R.S., LL.D., presided. Mr. Richard Davy (in the absence of Dr. Duckworth, the Honorary Secretary) read the new rules (as recommended by the Council, February 25th, 1870), which were unanimously agreed to. The proceedings of a Subcommittee, appointed to wait upon the Solicitor-General for the purpose of procuring the restoration of the *ad eundem* admission of Scotch graduates to the English Universities, were also read and confirmed. Dr. C. J. B. Williams presided at the dinner which took place after the general meeting. Twenty-four members and nine guests sat down to dinner, and spent a pleasant and social evening.

#### PARISIAN MEDICAL TOPICS.

IT will be seen with regret, from the letter of our special correspondent at Paris, that the hostility to Professor Tardieu has now become passive, chronic, and inveterate. Another interesting item in our correspondent's letter is the announcement of a proposition to hold a general assembly of the medical profession of Paris to discuss the vaccination question in all its bearings.

#### HOSPITAL FOR THE PARALYSED AND EPILEPTIC.

THE festival dinner of this hospital was held on Tuesday evening at Willis's Rooms; Lord Enfield, M.P., presiding. During the year, upwards of 1,150 cases have received medical aid; 105 patients and their families have received continuous relief in money, clothing, food, and coal-tickets. A country convalescent branch at Finchley has been established; and there is a Ladies' Samaritan Society, entirely supported by special donations and annual subscriptions of five shillings. There is also an extensive pension-fund, which has long been a peculiar and admirable feature of the institution.

#### DEATH FROM HYDROPHOBIA.

A BOY fourteen years of age has died this last week in the General Hospital, Nottingham, of hydrophobia. On the Wednesday of Christmas week he was bitten in the face by a terrier. The wound was burnt with caustic, and was healing well. At the end of four months, symptoms of hydrophobia developed themselves, and he was taken to the hospital.

#### BITTEN BY A RAT.

IT is said that an infant two months old has been bitten on the eyelid by a rat. The baby was taken to the Royal Free Hospital, where the wound, rather a severe one, was dressed. A neighbour said that, happening to go into the room where the baby was lying in bed, she saw two large rats on the bed.

#### THE GOVERNMENT MEDICAL BILL.

THE resolution of the Council of the St. Andrew's Medical Graduates' Association, noticed by us last week, approving of the single Examining Board for each part of the United Kingdom, and protesting against giving the Universities power to grant degrees without special examination, has been communicated to Earl De Grey. In acknowledging the receipt of the letter, the Medical Officer of the Privy Council is instructed to inform the Association that "his lordship intends to move, as an amendment to the Bill, the omission of University degrees from the provisions of Clause xx."

#### AN OUTBREAK OF HOSPITAL GANGRENE.

WE regret to hear that a series of eight or ten cases of a disease closely resembling hospital gangrene has occurred in one of our newest and most magnificent provincial hospitals. The cases have as yet been confined to one ward, thus greatly favouring the belief that it is by contagion only that the disease spreads. The importance of isolation-wards in connexion with every hospital, and of the immediate isolation of all contagious or even suspicious cases, can, we think, scarcely be overrated. We would also urge the danger which is incurred by the admission of syphilitic phagedæna (primary) into surgical wards.

#### WEIGHT OF SIR JAMES SIMPSON'S BRAIN.

THE weight of Sir James's brain, including the cerebellum, was fifty-four ounces. Whilst, as is well known, the ratio between intellect and size of brain is by no means close, yet there can be no doubt that it is very important. Most of our great men have had large crania. The male brain ranges chiefly between forty-six and fifty-three ounces, its average being forty-nine and a half (Quain and Sharpey). That of Cuvier is stated to have weighed sixty-four ounces, and that of the late Dr. Abercrombie sixty-three ounces; but it is possible that some error may have crept in through the use of weights of differing standards. If not, Sir James's brain, whilst much above the average, did not nearly reach those of the celebrated men we have mentioned; but, at the same time, the convolutions were remarkably numerous; they were, says a correspondent, "twisting and twining round on each other, as if they could not find room within the head. The island of Reil was very wonderful."

#### ROYAL HOSPITAL FOR INCURABLES.

THE sixteenth anniversary festival of this charity was held at the London Tavern on May 5th, Lord Lyttelton in the Chair. It was intimated that the total income last year was £22,000. The Chairman stated that in the new wing the inmates numbered 137, but that there was accommodation for 250; and, if the annual subscriptions were augmented, the rate of election might be correspondingly increased. £5000 were given in pensions to out-door patients. There were 300 applicants for admission; but only fifteen could be admitted into the hospital at the last election. A few weeks ago, we had occasion to remark on the prospectus of a National Hospital for Incurables about to be instituted; and we at the same time called attention to the abuse of the large existing charities for incurables. It was then pointed out that the amount of money spent in canvassing for votes to secure the admission of candidates to one of these hospitals would over and over again endow several such institutions; and we have since received corroboration of our statements. Now, there are 113 vacant beds at Putney Heath; and these might easily be filled, if the governors would only forego the vain pleasure of being canvassed for their votes, and the canvassers spend the money squandered in vote-seeking in filling the coffers of the Royal Hospital for Incurables. Is charity such a sham in this country,

that we should consider this hopeless? If the Committee of Management expressed in any way their disapproval of the system adopted in securing for applicants the benefits of the charity, much good might be done; but until they do so—and the responsibility rests on them—the abuse will roll on.

#### THE ROYAL SOCIETY.

ON Monday evening, Dr. Waller, F.R.S., delivered the Croonian Lecture, on the results of the method introduced by the lecturer of investigating the Nervous System, more especially as applied to the elucidation of the functions of the Pneumogastric and Sympathetic Nerves in Man.

#### ST. GEORGE'S HOSPITAL.

A PUBLIC meeting, in aid of the funds of this Hospital, especially with a view of enabling the Governors to open the wards of the new wing, will be held at the Hanover Square Rooms on Thursday, May 26th, at 3 P.M.; his Royal Highness the Prince of Wales in the Chair. The meeting will be addressed by the Marquis of Westminster, the Earls of Derby, Carnarvon, and Granville, K.G.; the Right Hon. B. Disraeli, M.P.; and W. H. Smith, Esq., M.P. Ladies are invited to attend.

#### POISONS BILL FOR IRELAND.

ON the motion of the Solicitor-General, leave was given on Monday to bring in a Bill to regulate the sale of poisons in Ireland, and to alter an Act passed by the Parliament of Ireland in the thirty-first year of the reign of His Majesty King George III, cap. 34, entitled "An Act for more effectually Preserving the Health of His Majesty's Subjects, for Creating an Apothecaries' Hall in the City of Dublin, and Regulating the Profession of an Apothecary throughout the Kingdom of Ireland."

#### VACCINATION IN THE ITALIAN ARMY.

DR. BAROFFIO, in his report on vaccination in the Italian army in 1868, reports that the number of persons vaccinated was above 57,000. The good effects of vaccination and revaccination are constantly becoming more apparent. The mortality from small-pox in the Sardinian Army, which formerly was nearly 7 per cent., in 1863 had fallen to 4 per cent., and in 1868 was little more than 3½. Dr. Baroffio expresses a favourable opinion of the plan of taking the lymph from healthy and strong infants, and then transmitting it from arm to arm among the soldiers.

#### MANCHESTER MEDICAL AND SURGICAL REPORTS.

WE are glad to see that there is a well supported project on foot to publish Medical and Surgical Reports in Manchester. The volume will, of course, be chiefly in connexion with the large Manchester institutions; but amongst the promised contributors are many engaged in practice in neighbouring towns. The editors are Mr. Messenger Bradley and Mr. Walter Whitehead. The contributors' list includes, amongst many others, the names of Dr. Radford, Dr. Lloyd Roberts, Dr. Crompton, Mr. Southam, Dr. Whitehead, Dr. Samelson, and Mr. Windsor. We wish the undertaking every success. It cannot fail of being very useful, both locally and in connexion with the general literature of the profession.

#### THE PETWORTH COTTAGE HOSPITAL.

WE have received the Report of the Petworth Cottage Hospital for the past year. In the twelve months comprised in this Report, twenty-four patients have been admitted. It is satisfactory to note that the cost per patient has been reduced this year to 9s. 8d instead of 12s. 6d. The Committee are in no little difficulty with regard to the reception of infectious diseases into the hospital. By the rules, they are compelled to admit not only ordinary diseases and accidents, but infectious cases. It appears, however, that the admission of an infectious case not only entails the dismissal of all other patients, from want of separate accommodation, but results in a panic which seriously interferes with the usefulness of the hospital for some

time afterwards. The advantage of hospital accommodation for isolating infectious cases cannot be over-estimated; but it is a matter of regret that the present deficient accommodation should interfere with other cases of importance, for which cottage hospitals are specially fitted. To refuse either class of cases would be a pity, while a separate and isolated ward would ensure to the district all the advantages of a general hospital. To enable them to carry out this extension of the charity, the Committee appeal for aid.

#### BEAUMONT MEDICAL SOCIETY.

THE monthly meeting was held on Thursday, 5th instant, at the Beaumont Institution; the President, Dr. Andrew Clark, in the Chair. Dr. George Johnson read a paper on the Treatment of Acute and Chronic Bright's Disease; this was followed by an interesting discussion. The number of members present was very much above the average attendance.

#### CONTAGIOUS DISEASES ACT.

A NUMBER of persons in Canterbury who are opposed to the Contagious Diseases Act have resolved on bringing an action against the Inspector of Police in that place to recover the sum of £100 for false imprisonment. The plaintiff in the action is Jane Smith, who in the interval between her examination under the provisions of the Act and her removal to the Hospital, was detained in the custody of the Inspector. A deputation from the Association opposing the Act have had an interview with Mr. Bruce, the Home Secretary, who promised that strict inquiry should be made into the allegations of abuse and the charges made; but said that there were two sides to the question.

#### UNIVERSITY COLLEGE HOSPITAL: DEATH FROM THE ADMINISTRATION OF CHLOROFORM.

WE regret to announce the occurrence of another death from chloroform at University College Hospital on the 3rd instant. The morbid appearances found after death are sufficient to explain the fatal result. Chloroform, as it happened, was administered in a more diluted form than usual, the proportion of the anæsthetic to air being thirty instead of thirty-five minims to each thousand cubic inches of air, as hitherto employed by Mr. Clover, the inventor of the instrument, used on the occasion. The verdict given at the inquest, which was merely of a formal character, was "Death by misadventure." Details of the case will be found amongst our Hospital Reports.

## SCOTLAND.

RELAPSING FEVER has happily disappeared from Edinburgh.

THE late Bailie Laing, writer in Denny, has left about £4,000 to the University of Glasgow.

#### THE VACANT OFFICE OF COMMISSIONER IN LUNACY.

DR. ARTHUR MITCHELL has been appointed a paid Commissioner of Lunacy in Scotland, in the room of Dr. W. A. F. Browne, who has resigned. The selection is an admirable one.

#### LADY MEDICAL STUDENTS.

THE lady medical students are attending the Natural History Course being delivered by Dr. Alleyne Nicholson, along with the male students. This the latter unanimously agreed to when requested by Dr. Nicholson to give their opinion.

#### THE FUNERAL OF SIR JAMES V. SIMPSON, BART.

SIR JAMES SIMPSON'S funeral takes place to-day (Friday), at 2 P.M. It is to be public, in recognition of Sir James's great eminence. The Lord Provost and Magistrates, the College of Physicians, the College of Surgeons, the various Medical Societies, and numerous corporations and public bodies, have already intimated their intention of being present.

## ASSOCIATION INTELLIGENCE.

### BRITISH MEDICAL ASSOCIATION: SPECIAL GENERAL MEETING.

A SPECIAL General Meeting of the British Medical Association will be held at Willis's Rooms, King Street, St. James's, London, on Wednesday, the 18th of May, 1870, at three o'clock in the afternoon precisely, to consider the Medical Acts (1858) Amendment Bill introduced by the Government, and now before the House of Lords.

T. WATKIN WILLIAMS, F.R.C.S., *General Secretary*.

13, Newhall Street, Birmingham, May 9th, 1870.

### NORTHERN BRANCH.

A SPECIAL general meeting of the above Branch will be held in the Library of the Newcastle-upon-Tyne Infirmary, on Saturday, May 14th, at 3 P.M., to consider the Medical Bill now before Parliament.

G. H. PHILIPSON, M.D., *Honorary Secretary*.

Newcastle-upon-Tyne, May 9th, 1870.

### CAMBRIDGE AND HUNTINGDON BRANCH.

A SPECIAL meeting of the above Branch will be held at 17, Trumpington Street, Cambridge, on Monday, May 16th, at 2.30 P.M., to consider the Medical Bill now before Parliament.

P. W. LATHAM, M.D., *Honorary Secretary*.

### BATH AND BRISTOL BRANCH.

A SPECIAL meeting of this Branch will be held at the Philosophical Institution, Bristol, on Monday evening next, at 7 o'clock, to consider the Medical Act now before the House of Lords, and to petition against the objectionable clauses: C. H. COLLINS, Esq., President.

The sixth ordinary meeting of the session will be held at the Royal Hotel, Bristol, on Thursday evening, May 26th, at 7 o'clock: C. H. COLLINS, Esq., President.

Papers are promised by Mr. Gaine, Dr. Spender, Mr. W. Smith, and Mr. Prichard.

CHARLES STEELE, } *Honorary Secretaries*.  
K. S. FOWLER, }

Clifton, May 11th, 1870.

### BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

THE annual meeting of the above Branch will be held at the Great Western Hotel, Birmingham, on June 17th, at 3 P.M.; THOMAS UNDERHILL, Esq., President, in the Chair.

The annual dinner will take place after the meeting, and at the Great Western Hotel, at 5 o'clock punctually. Dinner Tickets, including waiters and dessert, 7s. 6d. each.

T. H. BARTLETT, *Honorary Secretary*.

### REPORT OF MEETING OF COMMITTEE OF COUNCIL:

*Held in Birmingham, May 5th, 1870.*

PRESENT:—W. D. Husband, Esq. F.R.C.S. (in the Chair); Dr. Bryan; Dr. Chadwick; Dr. Charlton; Mr. Clayton; Dr. Falconer (Treasurer); Dr. Philipson; Mr. H. Smith; Mr. Southam; Dr. Stewart; Dr. Vose; Dr. E. Waters; Dr. A. T. H. Waters; Mr. Wheelhouse; Dr. Wilkinson; and Mr. Williams (General Secretary).

The following resolutions were adopted.

1. That Dr. J. W. Moore, 40, Fitzwilliam Square West, Dublin, be appointed Honorary Secretary for Ireland.

2. That the cordial thanks of this Committee be given to William Stokes, jun., M.D., for his valuable services as Local Secretary for Ireland for the last three years.

3. That the Treasurer's Report be received, adopted, and published in the JOURNAL.

4. That the Report of the Arrangement Subcommittee be received and adopted.

5. That the Report of the JOURNAL Subcommittee be received and adopted.

6. That the Report of the Direct Representation Committee be received and adopted.

7. That a Special Meeting of the Association be held in London on Wednesday, the 18th of May, 1870, at three o'clock, to consider the Bill introduced by the Government.

8. That a grant of £15 be made towards the expenses of the Parliamentary Committee, incurred before the annual meeting held in Leeds.

T. WATKIN WILLIAMS, F.R.C.S., *General Secretary*.  
Birmingham, May 11th, 1870.

### FINANCIAL STATEMENT FOR 1869.

R. WILBRAHAM FALCONER, M.D., Treasurer of the British Medical Association, in account with that Association for the year 1869.

#### Receipts.

Subscriptions .....	171	12	0
Advertisements and all .....	1842	13	10
		5314	5 10
Balance in Treasurer's hands (last year) .....		201	0 9
		5515	6 7

#### JOURNAL EXPENSES: Payments.

Printing, Mr. Richards .....	3626	9	8
Engraving and Charts of Diseases .....	38	17	6
Editorship, Mr. Hart and others .....	203	10	7
Sub-editorship, Dr. Henry and Dr. Murray .....	86	18	9
Contributors .....	590	10	3
Work at office, Dr. Henry .....	50	0	0
Office clerk .....	150	0	0
Office expenses .....	213	9	1
		4961	15 10

#### EXECUTIVE EXPENSES:

General Secretary, salary .....	364	9	0
" " petty cash .....	43	9	6
Branch Secretaries and Collectors .....	28	14	1
Reporting proceedings at Leeds .....	44	0	0
Stationery, printing, etc. ....	25	19	4
Advertising .....	5	11	6
Sanitary expenses .....	12	19	5
		525	2 10

#### SCIENTIFIC AND OTHER GRANTS:

Parliamentary Committee .....	5	0	0
State Medicine Committee .....	10	0	0
		15	0 0
Balance in Treasurer's hands (this year) .....		5501	18 8
		13	7 11
		5515	6 7

R. WILBRAHAM FALCONER, M.D., *Treasurer*.

EDWARD LONG FOX, M.D., } *Auditors*.  
WILLIAM J. CHURCH, }  
April 26th, 1870.

## SPECIAL CORRESPONDENCE.

### PARIS.

[FROM OUR OWN CORRESPONDENT.]

Paris, Monday, 9th May, 1870.

1. *Professor Tardieu and the Students of Medicine*.—2. *"Free Medical Education"*.—3. *A new Medical School in Paris*.—4. *New Professors in the School of Medicine*.—5. *Smallpox and General Medical Statistics*.—6. *Proposal for a General Assembly of Parisian Physicians to discuss Vaccination*.

PROFESSOR TARDIEU AND THE STUDENTS OF MEDICINE.—There was absolute quiet in the Amphitheatre this afternoon at Professor Tardieu's lecture; there has also been absolute quiet all day long in the streets of Paris; but in neither case has the outward calm resulted from inward contentment. The continuance of the precautionary measures, described in my last (p. 478), keep the turbulent students in check just as at the moment I write the strategic distribution of a vast army prevents the Parisian anti-Imperial majority of yesterday's *placards* from re-enacting the old revolutionary Saturnalia of barricades and pillage.

I regret to say that the order and quiet in which Professor Tardieu is now permitted to lecture does not arise from his having enlisted the



good feeling of the students who in a normal state of the School would constitute his regular audience. The numerous attendance and friendly reception of this day week, it now appears, were due in a great measure to the precautions adopted, and not—as I hoped when I wrote my last letter—to the re-establishment of a good understanding between Professor and students.

This day week, there were rather more than 500 present; at the next lecture, on Wednesday, the auditory was only about 100. At the beginning and end of the lecture, the Professor was applauded. As on the opening day (Monday), the great iron gates were closed, and admission was only allowed by the Secretary's *guichet* and on presentation of tickets issued by the Dean. During the lecture, about 100 students collected in a group outside the gates, and 40 sergents-de-ville were posted on the Place de l'École de Médecine to prevent any unruly proceedings. When Professor Tardieu left in his carriage, ten or twelve voices called out "A bas Tardieu! Vendu!" In a few minutes, all was quiet. On Friday, the audience was scarcely 70: the external manifestations were very similar to those of Wednesday. I make these statements on the authority of a gentleman who was there both days. To-day, being present for a short time, I was able to observe for myself. When I arrived at a quarter-past four, there were no students outside the gates, nor were there any to be seen in the court within. Admission by the Secretary's *guichet* was alone allowed. I found Professor Tardieu lecturing to almost empty benches. The exact number present when I entered was 39. During the twenty minutes I remained, nine left the amphitheatre, and were replaced by about an equal number who probably came casually that they might see how matters were settling down. Deducting casual visitors, there were not, I fancy, present to-day more than 20 who could be regarded as regular students attending to benefit by the lectures. The students, in fact, have now adopted towards Professor Tardieu a policy precisely analogous to that adopted yesterday by one section of the Republican party, in the *comices*—the policy of "abstention"—neither saying "*oui*" nor "*non*" to the plebiscite formula of the Emperor. The students are evidently continuing their opposition; they have only changed the form; for active riot and outrage they have substituted the passive manifestation of a conspicuous absence. As there is no compulsory attendance on any of the classes in the Medical School of Paris, this sulky passive form of opposition may be indefinitely prolonged. The friends of a "free" system of medical teaching desire to keep the breach open. *Le Soir* of Saturday says: "We are assured that the fourth year students have determined that silence shall reign around Professor Tardieu, and with that object have resolved not to attend his lectures."

"FREE MEDICAL TEACHING" MOVEMENT.—Large meetings—convened by private circulars—have been held at 108 rue Bonaparte (Salle Pascaud) in connection with this movement. The meetings took place at 8 o'clock P.M. on the 29th April and 5th May. On both occasions M. Martin, a student of medicine, did the honours. The discussions may lead to some changes.

ACADEMY OF MEDICINE: ELECTION OF M. CAVENTOU.—On Tuesday last, the Academy of Medicine proceeded to fill the vacant chair in the Pharmaceutical Section. The candidates were numerous, and all men of real mark. At the first ballot, 77 voted. For M. Caventou, there were 34, and for M. Lefort, 30 votes; 9 voted for M. Personne and 4 for M. Roussin; there was one blank paper. As no candidate had an absolute majority, a second ballot was necessary. At the second ballot, 79 voted; M. Caventou had 40 votes—a bare majority—and the remaining 39 votes were given to M. Lefort.

NEW PROFESSORS IN THE SCHOOL OF MEDICINE.—Some time ago, a legacy was left to found a Chair of Medical History in the Medical School of Paris. The duty recently devolved upon the Professors of the Faculty of recommending a candidate to the Minister of Public Instruction. There were three candidates; viz., MM. Daremberg, Bouchut, and Lorain. M. Daremberg, having had the greatest number of votes, was recommended. A section of the press has denounced this decision as glaring injustice, and the result of toadyism, maintaining that the deficiencies in M. Daremberg's *Histoire des Sciences Médicales* ought to have precluded his nomination.

Last week, the Faculty had again a similar duty to perform—to take a vote upon the candidates for the Chair of General Pathology, vacant by the tranference of M. Lasguez to the Chair of Clinical Medicine at La Pitié. There were only two candidates; viz., MM. Chauffard and Potain. Twenty-eight Professors voted; of whom 14 voted for M. Chauffard, and 13 for M. Potain. One Professor placed a blank paper in the ballot-urn. This election is commented upon as a proof that the discontinuance of the "concours" for the Professorships in the Faculty keeps back the best candidates, and leaves the field to those who, through intrigues and personal claims, can command votes. The candidates must be "Professeurs agrégés", and that position is still at-

tainable only by "concours" or by competitive trials. The *Gazette des Hôpitaux*, the *Santé Publique*, and other journals, declare that both the Professorial elections which I have now chronicled will greatly promote the cause of "enseignement libre."

SMALL-POX AND GENERAL MORTUARY STATISTICS OF WEEK ENDING MAY 7TH.—There is an improvement in the mortuary bulletin this week. In the week from 1st to 7th May, the total mortality was 1217; of that number, 133 were deaths from small-pox. In the preceding week, the total mortality was 1263, and the mortality from small-pox 166. Inflammatory affections of the chest are still very fatal. Acute inflammations of the throat have lately been very common—the consequence of cold dry north winds.

PROPOSAL FOR A GENERAL ASSEMBLY OF PARISIAN PHYSICIANS TO DISCUSS VACCINATION.—Dr. Marchal (de Calvi) and Dr. Lanoix are at the head of a movement to submit the controverted points in the vaccination question to "une grande assemblée médicale composée de tous les médecins de Paris." A circular is about to be issued to every legally qualified medical practitioner in town, inviting him to this proposed conference, and giving him at the same time a programme of the questions to be submitted for discussion. In a preliminary appeal, M. Lanoix says: "Two months ago, the small-pox epidemic, in full force, was scourging Paris; but an increased general diligence in revaccination then moderated the evil. The deaths in a week never rose above 100. During the last three weeks, however, the revaccinations have been almost discontinued; and during that period the small-pox mortality has gone on augmenting, the weekly ascent being from 103 to 132, and next to 166."

## REPORTS OF SOCIETIES.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, APRIL 12TH, 1870.

GEORGE BURROWS, M.D., F.R.S., President, in the Chair.

ON EXCISION OF THE JOINTS FOR DISEASE, AND SPECIALLY OF THE KNEE, HIP, AND ELBOW. BY FREDERICK JAMES GANT, F.R.C.S. The primary object of this paper was to lay before the Society the conditions of disease which, in the author's experience, seemed to be appropriate for excision of the joints in general; and those conditions also which specially pertained to the knee, hip, and elbow, severally, with relation to this operation, as illustrated by the accompanying cases. So far as the appropriate nature of these conditions of disease might be established by the typical character of the cases adduced, and confirmed by an increased number, they would represent principles whereby to determine the propriety of performing the operation of excision in diseases of the joints. With this view the author appended a careful analysis of each series of cases in regard to their pathology and the operation itself, and its results; and also of the general results of excision in the cases taken collectively, and the relation of these results to the pathology of the joints subjected to operation.

The necessity either for excision or for amputation in joint-disease implied incurability by non-operative treatment. As regarded excision, incurability was defined to signify that condition of the local disease wherein the joint had become *functionally useless* by destruction of the articular cartilages, without the superposition of ankylosis, but while the *constitution* still retained the reserve power requisite for the long process of reparative union—averaging three months after removal of the diseased bone. Any other cases—namely, of advanced local disease—if not falling within the provision of the latter clause of the definition as to the requisite constitutional reserve power, but accompanied with prolonged hectic and exhaustion, would be proportionately unfavourable or unfitted for excision, and must be submitted to amputation.

As compared with the *natural cure* by ankylosis, as a possible result in joint-disease, excision would seem to be preferable in proportion to the more prolonged period of recovery when unaided by surgical removal of the diseased bone, a probation which entailed long-continued suffering, and left the constitutional vigour reduced and inadequate to sustain the contingencies of disease in after-life.

Failures of the natural cure were then considered with regard to excision. This comprised two results: defective kind of ankylosis for the functional use of the limb, as fibrous ankylosis in knee-joint disease, and osseous ankylosis in elbow-joint disease; or malposition of the limb; accompanied, perhaps, with defective ankylosis.

The author then proceeded to state *in extenso* the pathological conditions, or those of disease, and their results from failures of repair, which severally justified the operation of joint excision, and those also

## OBITUARY.

## SIR JAMES Y. SIMPSON, BART.

AT the dread summons of death, one of the foremost of our craftsmen has for ever laid down his tools. Of James Young Simpson, it must now be written that his warfare is accomplished. What a battle his life had been! Energetic beyond what most men can conceive of, sanguine of progress, intense in his sympathy with human life, keen of insight, and endowed with genius which made him believe all good things possible, he was one whose fellow, either in the present or past, it is not easy to find. For forty years he rested not at all, but continued ceaselessly industrious in his endeavours to improve medical science, and through it to advance the general condition of mankind. It is, we believe, true of him that he has fallen almost literally sword in hand, and that he was engaged in his favourite work almost up to the day of his death.

The biographer of Sir James Simpson (and he must have one) will undertake no ordinary task. He will have to deal with a man who had marvelously developed himself in many different directions. He will have to record his hero's claims to discoveries in the most various departments of medical science; he will have to estimate him as an obstetrician, pathologist, and operative surgeon, as an archaeologist and historian; whilst he will also have to sympathise with an enthusiasm which developed even in connection with such vocations a social reformer and religious revivalist. Nor was it that Simpson was changeable; on the contrary, he was everything at once. When he assumed the vocation of preacher, he never for a day forgot that of physician; and although each succeeding decade of his life found him engaged in some new and special work, he had laid none of his old ones aside. The study of the mediæval records of disease, the cultivation of the new science of anaesthetics, the attempt to find out safer methods of arresting hæmorrhage, and the endeavour to reduce the mortality of hospitals, were subjects which each in succession claimed from him such zealous work that they might have easily been supposed likely to shut out all else. So far was this, however, from being the case, that he drove the whole team at once, and could say of them all that they were additional to daily pursuits of the most pressing and multiplied character.

Of his youth we as yet know but little, beyond the fact that for a short time he carried a baker's basket, and worked in his father's shop. He would appear to have been very early of studious habits, for one of his friends relates that the urchins of the neighbourhood used to amuse themselves by disturbing "the baker's lad at his Latin." When he was removed from the shop to the University, his character was soon recognised, not only by his fellow-students but by the teachers, amongst whom the name of Professor Pillans must, we are told, be mentioned as that of his first patron. At an early age he was elected President of the Royal Medical Society. A cotemporary describes him at this time as possessing a "pale, large, rather flatish face, massive bent brows, from under which shone eyes now piercing as it were your inmost soul, now melting into almost feminine tenderness, a coarsish nose with dilated nostrils, and a finely chiselled mouth." He speaks, also, of his "peculiar rounded soft body and limbs, as if he had retained the infantile form of adolescence."

We have endeavoured, in the subjoined chronological index, to enumerate in order the more important events of his after life. The list has been compiled hurriedly, and has, doubtless, many omissions, and, perhaps, a few errors. It will, however, we trust, be useful to our readers. We do not enumerate more than perhaps a third of his published writings.

## A CHRONOLOGICAL INDEX OF SIR JAMES SIMPSON'S LIFE AND WORKS.

- First and Second Decades.*
- 1781 Born at Bathgate, Edinburghshire, June 7. His father was a baker; and to James, who was the youngest of three sons, was brought up to that trade.
- 1830 By his elder brother's help, he was sent to the University of Edinburgh, where, by gaining the Macpherson Bursary, he was enabled to pass from the literary to the medical classes.
- Third Decade.*
- 1832-21 Took his degree of M.D., and immediately afterwards, was elected Senior President of the Royal Medical Society of Edinburgh, an institution in which for more than a century the life of the medical students attending the University of Edinburgh have been from time to time united. His graduation, the association of Dr. James Y. Simpson, John Brown, &c., whose class-assistant he became in consequence. At this time, "so moderate were his desires, and so little prescience had he of his future fate, that one of the bitterest disappointments of his life was the rejection of an application

to be parochial medical officer at Inverkip, a small village on the Clyde." He soon afterwards became a teacher in the Extra-Academic School. A paper entitled "Pathological Observations on the Diseases of the Placenta" was read by him before the Royal Medical Society.

1835-74 A paper on Intrauterine Pathology; the paper being on Peritonitis in the fetus.

1835-74 A paper on an allied subject, entitled the "Inflammatory Origin of some Varieties of Hernia and Malformation in the Fœtus."—Wrote the article, "Hæmorrhoids," in *Cyclopædia of Anatomy and Physiology*.

1840-29 Elected Professor of Midwifery and Accouchement in the University of Edinburgh. There gathered in that contest survived long years afterwards to be a source of deep regret and disappointment to their object.

*Fourth Decade.*

- 1841-30 Related a case of Amputation of the Neck of the Uterus, followed by Pregnancy; followed by Remarks on the Pathology and Radical Treatment of Cancer of the Uterus.
- Oct. Read a paper before the Medico-Chirurgical Society of Edinburgh, called "Antiquarian Notices of Leprosy and Leper Hospitals in Scotland and England."
- 1841-32 A second paper on the same subject.
- 1843-32 Memoir on the Uterine Sound.—"On Intrauterine Cutaneous Disease, and Ichthyosis."
- 1844-33 Paper "On the alleged Infecundity of Females born cotwins with Males"; with some notes on the average proportion of marriages without issue in general society.—Paper on "Dilatation and Incision of the Cervix Uteri in cases of Obstructive Dysmenorrhœa."
- Oct. Memoir on the Sex of the Child as a cause of Difficulty and Danger in Human Parturition.
- 1845-34 Took part in a discussion on Ovariotomy, justifying its performance in certain cases.—Paper on Placenta Prævia.
- 1846-35 (Either introduced into dental practice in America, by Morton and Jackson, and adopted in English surgery, by Liston and others.)
- 1847-36 Wrote "On the Nature of the Membrane occasionally expelled in Dysmenorrhœa," and other papers.
- Jan. 27 Dr. Simpson used ether for produce anaesthesia in midwifery. This was the first case of its use for this purpose.
- Nov. 4 Dr. Simpson, Dr. Keith, and Dr. Matthews Duncan, inhaled chloroform for the first time late one night, in Dr. Simpson's dining-room. They had been previously experimenting with numerous other substances.
- Nov. 1 First pamphlet on Chloroform.
- Dec. 11 Wrote in the *Lancet* on Chloroform in Midwifery.
- 1848-37 Wrote on Local Anæsthesia in the *Provincial Medical Journal*.—"On the Attitude and Positions of the Female Pelvis in the various systems of hospital construction" (village-built hospitals). Wrote on "Medicated Pessaries," and on "Retrospection of the Unimpregnated Uterus."
- 1849-38 Published a work of 248 pages, on Anæsthesia, entitled "Anæsthesia; or, the Employment of Chloroform and Ether in Surgery, Midwifery, etc."
- April 7 Wrote a letter to the *Medical Gazette*, "On the Discovery and Construction of the Air-Tube."—Wrote on "On the Discovery and Construction of the Air-Tube."
- 1850-39 Pamphlet of 16 pages, "On the Detection and Treatment of Intrauterine Polypus."—Papers on "Spurious Pregnancy," and on "Dystochia from Displacement of the Arm."—Pamphlet, "On Turning as a Substitute for Craniotomy and three address, Forces."—"On the Analogy between Puerperal and Surgical Fever."

*Fifth Decade.*

- 1851-40 Pamphlet (18 pages), "Was the Roman Army provided with Medical Officers?"—Lecture, "General Remarks on Uterine Diagnosis," *Edin. Monthly Jour. of Med. Science*.
- 1852-41 Elected President of the Royal Medico-Chirurgical Society of Edinburgh.—Paper on "Morbid Deviations of Involution of the Uterus."—"Albuminuria in Puerperal and Infantile Convulsions, etc."
- 1853-42 Made a Foreign Associate of the French Academy of Medicine.—Issued the third edition of his book (pp. 292), on "Homœopathy; its Tenets and Tendencies, Theoretical, Theological, and Therapeutical."—Wrote on Vaccination and on Prophylaxis of Scarlatina, Measles, etc.
- 1854-43 Elected President of the Royal Society of Medicine of Edinburgh, in this and the preceding year.—Paper on "Therapeutic Action of the Salts of Cerium"; and on "The Determining Cause of Parturition."
- 1855-44 Performed the first left by the Transit of the Fœtus through the Perineum.—"Artificial Anæsthesia as a Means of Facilitating Uterine Diagnosis."
- 1856-45 Created a Knight of the Royal Order of St. Olaf of Sweden.—Received the Læzinger and acid medal of the French Academy of Sciences, and the Montyon prize of 2000 francs.—"Observations on Carbonic Acid Gas as a Local Anæsthetic in Uterine Diseases, etc."—Publication of Obstetric Memoirs and Contributions, vol. ii. Vol. i published in preceding year.—Published three addresses, entitled "Physicians and Physic, etc."
- 1857-46 Proposed removal of Tumours by injecting irritants into their substance.—Remarks on Iodine in Ovarian Disease.—Notice of Albumen in a case of Puerperal Mania.—Hydruret of Amyl was found by Dr. Simpson to possess strong anæsthetic properties.—Notice of Chloride of Amyl as an Anæsthetic.—Numerous Communications, Exhibitions of Specimens, and Remarks at Discussions, on Leprosy, Syphilisation, Cholera, Congestional Fissure of Sternum, etc.—Suggestions of new caustic substances.
- 1858-47 Experimental address—Lower Animals with Metallic Substances.—Communications on the subject in *Aled. Times and Gazette*, 1858, ii. pp. 571 and 625.
- July Inversion of the Body for Calculus in Uterus.—Speech at Edinburgh on Patronage, upholding the recent elections by the Edinburgh Town Council; and on the subject of the removal of the case of patronage by Government in certain cases.—Letter on "Iron-Thread Sutures and Splints in Vesico-Vaginal Fistula."—Treatment of Hydrocele by Iron-wire Suture.
- 1859-48 Published a course of "Lectures on Clinical Medicine, and Diseases of the Female System," in *Med. Times and Gazette*. On Craniotomy, and other obstetrical subjects.
- 1860-49 "On Acupressure in Amputations." *Med. Times and Gazette*.—"Notice of the Appearance of Syphilis in Scotland in the last years of the Fifteenth



Century." Numerous communications, etc., on Cæsarean Operation, Coccygectomy, Premature Labour, etc.  
Nov. 74. On a new mode of administering Chloroform, and other papers, chiefly obstetrical.

# SEVENTH DECADE.

- 1861-50. "Archæology; its Past and its Future Work," pamphlet originally given as an address to the Society of Obstetricians and Midwives, Letter discussing originality of Coccygectomy.—Various obstetrical and other papers, etc.  
1862-51. Remarks on Acupuncture in a discussion.—Various other communications, etc.  
1863-52. "Report of some cases of Amputation in which Acupuncture was employed."—"On Ovariotomy and First Tappings in Ovarian Dropsy."—Various obstetrical communications, etc.—"On the existence in the Human Subject of Organs unprovided with Nerves, Lymphatics, or Capillaries" (Royal Society of Edinburgh).  
1864-53. Clinical lectures on Acupuncture, in *Medical Times and Gazette*.—Book entitled "Acupuncture, a new method of Arresting Surgical Hemorrhage and of Accelerating the Healing of Wounds," pp. 576.  
Jan. 6. Successful case of Ovariotomy; case read.  
March 9. On "Tangle-tents"—Various communications, etc.  
1865-54. Letter on "Ancient Sculptures on the Walls of Caves." Probably about the same time, an essay on "British Archæic Sculptures"; and, perhaps, another on "Roman Medicine Stamps"—"Communication" "On the Anæsthetic and Sedative properties of Bichloride of Carbon (or Chloro-carbon)," *Medical Times and Gazette*, 11, p. 151.—Remarks (in a discussion) on Acupuncture.—Obstetrical communication.  
1866-55. In January, Professor Simpson was conferred a baronet. On January 10th he was publicly congratulated by Dr. Moir at the meeting of the Edinburgh Obstetrical Society.—The same year, the degree of D.C.L. (Oxford) was conferred on him.—Address at *Conversations of the Lothians Medical Association* on "Communications of Acupuncture correspondence."—Various obstetrical and other cases, etc.  
1867-56. President of the Public Health Section of the Social Science Congress at Belfast.—Second Edition of "Notes on the Progress of Acupuncture," Pamphlet.—Communication, "Did John de Vigo describe Acupuncture in the Sixteenth Century?" *BRITISH MEDICAL JOURNAL*, AUGUST 25th, vol. ii, p. 137.—Various obstetrical and other communications.  
1868-57. "The Duties of Practitioners of Medicine, and the Future Advances of Medicine," being the Medical Graduation Address in the University of Edinburgh for August 1, 1868; *Medical Times and Gazette*, vol. ii, p. 143.—Paper to the Royal Society of Edinburgh on the Great Pyramid of Egypt.—"Proposal to stamp out Small-pox," *Medical Times and Gazette*, vol. i.  
1869-58. Papers on Mortality after Limb Amputation; *BRITISH MEDICAL JOURNAL*, vol. i.—A Lecture on the Siamese and other United Twins; *ibid.*—Freedom of the City of Edinburgh conferred on Sir James Y. Simpson, October 29th.  
1870-59. Two journeys to London in connexion with the Mordaunt trial.—Pamphlet in vindication of his right to be considered the discoverer of "the most valuable anæsthetic agent."  
May 6. Died after a two months' illness, at 75, p.m.

We must now refer in somewhat more detail to a few of the principal of the works in which he engaged; and shall take first that which concerned Anæsthetics.

In respect to the discovery of chloroform Sir James has, as is well known, received from the public a far higher award than he claimed. The word chloroform has come to be considered synonymous with anæsthetics; and the discoverer of chloroform has been too often spoken of as if he were the discoverer of anæsthetics. The real honour of the application of anæsthetics (suggested by Davy and others) belongs, of course, to America, and not to England, and to the dental branch of our profession.

The January number of the *Medical Review* for 1847 had a remarkable postscript with the then well-known initials J. F. It was headed "On a New Means of Rendering Surgical Operations Painless," and consisted chiefly of private letters to the editor, from Boston surgeons, relative to the use of ether. One of these letters, signed John Ware, and dated Boston, November 6th, 1846, says of it. "It was brought into use by a dentist. He has taken out a patent for the discovery, and has despatched persons to Europe to secure one there also; so you will soon hear of it." Another, signed by John C. Warren, mentions its use in six surgical operations. In the *Boston Medical and Surgical Journal* of about the same date was an important paper by Dr. Bigelow on cases in which ether had been used.

The next number of Dr. Forbes's *Review*, April 1847, had, of course, a long article devoted to the new discovery, which began with the following words.—"One of the most remarkable events in the history of Medicine, regarded as a practical art, is certainly that which has excited so much attention in Europe and America during the last four months, —THE EMPLOYMENT OF THE VAPOUR OF ETHER AS A MEANS OF ABOLISHING PAIN in the practice of Surgery, Midwifery, and Medicine." The capitals in this quotation are those of the reviewer, and shew clearly the importance which he attached to the discovery and its precise nature. As regards the extent to which the American practice had come into use, the following extract from the same article is good evidence. "It is assuredly true that, by means of the new process, not a little of that dreadful suffering heretofore inseparable from the performance of most surgical operations, has been abolished in the practice of the most eminent surgeons in Europe and America during the three or four months just elapsed."

Simpson began the use of ether inhalation as soon as the knowledge of it reached him; and before the early part of 1847 he published a pamphlet on its employment in midwifery. Respecting this, his first published contribution of our knowledge of anæsthetics, we will again quote from the review already mentioned. "And doubtless, our good friend Professor Simpson, who must be held responsible for the present sacrilegious attempt to do away with the primal curse on womankind, like a legitimate and faithful son of Apollo and Lucina as he is, was well aware of this before he set about preaching the crusade of obstetrical etherisation to his brethren. And, verily, the craft is here in no danger; even if the Professor's most sanguine anticipations should be realised, which we are told go to this extent—that fifty years hence ether will be so universal in midwifery that *pain* will be the exception not the rule, and that the mothers of future men will bring forth, not in the travail and the woe of the mortal couch, but in Elysian dreams on beds of asphodel! Be this as it may, it is certainly a matter of surpassing interest—need we not say, of delightful wonder—to know that already, by means of etherisation, many women have been delivered from all the pains and perils of childbed, in the hands of Professor Simpson and his followers. In a communication which we have received from Edinburgh, dated March 22nd, Dr. Simpson states that he had, up to that date, used etherisation some forty or fifty times with the most perfect safety and success." Thus it will be seen that he was a thorough convert to the practice of anæsthesia before he knew of chloroform and had written in loud praise of ether. He was, however, not the man to rest content with merely copying the practice of others, and he at once set to work with experiments on other agents. Chloroform had been discovered by Dumas in 1834. In the beginning of 1847 Flourens experimented with it on animals. It was tried in the human subject by Simpson in the latter part of 1847. A paper on it was read by him to the Edinburgh Medico-Chirurgical Society, November 10th. Its trial had been suggested to him by Dr. Wardle of Liverpool. Many others were working on the subject of anæsthetics; and chloric ether had indeed, we believe, been used in London before chloroform in Edinburgh.

The new anæsthetic very rapidly superseded ether, even in the land of its discovery, and it is an ominous fact that so early as February, 1848, we find that a death from chloroform occurred at Cincinnati. One or more deaths had already happened in England. The superior convenience of chloroform, however, was such as to secure its position; and although deaths have never for any long period since its introduction ceased to occur occasionally, it has, with the exception of certain parts of the United States, kept its ground. It has been used enormously, and with a mortality which, in proportion to extent of use, may almost be considered trivial. The position of Sir James Simpson in reference to anæsthetics may be easily stated. He had, of course, no claim whatever to their introduction, nor is it probable that their general acceptance would have waited for his advocacy of their claims. Indeed, as we have seen, ether had come into very wide use before chloroform was proposed. Sir James, however, was one of the most diligent workers in the subject. He hailed the boon with an appreciation which surpassed that of most. He undertook numberless experiments in the hope of augmenting its usefulness; some of these were dangerous, and demanded not only zeal but courage. In the midst of these inquiries, he hit upon the agent which the verdict of twenty years (still probably not an irrevocable one) has pronounced to be most convenient in practice. He may also claim the chief share of whatever credit belongs to the recommendation of the general employment of anæsthetics in midwifery practice. He was perhaps one of the first to dare to keep patients for long periods under their influence. The profession generally has not accepted to the full his advice in reference to chloroform in obstetrics, but there can be no doubt that in this department his writings did great good both directly and indirectly.

We ought next to chronicle his work in respect to the improvement of Obstetrics; but this subject is really too large. He wrote almost numberless papers, and brought forward many novelties. To our knowledge of fetal malformations and of intrauterine diseases he added largely. He introduced the employment of chloroform for purposes of abdominal diagnosis; he invented uterine sounds and pessaries; he investigated with the utmost care the new questions relating to ovariotomy, the closure of vesico-vaginal fistule, the removal of uterine fibroids, etc., etc. There is an impression abroad that, in the field of capital operations of the kind alluded to, his own practice was not remarkably successful; and we believe that it is certain that in later life he operated *proprio manu* less frequently. His cases probably suffered somewhat from hospitalism. We believe that he never hesitated to recommend special cases to those of his friends whom he thought specially skilled; and in illustration of this may mention a note we once saw from his hand, which ran as follows.



which specially pertained to the knee, hip, and elbow. The histories of the illustrative cases were narrated, and their analyses appended.

The following general results were enumerated.

1. *Excision* proved successful, by one operation, in 16 out of 20 cases of the joints referred to.
2. Of the 4 unsuccessful cases, by one operation, 3 were cases of *scrofulous* disease, and of the knee-joint, out of a total of 9 cases; the remaining one being *chronic synovitis*, and of the elbow-joint, out of 5 cases.
3. *Re-excision* was resorted to in 2 of the 4 cases; 1 knee-joint and 1 elbow-joint; the latter with a successful result.
4. *Secondary amputation* was performed in 3 of the 4 cases. All 3 were knee-joint cases, and of scrofulous disease; 1 of which had been subjected to re-excision. The 3 amputations made rapid recoveries. These results tended to show that, if the attempt to preserve a limb by excision, and even by re-excision, of a large joint, as the knee, should fail, the operation was not unfavourable to secondary amputation for the preservation of life.
5. *No death* ensued in any of the 20 cases of the knee, hip, or elbow-joints, whatever had been the condition of disease, or the operation—excision, re-excision, or secondary amputation.

The paper was accompanied by drawings and by specimens of bone.

Mr. SOLLY said that the subject was one which could not be brought forward too often. Excision was not sufficiently valued by many general practitioners, especially in the country. After excision, the limb must be kept quite steady to ensure union; but if this union did not take place, re-excision should be performed.—Mr. PARTRIDGE had lately performed re-excision in the case of a German baker, in whom excision of the knee had been done fourteen years previously. He overstrained the limb, and carious bone was formed, which required re-excision.—Mr. JOHN WOOD said that it was only within the last few years that excision of the knee-joint had taken its proper place among surgical operations. The difficulty attending the operation was, in part, to know when to interfere. Some surgeons would bring forward cases where joints had recovered after the formation of abscesses; while others would assert that the disease, if left alone, would go on to destruction. He thought that Mr. Gant had laid down an excellent rule—to operate when the articular cartilages were destroyed; but the difficulty was, to know when this had taken place. In some cases, recovery might take place, without suppuration, after the removal by absorption of the articular cartilages and of portions of bone. Mr. Gant had not noticed the subperiosteal method of excision. Mr. WOOD had performed this several times in the hip and elbow, and was satisfied with the results, especially as regarded the retention of power, which probably arose from the attachments of the muscles being preserved. It was not, however, applicable in all cases.—Mr. BARVELL did not think that the so-called gelatiniform degeneration of cartilages of itself justified excision. Subperiosteal incision had been practised by Sayre of New York, who separated the periosteum by an instrument, and sawed off the bone. He regretted that Mr. Gant had not stated the amount of shortening in the limbs. He did not approve of leaving the limb unsupported by splints after excision of the hip-joint. As to the knee, he would rather amputate than excise, unless he could secure good nursing.—Mr. HOLMES said that Mr. Gant was to be congratulated on having had so many cases without a death. This, however, had no bearing on the mortality of the operation. Statistics were of no use, unless we knew both the cases selected and those rejected. What became of the cases where excision was not performed? Were they left to death? or to amputation? If excision were performed on the best cases only, then the operation would appear to have the priority as regarded safety. Many cases of joint-disease recovered under expectant treatment; but the application of this was very difficult. The applicability of subperiosteal excision varied in different joints; he thought it applicable to the hip, but not to the elbow, where in two or three cases he had found the arm less moveable after its performance than it would have been after ordinary excision. He doubted whether it was so important as M. Ollier and others recommended to leave the attachments of the triceps and brachialis anticus. As to the knee, subperiosteal incision had not been much tried, and probably it was not so fitted for this as for other joints. He did not think that the surgeon was bound to have recourse to excision at the end of two or three months, unless there were much suffering. If the patient were not losing ground rapidly, great benefit might be produced by care and proper treatment, and excision might be avoided.—Mr. W. ADAMS thought that excision should be performed early, while the patient had reserve power remaining. When this was lost, excision was of little use. The extent of the bone-disease must be borne in mind; to determine this was difficult, but we knew it better than before, by the persistence of pain at one spot. He thought that

many unfortunate cases of excision of the knee had occurred in children.—On the motion of Mr. CALLENDER, the discussion was adjourned.

The meeting was then made special, for the confirmation of the minutes of two preceding meetings relating to the formation of a Royal Academy of Medicine. Mr. HOLMES proposed, and Mr. POLLOCK seconded, the confirmation of the minutes; which was carried without discussion.

TUESDAY, APRIL 26TH.

The discussion of Mr. GANT's paper, read at the previous meeting, was resumed.

Mr. CALLENDER wished to refer to the remarks of Mr. Holmes on the comparative death-rate of excision and of amputation. There was abundant evidence that amputations of the thigh, early in life, were comparatively free from danger. In a long series of cases at St. Bartholomew's Hospital, all under 10 years had terminated favourably, and all under 20, except three. Hence, he argued that age was an important element to take into consideration. Again, in Mr. Gant's cases, excision of the elbow and hip was followed by good motion; that of the knee, by ankylosis. He hoped that in future surgeons would try and get some kind of motion at the knee. He had been struck by remarks of Dr. Neudorfer, of Vienna, that surgeons there did obtain some movement after excision of the knee. He had seen one case at St. Bartholomew's where there was some movement. To effect this, it would be necessary to retain the great extensor tendon, and simply to remove the articular surfaces by gouging, so as to preserve the rounded extremity of the femur. It was also very important to have clear evidence as to the growth of the tibia after the operation. In three of his cases, the limb had retained perfect length. He thought that limbs were somewhat more moveable if, instead of having the tibia in a straight line, it was very slightly flexed on the femur.—Mr. HENRY LEE thought, as to the death-rate, that the results described by Mr. Callender would be very different if the records of excision and amputation in all the hospitals were examined. The reports of the Clinical Society of Observation, some years ago, showed the death-rate under 16 to be not so favourable. As to motion of the knee after excision, he had been unfortunate enough to have it in one case—it took place in all directions. Taking one case with another, it was better to have ankylosis of the knee. In the elbow, motion was to be desired. Some of Mr. Gant's preparations, especially one, appeared as if the head of the bone were not diseased, or very slightly so. One of the preparations brought to his mind two cases of his own, where an operation was performed without opening the joint, by gouging out the bone. In 1861, a young woman came under his care who had suffered symptoms of hip-disease. There was pain on pressing the bone together; and the length of limb appeared to vary, probably from varying amounts of effusion. An abscess formed and broke on the upper and outer part of the thigh. He made an incision over the trochanter, and removed the bone with the gouge, apparently not proceeding beyond the part of the neck formed from the shaft. Afterwards, an abscess formed at the upper and inner part of the thigh. The patient was sent to the Convalescent Hospital, and recovered, with some motion in the joint. It would be a great point to be able to diagnose between cases of disease of the neck and shaft of the femur, and those of the head. In a second case, a considerable part of the shaft was gouged out; and, he believed, a good recovery was made. Mr. Gant had called his cases typical. This might be, that they stood out in bold relief. Were these cases all that Mr. Gant had operated on? If so, he had been fortunate in having none but typical cases. If not, they were of very little value for comparison. Re-excision had been performed by Mr. Gant with much judgment; its danger had been much overrated. There was no joint to be opened, and nothing, probably, but fibrous matter to be removed; and the cancellous structure was more likely to be consolidated. As to non-union, he believed that the patients might suffer from excess of care. The ends of the bones might be separated by too much extension.—Mr. GANT said that the paper contained all the cases on which he had operated when it was read.—Mr. WILLETT remarked the great success of Mr. Gant's operations. At St. Bartholomew's Hospital, from 1863 to 1868 there were 22 excisions of the elbow, of which 1 was fatal; and 38 of the knee, with 8 deaths. In 1867, there were 10 knee-excisions with no death. Some recent notions as to operation had not been followed out by Mr. Gant; such as subperiosteal excision. He had himself gouged away dead bone at the lesser trochanter. He had, also, in a case of diseased ankle, gouged away the bone; the man did well. He would like to know what were the results of excision altogether at the Royal Free Hospital; and how many cases were passed over by Mr. Gant as unfit for excision.—Mr. HANCOCK thought that the cases referred to by Mr. Lee and Mr. Willett were not true cases of disease of the joint, but rather like those described by Mr. Syme, of disease of the shaft. No sur-

geon would think of performing excision in such cases. But this remark was not applicable to cases where the cartilage of the bone was diseased. He believed that there had been much mistake as to the conditions under which operation was required. It had been said that the head of the femur should be dislocated, and the acetabulum not diseased. But, in many cases, there is no displacement on the dorsum of the ilium. In a case under his care, he had put the patient under chloroform; and it was only in pressing down the trochanter that he could find any roughness in the joint. He cut down on the joint, and found the head of the bone nearly destroyed, and the acetabulum full of matter. There was so much destruction of the head of the bone as to prevent crepitation until the head of the bone was well pressed down. He had pointed out the propriety of operating even when the acetabulum was perforated. The pelvic fascia would be separated, and the base of the acetabulum might be removed with safety.—Mr. SAVORY said much depended on selection. First, there were the cases where disease was still active; second, those where active disease had passed away, leaving a serviceable joint; thirdly, cases where, after disease had passed away, the joint remained useless and liable to a return of disease. The latter were the cases most fitted for excision. Where disease still existed, the state was unfavourable for operation. When bones were cut into while in a state of inflammation, the result was likely to be constitutional disturbance, and an extension of the disease. Much relief might be afforded in hip-disease by rest and steady extension. Of course, when there was separation of a part of the bone, the condition was favourable to removal. What was wanted, and what ought to be had now, was a knowledge of the remote effect of excision—the condition of the limb five or ten years after operation, not merely as to length, but as to the influence of cutting above or below the epiphyses.—Mr. THOMAS SMITH thought that excision was now in more danger from injudicious friends than from enemies. It had great temptation to those who were tired of the progress of long cases. Many of its opponents had said that it was not performed on patients of the higher classes. This was a great fallacy, because diseases of the joints in these were treated in the early stage; and the rich could supplement a limb in a way that the poor would not. On the other hand, the treatment of joint-disease was much less satisfactory in the poor, and they became fit subjects for resection. He agreed with Mr. Savory as to the proper stage for operation, which should not be done when inflammation is present, or when the temperature of the joint is much raised; also as to the value of rest and extension in certain cases. He had, at the Children's Hospital, met with very few cases that did not yield to extension.—Mr. WEEDEN COOKE had looked with jealousy on Mr. Gant's operations; but he thought them quite justifiable.—Mr. GANT having replied, the meeting adjourned.

## OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, APRIL 6TH, 1870.

GRAILY HEWITT, M.D., President, in the Chair.

Dr. MADGE exhibited an Umbilical Cord, which had prolapsed in the course of labour, and on the prolapsed portion of which a curious and complicated knot was found.

Dr. HEYWOOD SMITH showed a cast of a fetal head which had been delivered by Cephalotripsy.

Dr. MEADOWS showed a new form of Speculum invented by him, which was a modification of one that he had formerly exhibited.

The President narrated the particulars of a remarkable case of true Hydatids expelled from the Uterus of a patient under his care at University College Hospital, in which the nature of the cysts had been demonstrated by careful microscopic examination.

Dr. ROUTH read a paper on Fundal Endometritis. After referring to three papers formerly read to the Society by Drs. Tilt, Meadows, and the President, on Gooch's irritable uterus, and showing how the three authors differed in their views, he stated that the disease in most of these cases was inflammation of the lining membrane of the fundus, and not flexions, or merely uterine congestions or inflammations. Dr. Routh then proceeded to explain Dr. Snow Beck's description of the arrangement of the nerves of the uterus, showing that the fundus was supplied by a distinct set of nerves in direct relation with the semilunar ganglia, and showed how their arrangements explained the radiations of pain. He then pointed out the gravity of fundal endometritis as compared to affections of the cervix, and specified the symptoms. After a short reference to the microscopical character of the discharge, he stated that there were four varieties of the disease which he had observed. 1. The convulsive form, in which the fundal pain, passing down one of the thighs, increased by passing the sound, etc., was accompanied by a variety of convulsive seizures, such as spasmodic vomitings, tetanus,

hysterical fits with or without mania, up to epileptoid fits and cataplexy; these symptoms persisting for some time until the catamenial function was fully established, or until flooding occurred. 2. Inflammation of the fundal membrane with increased secretion, accumulation of this in the cavity from obstruction at the inner os, giving rise to symptoms of pregnancy, or even labour, with intense fundal pain, all relieved by a sudden gush of discharge, persisting for months and often recurring. 3. Chronic cases of Gooch's irritable uterus, with more or less complete loss of the power of walking. Here, also, the inflammation of the fundus was unmistakable. 4. Cases of acute fundal endometritis, which sometimes rapidly passed into metropéritonitis, generally fatal, although sometimes assuming a more chronic type. Cases of all these varieties were given, and the treatment of each was passed in review, being mainly local depletion by leeches, blisters, and occasionally dilatation by sponge-tents, the use of the hysterotome, anodynes, and measures locally antiphlogistic and calculated to produce a copious catamenial flow.—Mr. GASKOIN was particularly struck with that part of Dr. Routh's paper which referred to coxalgia as a symptom of endometritis, and related the particulars of a case which he had observed, in which it had been well marked.—Dr. TILT strongly contested Dr. Routh's claim to originality in describing this disease, and said that he himself had devoted no less than seven chapters to it in his work on uterine inflammations. Dr. Tilt agreed with Dr. Routh as to the frequency and importance of endometritis, and said that it was generally confounded with inflammation of the cervix. He thought that for all practical purposes it was sufficient to divide the disease into acute, subacute, and chronic. He had found acute endometritis to be very rare, and his worst cases had occurred in young unmarried women. He considered a sudden gush of fluid, after sharp uterine pain, to be the best sign of subacute or chronic endometritis; and that, when the gentlest pressure of the finger over the enlarged fundus gave exquisite pain, the wall of the womb should be considered diseased as well as the lining membrane. Dr. Tilt was convinced that many cases of subacute or chronic endometritis were best treated by the leeches, injections, etc., adopted to cure the coinciding inflammation of the cervix. The next indication was to secure free exit of the discharge, which would permit the safe injection into the uterus of a solution of nitrate of silver or tincture of iodine in cases that would not otherwise recover.—Dr. GERVIS was hardly prepared at once to accept the classification proposed by Dr. Routh. The differences, for example, between the two varieties of fundal endometritis termed convulsive and obstructive, appeared to depend on circumstances accidental rather than essential. The local disease in each case was the same, but, occurring in the one in an individual of highly susceptible nervous system, it induced various nervous disorders; while in the other, owing to a closure of the internal os, the fluid products of the endometritis accumulated in the uterine cavity, and gave rise to those symptoms so ably described by the author of the paper. But it could hardly be said that it was the metritis, which was either convulsive or obstructive. With respect to the tendency of acute metritis to become associated with pelvi-peritonitis, and on the extreme gravity of the symptoms, Dr. Gervis could fully corroborate Dr. Routh.—Dr. ROGERS had observed with Dr. Routh some of the cases narrated, and believed that there was reliable evidence for Dr. Routh's conclusions, which, he thought, explained the symptoms of many otherwise inexplicable cases.—Dr. ROUTH said that Dr. Tilt, in his work, had not distinguished between general endometritis and inflammation confined to the fundus, to which he (Dr. Routh) limited his four varieties of the disease. With regard to Dr. Gervis's observations, he said that it was true that the first and second varieties were only modifications of the same disease, but in different phases, just as the endo-pericarditis and rheumatic ophthalmia were modifications of the same disease, but had different symptoms, and required different treatment. The first three varieties were seldom fatal, so that *post mortem* examinations could not be had. The fourth variety was so; but, as an accoucheur, he felt strongly that he ought not to make *post mortem* examinations of peritonitic cases, and so he had not asked for them in the cases which he had met with.

DOING WELL.—The *Philadelphia Medical and Surgical Reporter* says that a Minnesota paper has introduced a new feature: it being a report from two prominent physicians of its town, of the condition of their patients, their names, diseases, etc. All are reported to be "improving," "convalescing," "convalescent," "gaining," "doing well," or "getting better."

NORTH-EASTERN HOSPITAL FOR CHILDREN.—A bazaar, under the special patronage of H.R.H. the Crown Princess of Prussia and other members of the Royal Family, will be held in the City Terminus Hotel, Cannon Street, on the 16th, 17th, and 18th May, in aid of the funds of the North-Eastern Hospital for Children.

"My dear —, —Be good enough to cure the bearer, and oblige,  
"Yours truly,  
J. Y. SIMPSON."

The bearer had a large vesico-vaginal fistula; and, twenty years ago, when this happened, surgeons were less confident in their powers as regards that malady. In our Chronological Index the reader will find the titles of some of Sir James's contributions to his own department of practice.

We come next to his great work in reference to Acupuncture; of this, he was himself sanguine that it would be the discovery on which chiefly his fame would rest. He hoped wholly to supersede the ligature, and to secure, as a rule, the primary union of wounds. The results reported by some operators were such as certainly to give great encouragement to the belief that he had really attained this result. We may be permitted to doubt it, without in the least derogating from the noble zeal which devoted years of patient and ingenious toil to this task; a task, be it remembered, quite outside the range of his own practice. His error, if he made one, was chiefly that he exaggerated the ill influence of the ligature, and had not a correct notion as to the real causes of pyæmia and the like—causes probably but little connected with the arteries. His discovery is still on its trial, and it does not want for those who are enthusiastic in its praise. The first employment of acupuncture was made, we believe, at his suggestion, by Dr. Greig, of Dundee, in 1860.

The last and, perhaps, all things considered, really the greatest work in which Sir James engaged, was his attempt to diminish the mortality of Surgical Hospitals. In 1847 we find him making a note of the following startling fact. "Out of eighteen cases of primary amputation performed during four years in the Edinburgh Hospital, and mentioned in Dr. Peacock's Report of the Institution (1843), this man and another patient were the only two out of the eighteen that survived." His mind was evidently at this date much occupied with what subsequently took the name of "hospitalism"; and, in 1848, we find him advocating the abandonment of the present system of hospital construction in large blocks, and the erection of villages of small cottages, which could easily be pulled down and which would give facilities for the isolation of cases. Having sounded these notes of warning to surgeons that it was time to set their houses in order, he did not, however, undertake his crusade until more than ten years later. Meanwhile, he was busy with acupuncture, and sanguine, perhaps, that it was a main means of improvement. A few years before his death he entered with characteristic energy into the investigation of hospitalism. Before the days of Howard there were many who knew of the terrible wretchedness of prisons, and there were many who regretted it. To Howard, however, it was not only a thing to be bewailed, it was a thing not to be borne; and this was his merit, that he could not endure that it should longer exist. So it was with Simpson and his co-workers. Many surgeons had done much to mitigate the evils of hospital wards; but many more submitted to them as half inevitable, many do still so submit. To our hero it seemed a thing intolerable that of eighteen amputations but two patients should get well. He had brooded over it until he could bear it no longer, and with fierce energy he commenced the war. The weapons which he used were by no means without flaw. Some of his statistics were of no real value; and he was too impetuous to avoid all the fallacies which lay around. The writer of these pages did his best to expose some of those fallacies, and to show the worthlessness of some of the statistics. That they were, however, in the main right, that they pointed to a great truth, he has no doubt. All hospitals are not alike; but that there were, and that there are, institutions in which "Hospitalism" prevails to a frightful extent, no one can doubt. It was an unshaken conviction as to his main truth and as to its immense importance which induced Sir James to resort with a too unguarded zeal to means which he thought likely to produce the desired result. He could not bear the attempt to explain away details, when, as he believed, all knew that the great accusation was correct. He welcomed all facts which seemed to support his view, the better, the better, and hurled them at the heads of his antagonists. Nor was it much to be wondered at, even if he regretted, that he thought the question not one for doctors only, but deemed that he should sooner gain his end by bringing it before a public tribunal. The result of his labours in this cause is yet to come, but we may foretell with confidence that it will be very large. It is impossible, we trust, that hospital surgeons can ever again rest content with such statistics as have satisfied them in the past. Better facts for comparison will be obtained, and they will be compared with more care. They will show that Sir James was fundamentally correct, and then will follow the resolute determination to secure a remedy. Whether that remedy will be the use of carbolic acid, the erection of village hospitals, or the use of isolation wards, or all in combination, we will not prophesy; but that in all future time those who submit to capital operations in our large hospitals will owe a debt of gratitude to Sir James

Simpson for a great increase in the chance of recovery, we cannot doubt.

Sir James Simpson was short in stature, square built, and of large features. His nose and mouth were both large, his lips expressive, and his smile was peculiarly winning. He possessed the power of fascinating in an unusual degree, and was a great favourite with women and children. His head was well formed and large; possibly he had an ounce or two more brain than any other man in the profession. His very remarkable physiognomy would have attracted immediate attention from a stranger; and his *carle* in an album of celebrities always elicited the inquiry, "Who is that?" The critic might perhaps complain that it did not indicate the highest refinement, and that a shade too much of suavity played about his mouth. Energy and benevolence were, however, expressed in the most undoubted manner. He had a prodigious and very accurate memory; and as he possessed an unusual facility in extracting information out of all who had it to give, it may be understood that his stores of knowledge were by no means the result of dexterity. He has recorded that he had "neither heart nor habit" for note-taking, and that he disliked using his pen; and, in point of fact, we believe that most of his records of cases were done for him by others.

Many are the anecdotes afloat as to the scrapes he got into by the forgetful neglect of his patients, and of how easily his beguiling manner usually succeeded in helping him out of them. Always overwhelmed with work of very various kinds, and being of most unmethodical habits, it happened not unfrequently that important engagements were wholly forgotten.

Born in the land of thistles, and nurtured in a city where controversy and partisanship attain most portentous developments, where elections are always fierce battles, and their intervals times not so much of peace as of preparation, it is not surprising that Sir James had enemies as well as friends. He had the repute of being "a good hater." We shall attempt no judgment or criticism on local or personal feuds, but shall merely remark that there is clearly something real in the influence of the northern air, and remind our readers that it was a Scotch dog of whom it is mentioned that he was moody and unhappy because "he could not get enough of fighting." That Sir James was not more to blame than others we believe highly probable; to prove that he was less so, we are forced to leave to those who are better acquainted with the facts.

The hospitality of Sir James's house was widely known. All strangers were welcome, and "at each meal his table was surrounded by a strange medley of guests, distinguished foreigners, tourists, and patients." A fellow townsman asserts, that "he literally did the honours of Edinburgh."

He enjoyed an enormous practice, and might, had he been so disposed, have accumulated immense wealth. He was, however, careless to a degree in money matters, both as regards receiving and spending. His benefactions, both public and private, are stated to have been liberal; and his energies being literally inexhaustible, he amused himself, we believe, with speculations which did not by any means always prove successes.

#### ACCOUNT OF SIR JAMES SIMPSON'S LAST ILLNESS: AUTOBIOGRAPHY.

The following details respecting Sir James's last illness are from those contributed by a medical friend to a local paper.

"Three years previously to his last illness, a severe attack of rheumatism left him with an enfeebled circulation. He had obeyed an unusual number of summonses to distant parts of the country in the beginning of the year; and indeed for nearly a fortnight before his illness almost his only sleep was in a railway-carriage. He was summoned up to London early in February last to give evidence at the Mordaunt trial. In consequence of the delay in the transmission of a telegram, he had to make the journey twice. He suffered severely from the intense cold on the way home, and had to confine himself to bed at once on his return, being alternately shivering, and feverish. On the Monday following, he struggled up to the University and delivered his last lecture. With difficulty he reached his house, which he was never to leave again in life. Rheumatic pains, principally affecting the muscles of the chest and arms, set in, and caused great suffering. They, however, yielded to treatment at first, but the symptoms returned after a short interval, complicated with fits of dyspnoea and intermission of the heart's action. The attacks of breathlessness soon became less severe; but the action of the heart still evidenced increasing weakness, as shown by dropsy of the lower limbs. For a time, diuretics and stimulants gave hopes of relief and recovery; but the Saturday previous to his death the system ceased to respond to stimulants, and began to flag. On Wednesday, the intelligence began to be clouded, the heart not sending sufficient blood to the brain. From this time he gradually sank, without exhibiting any sign of consciousness, until he expired at ten minutes to eight P.M. of the 6th May, 1870."



The subjoined notes of the autopsy are from the pen of Dr. John Chlene.

SECTION CADAVERIC of the late Sir J. V. Simpson, Bart, at 52, Queen Street, Edinburgh, on Sunday, May 8th, 1870, at 2.30 P.M.; forty-three hours after death. The *post mortem* examination was made by Dr. J. Bell Pettigrew and myself, in the presence of Drs. Andrew Wood, Warburton Begbie, and Moir; and Dr. Munro, Sir James Simpson's assistant. The following facts were ascertained. The body was well nourished. Decomposition was commencing in the neck and upper part of the chest. The dura mater was adherent to the skull-cap. There was subarachnoid effusion. After reflecting the scalp, the following measurements of the skull were taken. Circumference round by occipital protuberance and below frontal eminences, 22½ inches; from ear to ear 13 inches; from occipital protuberance to point between superciliary ridges, 13 inches. The weight of the entire brain (cerebrum and cerebellum) was 54 ounces; the weight of the cerebellum, the pons, and medulla oblongata, was 5½ ounces. The convolutions of their cerebrum were remarkable for their number, depth, and intricate foldings. This was noticed more particularly in the anterior lobes and the islands of Reil. The brain-substance was congested, otherwise healthy. There were atheromatous deposits in the arteries at the base. The pericardium and anterior mediastinum were loaded with fat. The heart weighed 18½ ounces; it contained no clot; it was enlarged, flaccid, and pale. Both ventricular cavities were enlarged. The muscular walls of the right ventricle in some places were almost entirely replaced by fat. The tricuspid and pulmonary valves were healthy. There was atheromatous deposit in the septal segment of the mitral valve. The aortic valve was competent; there was atheromatous deposit in one of the cusps and in the aorta, which was somewhat enlarged. In the ventricular septum, close to the apex, there was an aneurisinal sac, of the size of a pigeon's egg, communicating by a large opening with the cavity of the left ventricle; it was filled with firm fibrinous coagulum, which projected into the ventricular cavity through the opening. The lungs, liver, kidneys, and spleen, were deeply congested, with indications in all of extravasation of blood (apoplexy)."

## MEDICO-PARLIAMENTARY.

HOUSE OF LORDS. - Thursday, May 5th.

### MEDICAL ACT (1858) AMENDMENT BILL.

ON the order of the day for the second reading of this Bill,

The Marquis of CLANRICARDE presented a petition from the King and Queen's College of Physicians, Ireland, objecting to certain portions of the Bill, and praying that it might not be passed into law until further inquiry took place into the existing medical laws, and more especially into the manner in which they pressed upon the College and other medical corporations of the United Kingdom.

Earl DE GREY and RIPON moved the second reading of the Bill. At present there were no less than nineteen different licensing bodies, all qualified to grant certificates of practice for the medical profession. The regulations of these different bodies were various, as were the qualifications they required of those to whom they gave licences. It was with the object of mitigating to some extent the inconveniences of this state of things, that the Act of 1858 was passed, which established the General Medical Council, and gave it certain duties of supervision over those licensing bodies, and the power, in certain specified extreme cases, of recommending to the Privy Council the suspension, in particular instances, of the power of granting licences. As a matter of fact, however, neither that nor another power conferred by the Act, of bringing about a combination of some of these licensing bodies, had ever been put into operation, and the country was consequently still suffering from all the inconvenience of having nineteen distinct licensing bodies. Some of the licensing bodies examined in only one branch of the medical profession, yet by means of that partial qualification persons were enabled to set up as practitioners in all branches of the art. Moreover, the existence of all these bodies led to the chance of their being tempted somewhat to underbid each other, the consequence being that in many instances the examinations at the present day were of no higher character than they were some years ago. Considerable variations existed in the value of the licences granted by the different bodies, and cases had been mentioned to him in which a person who had been plucked at the examination of one body presented himself to that of another, and having obtained a licence flourished it in the face of those whose examination he had failed to satisfy. Great confusion and perplexity resulted, and the public had no guarantee that the fact of a man's being in the *Medical*

*Register* proved him to possess a definite amount of medical knowledge. Last year the General Medical Council appointed a committee to inquire into the subject. It consisted of some of the most eminent men in the profession, and it reported that, one of the greatest evils of the present system was the inequality of the examinations for licences. It also reported that an inferior examination in any one of those bodies tended to depress the standard of examination of all the others, and it recommended that there should be one uniform standard for a general licence. Such being the admitted evils of the system, he had been called upon to consider what was the best remedy that could be applied to it. No doubt, inasmuch as the inequality and variety of the examinations were principally complained of, the best thing would be to establish uniformity of examinations and an uniform method of admission to the medical profession; but the settlement of the practical details was much more difficult. The establishment of a single examining board was an obviously attractive solution of the difficulty; but upon examining into the probability of such a scheme he found that, in the first place, it would be impossible for such a board to sit solely in London, because the students from Ireland and Scotland could not be asked to come up for their examinations to the metropolis; on the other hand, if it were to hold sittings elsewhere, it was certain that it would lose the services of the most distinguished London medical men, whose professional claims would make it impossible for them to leave town for the purpose of assisting at the examinations. The alternative was to adopt a system of examining boards under the supervision of the General Medical Council, to which must be given special powers of securing equality in the examinations. In reference to the question how these boards were to be constituted, it appeared to him that the best and most generally acceptable plan would be to invite the existing licensing bodies themselves to propose a scheme for carrying into effect the object of the Bill; that that scheme should be submitted to the consideration of the General Medical Council, and that, if an agreement were come to on both sides, the scheme should be considered by the Privy Council, whose sanction would be the last step required to give it validity. If the existing licensing bodies should fail, within the time allowed by that act, to agree upon a scheme, the General Medical Council would then have power to draw one up for the approval of the Privy Council. He was happy to be able to state, however, from information he had received, that he had no doubt but that the existing licensing bodies would apply themselves in good faith to the arrangement of such a scheme as would meet the approval of the General Medical Council. By one of the clauses of the Bill it was provided that there shall be no means of admission to the medical profession except under the certificate of the boards to be established by the measure, and by the 22nd clause it was proposed to make somewhat stricter the existing law as to the penalties to which persons render themselves liable who, directly or indirectly, falsely represent themselves to be qualified medical practitioners. He was aware that objections had been advanced in certain quarters to some of the clauses; but in reference to them he would only say that all suggestions and reasonable complaints should receive his careful attention, for he was most anxious to make the Bill as acceptable as possible to the profession. He could not, however, admit that the petition from the Irish College of Physicians that had been presented that night, complaining of the Bill as a violation of their chartered rights, was a well-founded complaint; and he desired to point out that the committee of the kindred institution—the Royal College of Surgeons—had passed a resolution substantially supporting the Bill, and wishing it success. The Medical Council had always displayed great readiness in communicating with him on this subject; and yesterday they came to a resolution by fifteen to three, to approve the bill, and expressed an earnest hope that it would speedily become law. He had stated the main provisions of the bill; and he thought that he had entered sufficiently into the subject. He saw that the noble marquis below him (the Marquis of Clanricarde) had placed a notice on the paper asking for further delay in the progress of the Bill. He (the Earl De Grey and Ripon) could not see the slightest occasion for the delay. The Bill had been on the table of the House for three weeks, and no doubt had during that time been well considered.

The Marquis of CLANRICARDE said that three weeks was not a long time for the consideration of a Bill which affected the whole of the medical profession of the country, as well as the persons who required the aid of the medical profession throughout the land. In the Medical Council itself there had been much discussion; and several amendments had been proposed and agreed to. An opinion prevailed that the Medical Council ought to be placed on a much larger basis, there having been hitherto too much of monopoly. He would like to hear the opinion of well-qualified men on this important subject; and time ought to be given for the consideration of the measure. Again, let them look at the tremendous power put into the hands of the Privy

Council. He moved by way of amendment, that the second reading of the measure be deferred till the 17th of May.

LORD CAIRNS said his attention had been called to this subject by the University of Dublin. That university possessed a medical school second to none, and its great object had been at all times not to degrade or depreciate the standard of medical examination, but to raise it as high as possible. There was one part of the Bill which the university would gladly see passed into a law, and that was the clause which provided for uniformity of examination. It was quite true that if one board of examiners were to be obliged to pass from England into Ireland and Scotland great inconvenience might arise, but he apprehended that the inconvenience would be greatly reduced provided there was a board of three or five members, and it was understood that there should be, at all events, in every Scotch examination, a member representing the board in England and a member representing the board in Ireland present at that examination, and that in every London examination there should be a member from Scotland and another from Ireland. But the provisions of other parts of the Bill seemed to be deserving of much attention. The Bill made the Privy Council the licenser for medical degrees throughout the country, because although the different licensing bodies were to prepare schemes and submit them to the Privy Council, the Privy Council would have the power of selecting, altering, and modifying; so that the scheme approved of would at last be the scheme of the Privy Council. The Board of Examiners were to be appointed by the Privy Council; and that board were to have the sole power of granting licences for the practice of medicine or surgery. The consequence of this would be that if a person who never matriculated in any college, never attended a lecture, walked a hospital, or received any instruction, was able to acquire, by the process of cramming, sufficient information to pass the examination, he would be certified as competent to practise surgery or medicine. There were at present nineteen bodies that conferred degrees, and the primary degrees of these nineteen bodies were supplanted by the certificate of the new body. He was one of those who thought that, although it was extremely proper that there should be an examination of a high standard for granting a degree to practise medicine, it was of even greater importance that there should have been training and discipline, the general course of education, and the attendance on lectures at and hospitals. He, therefore, thought it right that there should still remain in the present licensing bodies power to grant their licences on the terms heretofore observed, and to certify that the person who obtained the degree had been regularly matriculated. He hoped that the noble earl would allow ample time for the consideration of this subject.

LORD TALBOT DE MALAHIDE said the university authorities of Ireland were disposed to insist upon a higher standard of examination than the Medical Council, and it was most desirable that the standard should be a high one.

THE MARQUIS OF SALISBURY said that the Bill threw overboard the difficulties of the case and handed them over to the Privy Council. In fact, the Privy Council was constituted a legislative body. He confessed that he was not prepared to abolish nineteen licensing bodies for the purpose of putting Mr. Simon in their place; and he hoped that before the Bill passed a second reading, the extraordinary power vested by the Bill in the Privy Council would be expunged. He objected to the proposed destruction of the independent licensing bodies of the country. Persons who were to be allowed to practise medicine and surgery in this country should possess something more than book-learning. The noble earl would perhaps explain what he meant by a second examination. In conclusion, the noble marquis expressed a hope that ample time would be allowed for a full consideration of this important measure.

EARL DE GREY and RIPON said, that in his opinion it was not desirable to increase the number of members of the Medical Council, as it was already large enough. With regard to the power to be possessed by the Privy Council, he thought objection should not be made to those clauses of the Bill which gave to the Privy Council the power of simply approving or disapproving of the scheme submitted to them; but inasmuch as a fear seemed to be entertained as to the extent of the modifications which it was proposed the Privy Council should have the power to make in the scheme of the Medical Council, he should contemplate certain amendments with a view of more definitely limiting the power of the Privy Council in that respect. The character of the examinations would be so conducted as to preclude the possibility of any person passing who obtained his medical knowledge simply from books. Especial provision was made that the persons under examination should be thoroughly tested in their professional experience at the bedsides of patients and in the wards of hospitals; at any rate, it was provided in the Bill that the examination should be strictly of a practical kind. A general desire having been expressed that the time for going into com-

mittee should be somewhat extended, and as there were reasons personally convenient to himself in favour of the postponement, he would, with their lordship's permission, simply name the committee stage for Tuesday next, with the distinct understanding that the matter should not then be proceeded with, but deferred for some considerable time. The modifications he contemplated would be laid on the table in ample time for consideration before going into committee on the Bill [*hear, hear*].

The Bill was then read a second time.

*Tuesday, May 10th.*

THE MEDICAL ACT (1858) AMENDMENT BILL.—On the order for the committee on this Bill, Earl De Grey and Ripon said he understood that there would be no objection to the Bill being passed through committee *pro forma*, in order that it might subsequently be recommitted for the purpose of receiving certain amendments, of which notice would be given. The Bill then passed through committee.

*HOUSE OF COMMONS.—Tuesday, May 10th.*

POOR-LAW REPORT.—Sir M. Lopes asked the President of the Poor-law Board when the twenty-second annual report of the Poor-law Board for 1869-70 would be laid upon the table of the house.—Mr. A. Peel said all the materials had been collected, and the report was in a forward state of publication. It had been delayed because the President of the Board was anxious to obtain returns from the medical officers, showing the proportion of the sick poor to those who received in- and out-door relief, and it was thought that this information would be very valuable as a contribution to sanitary science. Upwards of 4,000 reports had been sent in, and it was necessary to analyse and summarise them. The general results would be given in the forthcoming report, and the full statistics would be published as a separate paper.

## MEDICAL NEWS.

### OPENING OF THE UNIVERSITY OF LONDON.

THE new building of the University of London, in Burlington Gardens, was formally opened by her Majesty the Queen on Wednesday last, in the presence of the Prince and Princess of Wales, the Princess Louise, the Chancellor of the University (Earl Granville), the Vice-Chancellor (Mr. Grote), Mr. Gladstone, Mr. Disraeli, the Duke of Devonshire, Mr. Goschen, Sir J. Bowring, General Sabine, President of the Royal Society, the Vice-Chancellor of Oxford, the Presidents of the General Medical Council, of the Royal Colleges of Physicians and Surgeons, and of King's College, and a large number of graduates in the several faculties of the University. Her Majesty, who arrived soon after twelve o'clock, was conducted to the dais in the theatre, and an address, expressing thanks to her for consenting to open the building, was presented to her by Earl Granville. At the conclusion of the address, her Majesty handed to the Chancellor the following reply.

"I thank you for your loyal address.

"It gives me great satisfaction to open the beautiful and spacious building provided by the liberality of Parliament for the University of London. The completion of that building marks a new era in the history of the University, the achievements of which have already justified the expectations of the patriotic and enlightened men by whose efforts and on whose advice it was founded.

"I have never ceased to watch with great interest the growing usefulness of this noble institution; and I do not doubt, and I earnestly desire, that the confidence with which the University is regarded, not in England only, but throughout my empire, will continue to increase, and that its influence will be used in the future, as heretofore, for the encouragement of sound and liberal education among all classes and races of my people, without distinction of creed."

Her Majesty then declared the building opened; and the royal party soon afterwards left. The first Convocation in the new building was then held, and the graduates and prizemen were presented.

The building, which is not yet completed in all its arrangements, consists of two oblong blocks, the smaller and shorter of which is placed behind or to the south of the principal one. The front presents a central portion about 120 ft. in length, flanked by two square towers, and extended east and west by wings, that appear externally to be two stories in height, and are about 65 ft. in length. The towers carry a clock and a wind-dial, and between them is a projecting portico with five entrances. The portico, the centre, and the wings, are surmounted by balustrades, and on the pedestals of these balustrades are placed statues of eminent men, selected as fitting illustrations of the various

forms of academic culture. The statues over the portico are seated, those on the roof line are standing; and there are also standing figures in niches on the ground floor of each wing. The principal figures are those on the balustrade of the portico; they are statues of Newton, Dentham, Milton, and Harvey, as representatives of Science, Law, Arts, and Medicine. The figures on the central roof line represent ancient culture, in the persons of Galen, Cicero, Aristotle, Plato, Archimedes, and Justinian. The east wing has on the roof line Galileo, Goethe, and Laplace; in the niches, Leibnitz, Cuvier, and Linnaeus. The west wing is adorned with Hunter, Hume, and Davy on the balustrade; and Adam Smith, Locke, and Bacon in the niches. These statues are, on the whole, extremely fine, more especially those on the balustrades. To Shakespeare will be assigned a distinguished place in the interior of the building. Opposite to the centre of the portico is the principal entrance, and immediately within this entrance are rooms on the right and left, lighted by windows looking into the portico. One of these rooms will be fitted as a waiting room, another as a museum of typical specimens, and the rest will be for the accommodation of clerks and messengers. A fine corridor runs east and west. On the right or western side the corridor leads to the great library or examination hall, a room 72 ft. by 53 ft., which occupies the whole of the corresponding wing. On the left, or eastern side, the corridor leads to the theatre or lecture-hall, which occupies the whole of the eastern wing, and is capable of seating 800 persons. It is fitted to have a width of 2 ft. 5 in. between the seats.

The theatre has been carefully planned with regard to its acoustic properties, and it is said to be the intention of the Senate to render it available for various public purposes. At each end of the corridor is a transverse passage, and these passages give access to the smaller examination halls, which are situated behind the main building, at the extremities of the southern or secondary block, and are separated by private rooms for the use of the examiners. The eastern smaller hall will serve as a place of assembly for official persons on public occasions. The stairs are of fine proportions, and they have richly carved marble balusters, surmounted by a dark coloured polished marble handrail. The floor of the main landing is of polished marble, inlaid in various colours. This landing gives access in the centre to the Senate room, 43 ft. by 27 ft., and 26 ft. 5 in. high. On each side of it are smaller rooms for Committees, and for the Registrar and Assistant-Registrar. At the extremities are entrances to the respective galleries of the great hall and of the theatre, and transverse passages, corresponding to those below, give access to the first floor of the southern block. This first floor is occupied by two examination-halls, placed over the smaller halls of the ground floor, and fitted up especially for the conduct of practical examinations in chemistry and in anatomy.

## THE COUNCIL OF THE ROYAL COLLEGE OF SURGEONS.

WE have been requested to publish the subjoined letter.

*To the Fellows of the Royal College of Surgeons.*

GENTLEMEN,—It seems right that I should apprise you that it is not my intention to offer myself for re-election on retirement by rotation from the Council this year. You will thus have an opportunity of filling up the vacancy after full consideration, and of selecting a Fellow of fresh years and higher capability than the one whom you have so much honoured by adopting his proposal of a provincial element at the Council-board, and by sending him as the first fruit of that principle when adopted.

I would here urge that the later elections of provincial representatives have added to the value of the principle, and prompt its further extension; and for the encouragement of distant Fellows who may be tempted to offer themselves, I beg to assure them that the sacrifice entailed by tolerably strict attendance at the meetings of the Council is too slight to have been in any way the cause of my retirement from the office; indeed, I should have been glad to continue in the high position of Councillor did not advanced years point to retirement as a duty.

As the earliest provincial member of Council, I feel I am only discharging a debt when I acknowledge most fully the gratifying courtesy with which I was received into it, and the cordiality which I have ever enjoyed from my colleagues.—I remain, Gentlemen, yours faithfully,  
Leicester, April 28th, 1870. THOMAS PAGE.

**DONATION.**—The Treasurer and Council of the Royal Hospital for Diseases of the Chest, City Road, acknowledge the receipt of the sum of £1,000 paid to their account with Messrs. Glyn and Co., under the initials W. P. D., and they desire to thank their unknown benefactor for this most liberal and opportune assistance, as well as for his former donation of like amount which was received in August last.

**UNIVERSITY OF ST. ANDREW'S.**—The following gentlemen, having passed their examinations on the 26th and 27th of April last, were admitted to the degree of Doctor of Medicine.

Brown, William, M.R.C.S. Eng., L.S.A., Lichfield.  
Hunt, Wm. J., F.R.C.P. Edin., L.R.C.P. Lond., M.R.C.S. Eng., L.S.A., London.  
King, Thomas, M.R.C.S. Eng., L.S.A., Rochford, Essex.  
Kriekenbeck, Charles A., L.R.C.F., L.R.C.S. Edin., Colombo, Ceylon.  
McKeller, Edward, M.R.C.S. Eng., Surgeon Bengal Army, London.  
March, John, M.R.C.S. Eng., L.S.A. and L.M., New Wandsworth.  
Pemberton, William, M.R.C.S. Eng., L.S.A., Carlisle, England.  
Robinson, John, F.R.C.S., L.S.A., Midhurst, Sussex.  
Walker, Hugh E., L.K.Q.C.P. Ireland, M.R.C.S. Eng., L.S.A., Chesterfield.  
Walker, William H., L.R.C.P. Edin., M.R.C.S. Eng., Aldbrough, Darlington.

**APOTHECARIES' HALL.**—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, May 13th, 1870.

Blackier, Walter Campbell, Ifield Vicarage, Crawley.  
Grisson, Robert Edward, Watton, Thetford, Norfolk.  
Packman, Augustus T. Vance, Sheffield.

The following gentlemen also on the same day passed their first professional examination.

Barrow, Henry John Waller, Guy's Hospital.  
Barrow, Frank Edward, Guy's Hospital.  
Dickson, Thomas, St. Thomas's Hospital.

As an Assistant in compounding and dispensing medicines.

Hellings, Henry, Neath, Glamorganshire.

## MEDICAL VACANCIES.

THE following vacancies are declared:—

CASHEL UNION, co. Tipperary—Medical Officer to the Workhouse and Fever Hospital: 10th.  
CITY OF LONDON LYING-IN HOSPITAL, City Road—Surgeon-Accoucheur: applications, 17th; election, 18th.  
DROITWICH UNION, Worcestershire—Medical Officer for the Workhouse: Medical Officer and Public Vaccinator for the Droitwich District: applications, 14th; election, 15th.  
EVELING HOSPITAL FOR SICK CHILDREN, Southwark Bridge Road—Two Clinical Assistants: applications, 18th.  
GLENELG AND KNOYDART, Districts of, in the Parish of Glenelg, Invernesshire—Medical Officer: applications, 14th.  
IRONBRIDGE DISPENSARY—Surgeon.  
KELLS UNION, co. Meath—Medical Officer for the Kells Dispensary District: 14th.  
KIRKMACBREE, Kirkcudbrightshire—Parochial Medical Officer: applications, May 1st.  
LIVERPOOL DISPENSARY FOR SKIN DISEASES—Assistant-Surgeon: applications, 21st.  
LIVINGTON ROYAL INFIRMARY—Junior House-Surgeon: applications, 28th.  
NORTHERN INFIRMARY, Inverness—House-Surgeon and Apothecary: applications, 20th.  
RICHMOND LUNATIC ASYLUM, Dublin—Assistant Medical Officer: 17th.  
SOUTH STAFFORDSHIRE GENERAL HOSPITAL AND WOLVERHAMPTON DISPENSARY—applications, 28th; election, June 14th.  
SUNDERLAND GENERAL INFIRMARY—Two House-Surgeons: applications, June 17th; election, July 8th.  
UNIVERSITY OF EDINBURGH—Professor of Midwifery and Diseases of Women and Children.  
WINCHCOMB UNION, Gloucestershire—Medical Officers for the Hill District and the Workhouse: applications, 19th.

## BIRTHS.

HAYDOUST, Esq., Surgeon, 11th, at Claverley, near Bridgnorth, the wife of \*T. W. Miles—On May 5th, at Lymington, Devon, the wife of \*George Miles, Esq., Surgeon, of a daughter.

## MARRIAGES.

\*DRAPER, William, Esq., Surgeon, York, to Catherine Anne, eldest daughter of Robt. BAKER, Esq., Inspector of Factories, Leamington, on April 28th.  
\*MORTON, Wm. M.D., Esq., of Hendon, to Mary, eldest daughter of \*Horace DOBELL, M.D., of Harley Street, at St. George's, Hanover Square, on May 10th.

## DEATHS.

COLLIER, John Lister, Esq., Surgeon, of Swinton, near Manchester, at sea, off Azores, on his return from New Zealand, aged 23, on April 17th.  
\*MARTIN, Adam, M.D., at Rochester, aged 76, on May 10th.  
\*MORTON, Wm. M.D., Esq., of Hendon, to Mary, eldest daughter of \*Horace DOBELL, M.D., of Harley Street, at St. George's, Hanover Square, on May 10th.  
SAVILLE, Robert, M.D., of Sunderland, in London, aged 55, on May 7th.

**SNUFF-DIPPING.**—Miss Dix, after a tour of the Southern asylums and prisons, decides that snuff-dipping is the predominating cause of insanity among Southern women.

**UNIVERSITY OF CAMBRIDGE.**—A final examination for the degree of M.B. will begin at Cambridge on June 6th; the second examination for the degree of M.B., and that for the degree of Master in Surgery, will begin on June 13th; and the first examination for the degree of M.B., on June 8th.



## OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY.....Guy's, 1.30 P.M.—Westminster, 2 P.M.—National Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.—St. Mary's, 11.15 P.M.—St. Thomas's, 1.30 P.M.—University College, 2 P.M.—St. Thomas's, 1.30 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Cancer Hospital, Brompton, 2 P.M.—King's College, 1.30 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.

FRIDAY.....Westminster Ophthalmic, 11 A.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.

SATURDAY.....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.—East London Hospital for Children, 2 P.M.—Hospital for Women, 9.30 A.M.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

TUESDAY.—Pathological Society of London, 8 P.M. The following specimens will be exhibited.—Dr. Peacock, "Aneurism of Aorta—Perforation of Vermiform Appendix"; Mr. Bellon, "Tumour of Tendon of Transversalis Muscles—Horny Growth from Vagina"; Dr. Dickinson, "Lymphoid Growth in Spleen"; Dr. Whipple, "Syphilitic Disease of Larynx and Liver"; Dr. Cayley, "Renal Dropsy without Albuminuria"; Dr. Crisp, "Abscess of Kidney, with Disease of Suprarenal Capsules"; Dr. Quain, "Malignant Disease of the Pylorus"; Dr. Bristowe, "Hæmorrhage on Surface of Brain—Peritoneal Cancer"; Dr. Murchison and Dr. B. Sanderson, "General Lymphadenoma"; Dr. Murchison, "Dissecting Aneurism"; Dr. Greenhow, "Pearl Buttonmaker's Lung"; Sir H. Thompson, "Vascular Tumour of Bladder"; Dr. Leared, "Cancer of Kidney"; Dr. D. Powell, "Cerebral Hemorrhage"; Dr. Payne, "Disseminated Tubercle of Peritoneum—Fibrous Growths of Peritoneum."

THURSDAY.—Harveian Society of London, 8 P.M. Clinical Discussion.—Anthropological Society of London, 8 P.M.—Mr. Chorley, "Race in Music."

SATURDAY.—Association of Medical Officers of Health, 7.30 P.M.—Mr. F. Grace Calvert, "On the Action of Various Antiseptics on Fermentation and Putrefaction"; Dr. Henry Letheby, "On the Present Aspects of the Sewage Question in relation to the Public Health, with a Brief Review of the First Report of the Commissioners appointed in 1868 to inquire into the best means of preventing the Pollution of Rivers."

## EXPECTED OPERATIONS AT THE HOSPITALS.

KING'S COLLEGE HOSPITAL, Saturday, May 14th at 1.30 P.M. For Ligation of the External Iliac Artery, by Mr. Henry Smith.

## NOTICES TO CORRESPONDENTS.

All Letters and Communications for the JOURNAL, to be addressed to the Editor, 37, Great Queen Street, Lincoln's Inn Fields, W.C.

Correspondents are requested to look to the Notices to Correspondents of the following week.

TO PURCHASERS.—To insure attention, it is requested that all orders sent to the Office for extra copies of the JOURNAL, be accompanied with stamps for the amount.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

DR. HAYNES is thanked for his letter, which shall appear next week.

ISOLATION-HOMES.—We have to thank correspondents for their letters in commendation of our article on Isolation-Homes, and their suggestions on this very important subject. We shall recur to it.

MERTHYR TYDFIL.—We hope to make use of Dr. Dyke's report next week. It is most valuable.

EREWITT.—In Mr. Lawson Tait's case of Complicated Lithotomy, published at pp. 456-57 of last week's JOURNAL, on the last line of the paper, for "normal size," read "original size."

MEDICAL AID SOCIETY.—We extract the following from a letter emanating, we believe, from the office of the proposed new organisation for London, one feature of which we criticised last week. Our readers will be glad to see that it is likely that the objectionable feature—that of appointing district medical men—will be abandoned. We by no means expressed our objection to the rest of the scheme, which must be held open to future comment. The rest of our correspondent's letter concerns the scope of the proposed Society; it is better suited for an advertisement, in which or some similar form it will no doubt soon come before us.

It is to be regretted that the proposed new organisation for London is not a healthy one, a delicate one. Probably the Medical Council of the Society, before whom the question has not yet come, will decline it, and urge the adoption of the plan which has found so much favour in the case of Provident Dispensaries. It does not necessarily follow that because the subscriber pays only 1s. 6d. for midwifery, therefore the doctor gets no more. Hoping for further criticisms,

I am, etc., "N 4 Y.

"75, Old Broad Street, E.C., May 11th, 1870."

NOTICE TO ADVERTISERS.—Advertisements should be forwarded direct to the Printing-Office, 37, Great Queen Street, W.C., addressed to Mr. RICHARDS, not later than Thursday, twelve o'clock.

DR. DAVEY's paper has been received.

INTERNAL MANAGEMENT OF LUNATIC ASYLUMS.—Excellent copies of "Regulations for the Guidance of Attendants," in form suited to be posted up in the bath-rooms, etc., have been printed at the Brookwood Asylum (Woking, Surrey), by Dr. Brushfield, the Medical Superintendent. We have no doubt that copies might be obtained on application by any wishing for them.

## MUTUAL MEDICAL AID ASSOCIATIONS.

SIR,—As a member of the medical profession, as also of the Association, whose paper you so ably edit, allow me to express my approval of your sentiments under the heading of "Mutual Medical Aid Associations." True it is that provident institutions should be open to the whole profession; equally true it is, that all present and prospective institutions should be partly or wholly paid for on legal reasons. Seeing that the poor-law relief provides for all paupers, it follows that other institutions give gratuitous attendance to those who are not paupers; and though perhaps unable to pay the fancy physician's fee of one guinea, etc., still are quite capable of providing for medical exigencies. On the principle of co-operation, your sentiments on the subject of advertising are most appropriate; but I hardly think you can blame the promoters of private schemes for this effort after notoriety, when the leading members of the profession indulge so extensively in this "privilege of advertising," as appears from the enclosed extract from the *Birmingham Gazette*, which, perhaps, you will kindly publish as a specimen.

I am, etc., PERCY LESLIE.

\* \* We do not print the newspaper quotations to which Dr. Leslie refers in his last paragraph. We are glad, however, that the consist of statements respecting most of the Manchester Medical Institutions, which are, we suppose, published weekly, giving statistics of the number of admissions, etc., and in some instances specifying the times of attendance. These are of course unexceptionable. The names of the institutions, which concern the names of the medical officers. These names are mentioned in three out of five cases. We are decidedly of opinion with our correspondent that the custom of thus advertising names is not consistent with sound medical etiquette. If it is continued, we may possibly give the names the additional publicity of our own columns. The responsibility of inserting them rests of course with the hospital authorities, and in no degree with the medical men; but the latter might, perhaps, by an energetic effort, be able to reform the abuse.

NOTICES of Births, Marriages, Deaths, and Appointments, intended for insertion in the JOURNAL, should arrive at the Office not later than 10 A.M. on Thursday.

## MEDICAL BENEVOLENT COLLEGE.

SIR,—Will you permit me to add with respect to Eilton Pollard, whose last chance of admission into the Medical Benevolent College is at the coming election, firstly, that his father was a subscriber to the College; secondly, that he had made a comfortable provision for his family, but all his savings were swept away in the financial panic while he was on his death-bed. It is impossible to imagine a more deserving or distressing case.

London, May 1870. W. H. BROADBENT, M.D.

ELLEN P.—We cannot prescribe. Consult a respectable medical man.

## TANCRED STUDENTSHIP OF PHYSIC AT CAMBRIDGE.

SIR,—There will be an election to a vacant Studentship during the ensuing Whitsun week. The successful candidate receives £200 clear for five years. He has, however, to declare that he is of such poor circumstances that he is unable to obtain an University education without such assistance. The student is obliged to enter at Caius College; and with a little diligence could in time obtain the Natural Science Scholarship given by that Society.

Information respecting vacancies, and mode of application, may be obtained from B. J. Ferris, Esq., 28, Lincoln's Inn Fields.

I have written this letter in the hopes that some one from our London hospitals might be induced to try for this valuable medical endowment; or, failing such an one, to suggest that a candidate should be sent in from the Royal Medical Benevolent College. I am, etc., CHARLES HENRY RALFE, M.A., 26, Queen Anne Street, May 9th, 1870.

WE are indebted to correspondents for the following references, containing news reports and other matters of medical interest:—The Indian Medical Gazette, April 8th; The New York Medical Gazette, April 23rd; The Parochial Critic, May 11th; The Medical Record, April 23rd; The Boston Medical and Surgical Journal, April 23rd; The Madras Mail, Feb. 29th; The Gardeners' Chronicle, May 7th; The Port Louis Commercial Gazette, April 4th and 5th.

COMMUNICATIONS, LETTERS, ETC., have been received from:—

Dr. Alfred Walker, London; Dr. J. Ford Anderson, London; Mr. Wm. Hodgson, London; Mr. T. H. Bartlett, Birmingham; Mr. G. C. Coles, London; Dr. R. Angus Smith, Macclesfield; Mr. C. Steele, Clifton, Bristol; Mr. W. Dalton, Worcester; An Afflicted One; Mr. James Robertson, Edinburgh; Mr. R. S. Fowler, London; The Secretary of the Harveian Society; Mr. J. Collier, Swinton; Mr. T. W. Haselhurst, Claverley, etc.

LETTERS, etc., with enclosures from:—

Dr. Lionel S. Best, London; Dr. James Russell, Birmingham; Dr. George Johnson, London; Dr. W. D. Stone, London; Dr. Leonard W. Sedgwick, London; Mr. R. L. Bowles, Folkestone; Mr. E. Howard, London; Mr. F. C. Chene, Macclesfield; Dr. E. Crisp, London; M.D. Ed.; Dr. W. H. Greene, London; The Registrar-General of England; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; Mr. T. M. Stone, London; The Registrar of the Medical Society of London; Dr. Stewart, Belfast; The Secretary of the Clinical Society; The Secretary of the Pathological Society; Dr. Broadbent, London; Dr. C. J. B. Williams, London; Dr. Percy Leslie, Birmingham; Dr. J. G. Davey, Northwood, Bristol; Mr. T. Watkin Williams, Birmingham; Mr. Richard Davy, London; Dr. J. Crichton Browne, Wakefield; Dr. Clifford Allbutt, Leeds; etc.

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From the "Lancet," Feb. 19, 1870.

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From the "Medical Times and Gazette," Feb. 13, 1870.

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From the "Lancet," Dec. 13, 1869.

"NEPENTHE, or ANODYNE TINCTURE, prepared by Messrs. FERRIS & Co., Bristol.—This preparation really consists, as stated, solely of opium, resembling somewhat the liquid extract of the British Pharmacopœia. It is claimed for it that it does not produce headache, stupor, giddiness, depression of spirits, diminution of nervous energy, prostration of strength, nor constipation; it is doubtless less stimulating than those preparations of opium made with the solid and crude drug; and a further commendation of Nephenthe is its uniformity of strength. The Nephenthe intended for subcutaneous injection is of double the ordinary strength; and that it is really so we have verified by analysis."

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**NOTICE.**—Notwithstanding the enormous and increasing advance in Opium, the price of Nephenthe remains the same, and it is now the cheapest as well as the best preparation of this important drug.

# LECTURE ON MEDICAL PROGRESS:

IN MEMORIAM

R. B. TODD.\*

By LIONEL S. BEALE, M.B., F.R.S.,

Professor of Pathological Anatomy in King's College; Physician to King's College Hospital.

[Concluded from page 483 of last number.]

It is in connection with very striking alterations in medical practice that the name of Todd will long continue to be associated. Principles of treatment which, but a few years ago, were considered incontrovertible as the facts on which they were based, have of late years been shown to be erroneous, and have been totally abandoned, while the fundamental facts upon which they were supposed to rest have been controverted. Medicine has long been undergoing a progressive change; and as long as science continues to advance, our views concerning the nature of disease will continue to change. As our means of observation become more exact, new facts are added to those already ascertained, and by degrees new general principles are developed. This progressive change, now so considerable as to escape notice, now so excessive as to alarm, constantly accompanies advancing information; but in no branch of human knowledge is it more remarkable than in the healing art. Every earnest man who studies his profession for its own sake, assists in affecting change and promoting advancement; and although few, indeed, even of those who possess the gift of great natural powers, live long enough to see the improvements in practice which result from their own scientific researches being carried into effect, actual progress is sure.

Nothing is more interesting than to study the wonderful alterations which have taken place in our views concerning the nature and treatment of important general pathological changes. The process called inflammation lies at the root of most of the disorders—acute and chronic—from which man and the higher animals suffer. The nature of inflammatory action, as it were, the point round which medical theories revolve, and differences regarding the nature of the phenomena comprised under inflammation have led to divisions in the profession upon the most important practical questions, and caused the greatest differences regarding the proper treatment of disease. Inflammation is a subject which always excites intense interest, and even now cannot be discussed without much feeling. The calm favourable to the steady prosecution of scientific discovery is sometimes disturbed by the vehemence and warmth of the debate upon the proper interpretation of the facts.

The term inflammation involves increased action; and in all inflammations it is true that there is increased action. In order to combat this undue action and reduce the burning activity of the inflammation, we used to be taught to give remedies which depressed the heart's action and reduced the strength. But there are many forms of inflammation which are only seen in systems already reduced and exhausted by disease, misery, or privation. There are, indeed, many cases in which frequency of pulse, violent delirium, extreme prostration, and all those symptoms known to accompany extensive inflammatory action, seem certainly to depend upon a state of system which can hardly require lowering. Nevertheless, with such confidence was the truth of the old combustion theory of inflammation believed in, that the efforts to quench the fire or to moderate its intensity so absorbed the attention of the physician as to endanger the loss of the patient before his efforts employed to check the disease could prove successful. Oftentimes have facts been explained by theories which had never been deduced from experiment; and when new facts opposed to a theory had been observed, men have sometimes said the facts could not be true, and continued to act upon the theory, while they appealed to the dogmas upon which the theory was based to confirm them in the action they had already determined to take. Stimulants had from time to time been given by intelligent doctors, in low conditions, accompanied by local inflammations; and in many cases when the patient felt better after taking wine, practitioners in bygone days have even allowed a repetition of the practice, although they felt conscious it was against what were regarded by them as sound principles of treatment, which they dared not doubt. The favourable action was therefore explained by the discovery of some idiosyncrasy or peculiarity in the constitution of the

patient, instead of being attributed to changes consequent upon the action of the stimulant in a particular abnormal state.

By degrees, however, it came to be observed that stimulants seemed to act favourably in cases in which their administration was quite opposed to theory, and was in antagonism with the doctrines then taught; and at last it was admitted that experience was to be trusted, and that the doctrine formerly taught must be given up. Still more recently, scientific observation and experiment have demonstrated that the facts have been completely misinterpreted and misunderstood, and really indicated a treatment at variance with that formerly popular and in harmony with that now followed out. No one would now object to the exhibition of stimulants *because* some kind of inflammation or local fever is present; and in fevers, which are in reality but general inflammations, the pulse has been observed by hundreds of practitioners to diminish in frequency, wild delirium give place to calm consciousness, and the feverish state cease while the patient was taking stimulants. Forty years ago, such conditions would have been treated by bleeding, calomel, antimony, and lowering remedies.

Dr. Graves of Dublin, who had, like Todd, been a teacher of physiology, advocated as long ago as 1833 a supporting plan of treatment in cases of fever; and a similar plan had been carried into practice by Dr. Blakiston, during the epidemic of influenza, at Birmingham, about the year 1837 (*Clinical Observations on Diseases of the Heart*, etc., p. 13). But it was reserved for Dr. Graves' pupil, Todd, to carry out this supporting plan of treatment to its fullest extent, and to apply it more generally. In his farewell lecture to the class of physiology in 1853, Dr. Todd thus expresses his obligations to Graves, the distinguished physician and physiologist. "From him I first imbibed a taste for physiological inquiry; and, under his guidance and direction, my first studies upon that subject were pursued. How much more should I have rejoiced to make this public acknowledgment, as I have often done privately, were my friend able to hear it. But, alas! this day's post has brought me the sad intelligence of his too early removal—no longer ago than at noon yesterday (March 20th, 1853)—from science and from a large circle of sorrowing friends. No physician ever earned a high reputation more justly and more honourably than did Dr. Graves; no man bore himself more correctly in all the relations of life; and, from the narrative of an intimate friend, no man ever quitted life with a calmer resignation to the will of God, or a more thorough reliance on all that the Christian holds most dear."

During many of the earlier years of his life, Dr. Todd treated cases of acute disease like most practitioners of that day; and in his oldest case-books are records of cases of acute peritonitis, which were bled and treated with mercury to salivation, cases of pneumonia which were treated by bleeding and tartar emetic; cases of fever in which a supporting plan of treatment was very diffidently and very imperfectly carried out. Slowly and gradually his treatment was much modified; and at length he became a strong opponent of the doctrines upon which the so-called *proper treatment* of inflammatory action was supposed to be based. Pericarditis and peritonitis were treated with opium without the mercury; stimulants were given, and the lancet was completely laid aside. Pneumonia was combated by counterirritation and soothing poultices, and the skin and kidneys were made to act freely. The strength was supported; nourishing food was given; and, if the powers of the patient flagged, brandy was administered, at first in small doses, but in many low cases it was increased to considerable quantities. Desperate cases of low fever and inflammation were treated with large quantities of stimulants, the amount being varied from time to time according to the symptoms present and the progress of the case; but the proportion was not fixed by any inflexible or arbitrary rule.

Much objection was made to the amount of stimulant given; but the arguments advanced against the system pursued have been satisfactorily answered. It seems never to have occurred to some, who have not hesitated to state the exact quantity of alcohol, which in their opinion should never be exceeded in any case, that an amount which might be excessive if given to a person weighing six stone, would be but a moderate dose, and perhaps insufficient, in the case of one weighing three times as much. In this matter it is wonderful that people who pride themselves upon being practical, instead of allowing themselves to be influenced by facts and reason, should act as if every individual were exactly alike, and had been cast in the same mould. The same erroneous view seems to be acted upon in the regulation of the quantity of food for prisoners, the inmates of workhouses, hospitals, and charitable institutions: uniformity is adopted in the distribution of food as if every individual required precisely the same quantity. The consequence is that a diet which is low for some is more than sufficient for others. Some will be half-starved while others will be well fed—perhaps over-fed. Under the uniformity system it is clear that, to the little people and the light weights, is accorded a very unfair advantage in the struggle for

\* Being the Inaugural Lecture to the course of Pathological Anatomy in King's College, delivered May 5th, 1870.



existence. It is of some importance for the physician, among other particulars, to take carefully into his consideration, when prescribing and regulating the proportion of food and stimulant, the weight and vigour of the individual patient. For although it is true that in proportion to their weight, small animals require much more food than large ones, a heavy man should, as a general rule, have a more liberal diet than a light one; and in apportioning the quantity of stimulant to the sick, this fact must not be neglected. But it must at the same time be borne in mind that by habit and other circumstances some persons have been led to take, and hence require, a larger proportion of food and stimulant than others of the same weight.

In low diseases, the quantity of stimulants required during a short period may be very large; indeed, the patient's life seems sometimes to depend alone on the frequent doses of alcohol (occasionally as much as an ounce or even two ounces an hour) which are poured into the blood; and it is remarkable that as long as the case does well, the stimulant seems to be assimilated almost as fast as it is introduced into the stomach: a little escapes in the urine, in the breath, and perspiration, but by far the larger portion is used up in the system, and in two or three different ways helps to keep the patient alive at a time when the disease places him in the greatest jeopardy.

Alcohol has been given in many forms—wine, brandy, whiskey, or other spirits, with water; or as spirits of nitrous ether, pure spirits of wine, and spirits of camphor, combined with medicines. The patient need not know that he is taking a stimulant, if the friends inform us that he would rather not be told. Some persons do not object to take alcohol as a medicine, although they prefer to remain in ignorance of the fact that they are actually taking it at all.

The result of the system of treatment pursued by Dr. Todd was found to be that in severe cases of acute disease, the period of convalescence was much shortened; in cases necessarily fatal, life was prolonged; and it is believed that many desperate cases of low fever, pneumonia, acute rheumatism, etc., have been saved. After the lapse of some years of observation, Dr. Todd laid before the profession an account of the general principles of the treatment. His observations were illustrated by the records of numerous cases. In the last of his three volumes of clinical lectures devoted to cases of acute disease, Dr. Todd thus expresses his conclusions: "That the notions so long prevalent in the schools, that the acute disease can be prevented or cured by means which depress and reduce vital and nervous power, is altogether fallacious. That disease is cured by natural processes. Remedies, whether in the shape of drugs which exercise a special physiological influence on the system, or in whatever form, are useful only so far as they may excite, assist, or promote, these natural curative processes."

Now some have fallen into the error of supposing that Dr. Todd ordered large quantities of stimulants in every case. He has been accused of giving brandy in a routine manner. But it was a grave mistake to conclude that he did so. Mild cases of fever and inflammation were treated by him without stimulants altogether, or with very moderate quantities. But as Dr. Todd was naturally desirous of treating as many desperate cases as possible, a very large number of the worst forms of acute disease admitted into the Hospital were placed under his care. The curious argument was adopted by some, that because very large quantities of alcohol were administered in some exceptional cases, equally large doses were given in all cases. Dr. Todd was by many very unjustly accused of indiscriminate stimulation, and many hard and unjust things were said of him; but these are forgotten.

The question of stimulation is one which has not always been considered upon its merits only. The zealous opposition to a particular practice upon religious, political, or moral grounds, may, without due care upon his part, quite unfit a man for the investigation of the effects of that practice upon the tissues of the living body under the varying circumstances of health, disease, climate, age, rest, anxiety, labour, etc. No persons feel more strongly than do many practitioners of medicine the importance of taking little or no stimulant in health; but in disease it need scarcely be said, the physiological changes in the body are completely altered, and many things which would be injurious in health may be taken with the greatest advantage. We must not, therefore, allow ourselves to be too much influenced by those who affirm that under no circumstances whatever should any alcohol be given to a human being.

More recent research has shown us how the beneficial action of alcohol in very bad cases of disease may in some measure be explained scientifically. In very low states of system the albuminous matters are fast escaping from the blood, the blood corpuscles are undergoing rapid disintegration, and the *living matter* or *bioplasm* of the vessels, of the neighbouring tissues, and of the blood is growing very quickly. Now, alcohol tends to modify all these phenomena. It reduces the permeating

tendency of the serum; it checks the disintegration of blood corpuscles; it prevents the rapid growth of living matter; and interferes with or modifies chemical changes taking place in organic fluids. When these changes are proceeding very rapidly, the capillary circulation beginning to fail, the heart's action becoming very weak and fluttering, and the strength ebbing fast, alcohol may save life. I shall venture to repeat here the conclusions I arrived at many years ago; and I may say that increased experience has afforded further confirmation of the correctness of the views expressed in the four paragraphs below. I do not, of course, refer to slight cases of fever, pneumonia, etc., in which no stimulant whatever may be required, but to *very severe cases of disease only*.

In what appeared hopeless cases, as much brandy as the patient could be made to swallow (an ounce and a half to two ounces in an hour) has been given for several hours in succession, and then as much as thirty ounces a day for several days, not only without producing the slightest intoxication, vomiting, or headache, but the treatment has been followed by recovery.

2. I would adduce the fact that a man not accustomed to drink, when suffering from acute rheumatism, complicated with pericarditis with effusion, pneumonia at the base of one lung, and pleurisy on the opposite side, has taken twenty-four ounces of brandy a day for eleven days; the tongue being moist and the mind calm during the whole time. While under this treatment, inflammatory products were absorbed, and the general state of the patient much improved.

3. I have been compelled to give a very weak child, weighing less than four stone, twelve ounces of brandy a day for ten days, while suffering from acute rheumatism with pericarditis and effusion. This quantity did not produce the slightest tendency to intoxication, or exert other than a favourable effect upon the disease.

4. I would state that, among the general conclusions I have arrived at after carefully watching more than one hundred serious cases of acute disease treated with large quantities of stimulants, are the following—*That intoxication is not produced,—that delirium, if it has occurred, ceases, or is prevented from producing all in the course of the cure,—that headache is not occasioned,—that the action of the skin, kidneys and bowels goes on freely,—that the tongue remains moist, or, if dry and brown, often becomes moist,—that the pulse falls in frequency and increases in power,—that respiration is not impeded, but that, where even one entire lung is hepatized, the distress of breathing is not increased; and it appears that the respiratory changes go on under the disadvantageous circumstances present as well as if no alcohol were given.* BRITISH MEDICAL JOURNAL, 1863.

The conclusion from all this is, most certainly, that alcohol does not do harm in acute inflammation; that it does not produce intoxication in persons suffering from exhausting diseases; and that large quantities (from twelve to thirty ounces) may be given in cases which appear very unlikely to recover; and the conviction is forced upon the observer that, in desperate cases, these large quantities of alcohol are directly instrumental in saving life, not by *exciting or stimulating to increased action*, but by *moderating actions already excessive*.

But while I am obliged to speak thus favourably of the use of alcohol in the treatment of disease, it may interest you if I say a few words with reference to taking alcohol in health; and I confess my conclusions as regards giving alcohol to the young are not much at variance with those who advocate extreme temperance. My own experience leads me to believe that the majority of young healthy people would do well without alcohol; and I believe the habitual daily consumption, by young persons, of considerable quantities of wine or beer, to be positively injurious to health. I regret to say that the *hard-working student*, politician, professional man, and busy merchant, have been advised to take, "as a regular daily allowance, a bottle of sound ordinary wine of Bordeaux".—*The Practitioner*. I cannot judge of the effects of such a dose on people generally, but I should be sorry to take myself one-fifth of the quantity recommended; while it is quite certain that what would be good for the middle-aged politician, professional man, and busy merchant, might be very bad indeed for the hard-working student. Up to the age of forty very little stimulant is, as a general rule, required, and I expect most persons of average health would get on better without any. My own personal experience is this:—I was never very strong, though always able to get through a very considerable amount of physical exertion without fatigue, and I have not been a very idle student. I could, and believe I can now, walk twenty miles a day without fatigue. Up to the age of forty I hardly ever touched stimulants of any kind, and when I did take a little I not unfrequently got an attack of sick headache before my ordinary condition of health was resumed. Lately, however, I have found the advantage of half a tumbler of ale daily; and I can bear half a glass, and sometimes a glass of wine without suffering. I daresay as I grow older I may, like most

persons, require a little more; but when in the country and, taking plenty of exercise, I feel very well and contented upon a moderate allowance of good simple food without any stimulants whatever. The experience of some members of my family who have lived to be old, and that of many persons of whom I have inquired, accords with my own. As a general rule, young healthy persons are, I believe, better without stimulants and tobacco, and those who take these things habitually and freely, get old at an earlier age than if they indulge only moderately or abstain entirely. But, at the same time, some persons do seem to require stimulants even before the age of forty; and it is sometimes necessary to allow children to take stimulants. In old age, stimulants are really required. I feel sure life may be much prolonged by their judicious employment, and I think that some people who have been very careful all through life, take far too little stimulant when they become old.

The contrast between the work of the early years of a professional man and that period of his life when he has achieved success and attained a position of eminence, and has perhaps become popular as a practitioner, will always be considered with interest; and in no profession is there a greater difference than in that of medicine between the days when a man commences his career and those when he begins to reap the benefit of his early toil and self-denial. Few persons, probably, can form an accurate notion of the extended education and training to which many of us subject ourselves, and the long period of probation through which we have to pass before the actual business of our medical life can be said to begin. In many callings, payment for work may be expected almost as soon as the student period of life has been successfully completed; but with us it is far otherwise. A physician, unless placed in a very exceptional position as regards friends, fortune, and opportunity, must be content to wait many long years before he can hope to derive an income from his profession; and during the whole of this time he must work, and work almost without remuneration. If he is to attain any eminence, he must be a hard student far into life, constantly attending the hospital, and following some branch of original investigation as intently and as devotedly as if scientific inquiry was his only object in life, and, in fact, his profession.

Nor have there been wanting in our ranks many who, besides being successful practitioners, have added as much to science as others who have followed science for their calling. The *Transactions of our Royal Society* contain numerous purely scientific contributions from medical men; and I am bound to say that there are conspicuous instances of this in every branch of the profession; for it must not be supposed that even general practice renders impossible the attainment of eminence in science. Several memoirs of the highest merit in the *Philosophical Transactions* of the last few years are the work of scientific men who are engaged in the incessant labours of general practice; and it is much to be deplored that original investigators of such eminence are not brought more prominently forward as lecturers and teachers. Our great medical corporations have lecture-rooms which are cheerless from want of use. Hundreds of intelligent students are hungering for information. All that is required to bring about a state of things of which all who have at heart the interests of the London school of medicine most ardently desire, are funds to pay the teachers for their labour, and for the expense of illustrating their lectures. And how small a sum would be sufficient! One thousand pounds a year would give us the advantage of the teaching of every scientific investigator in the profession, and those interested would be able to attend upwards of three hundred lectures a year. Many of my juniors, as well as seniors, will smile at the proposal. All I can say is, let the experiment be tried.

The medical profession has done, and is doing, and it is to be hoped, will continue to do, in a quiet unobtrusive way, very much for the advancement of science; and few practitioners were more alive to the importance of the prosecution of various branches of science in connexion with medicine than Dr. Todd, who encouraged scientific work among his pupils in every way in his power. Often, during a hard day's work in London, has he spent an hour or two with pupils who were working at some original inquiry—studying, perhaps, some chemical experiment, or looking at microscopical specimens; and I have frequently observed that it was with great reluctance he tore himself away from the scientific workshop for the more pressing practical duties which he had to discharge.

It may not prove uninteresting if, before I conclude, I attempt to give a brief outline of a day's work before Dr. Todd had acquired great fame as a practical physician. Few persons are probably acquainted with the numerous duties devolving upon those who for many years of their life combine the duties of original investigator, public lecturer, and clinical teacher, with those of a practical physician; and it must always be productive of good to discover and record the successive steps by which professional success is attained, and a position of great public usefulness prepared for. Dr. Todd rose early. His morning

would be occupied with seeing patients and writing. At midday, upon four days of the week, up to the year 1846, he had to go to King's College to give his lecture on Physiology, and immediately afterwards went round the wards of the hospital. After 3 P.M., he was occupied with private practice, visiting patients till the dinner-hour. Most evenings would be taken up with arranging cases, preparing his lectures for the next day, and writing. Various committee-meetings and other public appointments required his attendance on certain days; and not unfrequently he had to take a prominent part in the management of different institutions to which he was attached. Notwithstanding all this active and regularly recurring work, he nevertheless found much time for writing; and during several of his earlier years he must have devoted many hours, by day or by night, to scientific work. Now and then, part of the evening would be spent in the society of friends, for he was eminently genial, and of a social disposition; but often has he retired and at a late hour commenced literary labours, which not unfrequently were continued far into the night. It is not possible to give an idea of the many duties which fall to the lot of a very successful physician or surgeon. To answer the letters, to attend to the business of friends which from time to time devolves upon him, to study the interests of the societies and institutions with which he may be connected, would alone be almost sufficient occupation; but such duties constitute a very small part of the day's work of the successful London physician.

Dr. Todd's powers of work were very great, and many would be astonished at the numerous engagements he would discharge in a single day. Although constantly occupied, he seldom appeared hurried; and of late years it had been often remarked, that he often devoted as much care and time to a case as in his earlier years, when he had more time at his disposal.

After about the year 1852, Dr. Todd's practice became considerable; and from this time it increased to such an extent as to compel him to resign his public appointments—his professorship, as already stated, in 1853; and his duties as a clinical teacher at the close of 1859, only six weeks before his lamented death. Dr. Todd, though active, was always looked old for his age. For some time before he gave up his professorship, it was painfully manifest to his friends, and it was well known to himself, that his health was failing; but, although weak, he was able to work hard to the very last. On Monday morning, January 13th, 1859, he returned from a harassing journey into South Wales, having slept on Sunday night at Gloucester. Although feeling very ill on reaching home, he nevertheless contrived to see several patients. Early in the afternoon, however, hæmorrhage from the stomach, which had commenced on Sunday night, recurred with such increased violence as to prostrate him completely; and he died in the evening, in his consulting-room, only a few hours after the last patient had left it.

Measured by time, his life was short; but his labours were great. Few men in the same number of years have done more. A cursory examination of the literary work which Dr. Todd has left behind would lead any one to suppose that he had reached the verge of the period ordinarily allotted to man. In this place, his memory will ever be held in honour. When he came here, there were very few pupils; there was no hospital. He lived to see the medical school of King's College one of the best in this country, and remarkable as the nursery of many medical teachers and scientific investigators. Of the exceptionally distinguished staff of those days, no one contributed more largely to this result than did Robert Bentley Todd.

#### NOTE ON THE USE OF METHYL-ETHYLIC ETHER AS AN ANÆSTHETIC.

By J. E. B. BURROUGHS, Clinical Assistant, Eye Department, Guy's Hospital.

A TRIAL was made of the methyl-ethyl ether on March 28th, with the following result.

CASE I. *Congenital Cataract*.—Two drachms of the methyl-ethyl ether were administered. There was no complete anaesthesia after two minutes and a half had elapsed. For the fellow-eye, half a drachm of the bichloride of methylene produced anaesthesia in half a minute.

CASE II. *Trichotomia, hæc I.*—One drachm of methyl-ethyl ether was administered. There was incomplete anaesthesia. After complete recovery, half a drachm of methylene produced anaesthesia in less than half a minute.

CASE III.—One drachm at first of the methyl-ethyl ether was administered. The patient was insensible for a few seconds, and became very blue, but recovered very rapidly. A second drachm was given; but the patient was never completely under its influence.

All the cases were very troublesome, screaming, and restless; none became perfectly anaesthetic; while, in the same patient, the operation was completed with a much smaller dose of methylene.



# PROVIDENT DISPENSARIES: THEIR OBJECT AND PRACTICAL WORKING.\*

By JOHN FORD ANDERSON, M.D., C.M.,

Medical Officer of the Haverstock Hill and Maldon Road Provident Dispensary, etc.

GENTLEMEN.—I am here to-night to discuss specially the subject of "Provident Dispensaries; their Object and Practical Working"; and I confess it is with some fear that I venture to tread on ground which has been so worthily occupied before. It is little that I can add to what has been said before; but I can at least state my own conviction, derived from much reflection and practical work as a provident dispensary medical officer for six years. It is inseparable from the subject of my paper to make a few remarks on charity generally. Perhaps the most frequent boast of an Englishman is the extent and usefulness of his country's charities. They are with him a matter of faith from his infancy. He venerates them, subscribes to them, and manages them during his life, and at his death he wills to them the fortune acquired by years of toil, nothing doubting that the destination is good. We have it on excellent authority that there are in London alone one thousand charitable societies, dispensing each, on an average, about £4000 annually—that is four millions in all; and this is exclusive of the Poor-law expenditure. These are facts, gentlemen, and they speak well for the benevolent intentions of our nation; but in these days it is asked on all sides, Is the benevolence tempered with prudence? Is it satisfactory that, in the face of this large expenditure, want, misery, pauperism, and crime, should be on the increase? We find our best authorities admitting that our working-classes are generally and socially better off than the multiplication of charitable societies. They are encouraged to depend on the efforts of others instead of on their own, and they learn to feel that they may be improvident without suffering the consequences of that course. Thus the sailor, on his arrival at port, spends in a week the hard-earned wages of a year, and he is consoled by the reflection that the Society for Relieving Distressed Seamen, or some similar institution, will consider his case favourably. And the labourer on shore allows his children to grow up without proper food or clothing, while he squanders his weekly earnings on beer. There is always the hospital for them—he thinks—or the poor-house, or an orphan asylum; and thus rolling over his burden, he drinks on; and similar examples might be multiplied indefinitely. But, gentlemen, great as this abuse is, there is an objection to (so-called) charity which, I think, should have as much if not more weight: it is this, that by supplying the wants of the working-classes, free of charge, we are relieving not so much them as their employers of their burdens; in other words, we are keeping down the rate of wages. Every man applying for work has to consider what he can live upon. The first question is the amount of rent, taxes, tradesmen's bills, etc. The children's clothes, he considers, will be supplied by the Charitable Ladies' Society, and possible illness will be attended to gratuitously by the doctor, so he need not count them; nor the schooling—that's free. To repeat, it is believed, and I think rightly, that charity, as it has been hitherto administered, in the first place, while it often does good to individuals, tends to increase the evils of improvidence which it was originally designed to meet; and, in the second place, it lowers the rate of wages as certainly as cheap bread and cheap meat: in other words, the charitable lady, the advice graticator, our hospitals and other charities, by supplying gratuitously what should be paid for out of the wages, assist the employer to pay his men, and help to maintain an artificial distance between the value of capital and labour.

With these remarks on charity generally, I come to our medical charities, with which I have more particularly to do; and that I may treat the subject in order, I will begin with hospitals and dispensaries managed on the privileged system of admission by governors' letters, as that is the most usual in England. These institutions are open to the general objections to charity which I have mentioned. They foster a spirit of dependence, and they tend to keep down the rate of wages. But besides these, there are special objections to hospitals and dispensaries. Thus, the out-patient physicians and surgeons complain that they cannot, with justice to *their patients or themselves*, see and prescribe for several hundred patients in a morning, especially as many of the cases are new. The patients are selected by non-medical governors without regard to urgency, who feel themselves aggrieved if their nominee is not admitted. Patients who can afford to pay are admitted. The delay in obtaining letters is often very hurtful to the patients; and it is a grave fault that the best cases are lost sight of and rendered valueless for registration from the facilities with which the patients can go from one institution

to another. Thus far, I think, I express the feelings of the profession. The existence of these objections is admitted on all hands. But when we come to the treatment of these faults of the privileged system, the views of the profession diverge, and various schemes are proposed.

I. There is the so-called "free system." Here there is no delay in obtaining early treatment, its advocates say; and the poorest and most friendless can apply. That is all true; and it is at least an improvement on the privileged system. But where it is tried the out-patient rooms are still overcrowded, and patients who can afford to pay regular fees still pass unchallenged; and the greatest blot of all remains, there is no attempt in the free system to rise above charity, pure and simple. Next, we have various proposals for hospital reform, a common feature of which is the payment of money by patients. Thus we come to a second scheme.

II. A small payment is made by patients at the time of coming for advice. Where this has been tried, as in the Metropolitan Dispensary, it has proved unsatisfactory, as the patients are called upon to make their payments at a time when they are necessarily out of work and their funds are low, and their antecedents and social position are not known.

III. It is a custom in the Scotch hospitals for workmen to club together and become, in the name of one of their number, managers of the hospital. Thus, in the Glasgow Infirmary, the prizes of a body of men subscribing five guineas annually sits at the board. This is scarcely applicable to large mixed communities: where it exists it works well, and it has the merit of simplicity and of introducing a provident principle.

IV. The next scheme for hospital and dispensary reform is known as "the Provident System," and I can best explain it by describing the object and working of provident dispensaries. I shall begin by sketching their history. The principle of these Provident Dispensaries was suggested by Mr. Smith of Southam forty years ago (in 1830), as a means of securing to the working-classes medical aid in illness without forcing them to have recourse to the parish (for there was no hospital in Southam in those days), or to incur medical bills which it was hopeless for them to pay. He saw on all hands the evils arising from the absence of some system of this kind. At one time it was a working-man trying, at his start in life, to maintain self-respect, employing one doctor after another; and, later on, when he had exhausted his credit with all of them, subsiding into hopeless pauperism. At another, he saw disease making ravages unchecked by treatment where the patient was too poor to employ his own doctor, and too proud to go to the parish; and he also saw the doctor working hard among the poor and making a fortune on paper which he could never realise. In the first place, as a remedy for these evils, and later, as a means of reforming hospitals and dispensaries, Mr. Smith suggested his so-called Self-supporting, Charitable, and Parochial Dispensaries. He soon, however, abandoned the charitable element, and devoted his later years to spreading his amended views on Provident Dispensaries. Before he died, he had the satisfaction of seeing his opinions widely adopted; and, as a result, Provident Dispensaries scattered over the country.

Pre-eminent among those who followed Mr. Smith, was Mr. Jones of Derby, who, in his pamphlet published in 1862—thirty-two years after his first connection with the Derby Provident Dispensary—declares his unqualified approval of the working of the system. The movement thus begun was taken up by Dr. Wm. Ogden, now of Derby, and others; and in 1849, a society was formed in London to encourage the spread of Provident Dispensaries throughout the country. Although that society was dissolved, twenty-one years have not diminished the zeal of two at least of its members—I allude to Dr. A. P. Stewart and Mr. Stephen Alford. Those who heard Dr. Stewart's eloquent speech at the rooms of the Royal Medical and Chirurgical Society the other night, must have been convinced that he still feels that he has a cause worth fighting for; and Mr. Alford, after working as a medical officer of the North Pancras Provident Dispensary for many years, has still time and inclination, in the midst of his large practice, to be one of the most active members of the Committee of the Haverstock Hill and Maldon Road Provident Dispensary. These historical facts I have sketched in order to show that this provident system is no creation of yesterday, and that it is a movement which does not fall in the estimation of those who know it best. As a result of the efforts which I have described, there are provident dispensaries at Derby (1830), Coventry (1831), Brighton, Northampton (1845), Paddington (1838), among the older institutions; and, among the more recent ones, at Wandsworth, Newcastle, Leamington, etc. Although the object of these institutions is the same; viz., to enable the working-classes to insure to themselves and their families efficient medical advice and medicine during illness by their own small periodical payments during health, assisted by contributions from the more opulent, or, in other words, to help those who help themselves, yet in details of management they differ. As I know the Dispensary at

\* Read before the Metropolitan Counties Branch of the British Medical Association, April 24th, 1870. The substance of the paper is given at p. 189.



Haverstock Hill best, and as its rules were originally framed by a committee who had full knowledge of what had been done in other institutions, I shall select it as a type of all, mentioning where there is any important divergence from the rules of other dispensaries.

**Funds.**—There is an "Honorary Fund", supported by the well-to-do residents; and a "Free Members' Fund", formed by the small monthly payments of the benefited or free members. The honorary fund defrays the working expenses—rent, furniture, coals, gas, and dispenser's salary, and is charged also with the quinine and cod-liver oil bill, and supplements, as will be shown, the midwifery fees. The free members' fund pays the drug bill, with the exception of quinine and cod-liver oil, and the remainder is divided among the medical officers in proportion to the number of members who enter under each.

Last year, a "Reserved Fund" was added for emergencies. It would be an improvement if the arrangement for the drug-bill could be altered, so that it should not be the interest of the medical officers to economise in the matter of medicine. This is the case at Coventry.

**Medical Officers.**—There are three medical officers, any one of whom the patient may select; each of these attends at the Dispensary two days a week, and visits the patients at their own homes if necessary. In the Northampton Dispensary, six medical men in the neighbourhood were connected with the institution at first; but it was soon found that the number of patients under each was so small that it was not "worth while". Since the number of medical men has been limited, the Dispensary has done well. One or two institutions, as the Dispensary at Rugeley, still have all the local doctors connected with them who wish it; but I think, unless the payments of patients are large, our rule is best.

**Free Members.**—A man with a family, earning not less than thirty shillings a week, is considered a suitable case for admission. The application must be made one month before the patient is admitted by the Committee; but, in certain cases, persons who are ill are admitted on payment of an entrance-fee of five shillings. The payments are acknowledged on the patient's cards, which he must bring to the institution when he requires advice. Adult males and married women pay sixpence a month; a man and his wife, eightpence, which is increased, in proportion to the number of children, up to 1s. 4d. A member in arrears up to three months is readmitted on payment of a fine. I object personally to the five-shilling entrance-fee in time of illness, as it is abused, unless it be repeated every month till the patient is well. The rule at the Coventry Dispensary is good in principle. It is: "No one actually labouring under sickness can be admitted a free member, unless two healthy persons above twelve years old enter at the same time, and each pay the whole year's subscription in advance." Failing this, ten shillings secure for the applicant the privileges of a free member for three months. But this rule is nullified by another permitting governors to recommend patients—that is, recognising the "charity class", which Mr. Smith condemned. The same flaw exists in the rules of the Leicester and the Portland Town Dispensaries. The object of this compromise with charity is to conciliate governors who wish the power of recommending patients for their guinea subscription.

**Midwifery.**—The medical officer receives for each case £1—15s. from the patient, and 5s. from the Honorary Fund. But, if the member prefer it, the midwife of the institution will attend for a small fee, and can be assisted by one of the medical officers in cases of difficulty; the fee for his services being 10s.—3s. from the patient, and 7s. from the Honorary Fund.

**Management.**—The Dispensary is managed by a Committee of the honorary subscribers, and the medical officers are members *ex officio*. We rejected the proposal to admit free members to the management. I have, therefore, no personal experience of it; but I believe it answers well at the Hampstead Dispensary and at Wandsworth.

The advantages of these Provident Dispensaries are, that they supply a remedy for all the general and special objections to charity which I have mentioned. Thus, with regard to the general objections, they foster a spirit independence, of forethought and mutual assistance, among the poor; and they tend to raise the rate of wages, as the members have to include this new outlay in their expenditure. They are also easily managed, so as to prevent imposition by well-to-do people, as the members enter in time of health, and an interval elapses between the application and admission, during which inquiries can be made. These dispensaries also afford a remedy for the special faults of privileged and free dispensaries and hospitals. Thus, though the patients may be as numerous, their cases are more easily disposed of, as they are members of the institution, and their medical antecedents are known. The medical officer selects the cases requiring care. There is no delay in obtaining letters; and thus the patient is saved the danger of no treatment and of counterpractice (which is worse). And it

is a special advantage of the system, that it affords great facilities for the registration of disease. Dispensaries of this kind are managed economically; and the payments in time of health here are manifestly better than during illness, as in Scheme II which I have described.

It is an important feature of Provident Dispensaries, that the medical officers are paid; and this is made easy by the free members' fund, which increases in direct proportion to the amount of work done; and the payment being made in this way establishes a healthy rivalry among the medical officers, which is for the good of the patients. These payments are only partial remuneration; and for any one who measures his success by his income, they are insufficient. But this is not fair ground on which to take them. Compare them, rather, with the free dispensaries, where generally the only remuneration is in the form of *badu*, with sometimes a small *honorarium*; while the medical officers in Provident Dispensaries have the same *badu*, payment in proportion to the work done, and a saving of time from dealing with patients whose antecedents are known. An idea of the amount of remuneration in these dispensaries will appear from this.

At the Northampton Dispensary, in 1868, the sum of £1,296 : 18 : 11 was divided among three medical officers. The visits to the houses of patients were 26,332; that gives a daily average of twenty-four visits to each medical officer, in addition to the patients seen at the Dispensary.

At Coventry, the sum of £477 was divided among three medical officers. For this, each medical officer spent an hour and a half at the Dispensary three times a week, and made a few daily visits—doing this easily in his rounds of practice.

At Brighton and Hove Dispensary, the sum of £262 : 18 : 11 was divided among five medical officers in 1868. Here neither the number of visits nor the number of cases is recorded; but the number of members was about 1,600.

At the Haverstock Hill and Maldon Road Provident Dispensary, which is comparatively a young institution, last year (1869) the sum of £265 was divided among the three medical officers. For this, fifteen visits daily, on the average, were made—that is, five each; and fifteen patients were seen at the Dispensary. I express the opinion of my colleagues, as well as my own, when I say that the work was easily done, and with much pleasure to us.

It has been often said that these payments make the patients more exacting, by giving them a false idea of sufficient payment. Having seen the workings of all the systems, I can truly say that I have found provident dispensary patients less exacting, and more grateful, and more thoughtful of their doctor, than charitable dispensary patients; and I could quote the opinion of many to the same effect. There are several free members at the Haverstock Hill Dispensary, who, in addition to their weekly pence, have subscribed to the honorary fund; and I know of many members whose names have been on the books for years without coming for advice. (I am sorry I have not had time to obtain exact figures on this point.) On the other hand, the advice in our great London charities is little appreciated by the patients, as is shown by the smallness of the sums found annually in the donation-boxes of our largest hospitals, where thousands of patients go. For instance, at the Middlesex Hospital less than £5 a year is subscribed by the patients; and at Guy's Hospital the amount is under ten shillings.

It has also been said that the medical officers, by receiving money, put themselves in the power of Committees. In answer to this, I can only say that my colleagues and I have always been deterred, to men members affecting our department, by our Committee; and in almost every report of our Provident Dispensaries which I have seen, special mention is made of the inadequacy of the medical officers' remuneration.

My subject would be incomplete, however, if I did not account for the fact that the Provident System, which has done so much to localities, has failed to take a deeper hold on the profession and public. All attempts to benefit the poor and ignorant are more or less disheartening; and, in spite of the gleams of comfort which I have mentioned, these dispensaries are no exception to the rule. Thus members enter, pretending to be healthy; and, at the end of their month of probation, they declare a chronic disease, and become regular attendants at the dispensary. Others obtain admission in order that they may have attendance in their confinement; and, when that is over, their payments are suspended; and so on. Instead of philosophically regarding these evils as things to be cured, the promoters of Provident Dispensaries have often been discouraged by them, and institutions with a possible future of greatness have been discontinued. Amongst the other causes of failure, I may mention local opposition. The medical men in the neighbourhood, fearing that their well-to-do patients might be taken from them, have opposed these institutions; and their social influence has been sufficient to put them down. That these fears are generally groundless, I believe experience shows. In Kentish Town, at all events, three gentlemen in very large practice near the Haverstock Hill

Dispensary tell me that, since the Dispensary was established, they have been relieved of much unprofitable work; and that none of their paying patients have become members of the Dispensary. Other causes of failure have been, that the better classes have withheld their support when they found that their subscription gave them no right of recommending patients; and in a small community, without scope for more than one public opinion, this might be possible; but not in large towns, where every opinion is represented. Great damage has also been done to the cause by calling these institutions self-supporting. By the use of this pretentious title, the promoters of Provident Dispensaries have conveyed to the public the idea that these institutions are final, instead of taking up for them their true position as only a step towards the final idea of every man paying his doctor in full.

But the most frequent cause of failure of Provident Dispensaries is the existence of a charity class in the same or a neighbouring institution. This has stunted the growth of many throughout the country. As I have already mentioned, in Mr. Smith's original plan the two classes were combined; but it was soon found that the two principles of self-reliance and reliance on charity were antagonistic. Thus the Derby Provident Dispensary, in 1844 (*i.e.*, fourteen years after its establishment), was falling off in the number of its members, and in the amount of its subscriptions; the existence of the charity class was found to be the cause; and when it was discontinued, the Dispensary began to flourish. But still it has its old enemy, the charity class, preventing it from attaining greatness—this time without the camp, at the neighbouring hospital. Thus Dr. Ogle writes me from Derby within the last week; and I quote him, as his remarks apply to Provident Dispensaries in other hospital towns. "That Provident Dispensaries," he says, "could not cure the out-patient disease, is evident from this simple fact, that in Derby, where there is a flourishing Provident Dispensary, the out-patient system is in full force at the Infirmary—in such force that I am literally overwhelmed: seventy-two patients last Thursday, eighty-two the Thursday before, fifty-seven new patients yesterday; and yet they come."

From all this, gentlemen, we are forced to the conclusion that many at least of the poor will not pay for themselves, as long as anybody will pay for them; and, as I hope I have shown that it is good for them to pay, I propose that we leave them no alternative but poor-law relief; and this can only be done by the combined action of our hospital and dispensary authorities. Useful as Provident Dispensaries have been, their development will always be limited as long as there are charitable hospitals and dispensaries to which it is respectable for patients to go. But, if the managers of all or most of our hospitals would adopt the provident system, they might dictate their own terms, and ultimately self-supporting institutions would be possible.

It is a matter for regret, I think, that so many good energies are wasted in finding fault with the details of Provident Dispensaries on the ground of their narrowness, when the fault-finders would obtain all they wish, and more, by helping to secure a general recognition of the principle on which these institutions are founded.

If it be granted, then, that combined action is required, the step to Government management is easy. No organisation except Government can make its influence felt everywhere, and none could manage a large system so cheaply. But we as a profession must lead the way; and, when we have shown that Provident Hospitals are for the good of the community, Government will take them over, as it has already done with the Post Office and the telegraphs, and as it will next do with the railways.

It follows from what I have said about the payments in Provident Dispensaries, that the general adoption of the provident system would be a source of large income. Thus, suppose that the figures published in the *Times* article on London Hospitals and Dispensaries last year are approximately correct, there are 1,358,805 patients treated annually in the medical charities of London. If each of these paid one shilling (which is much less than they would pay, probably), it would produce an income sufficient to give six hundred and seventy-nine physicians and surgeons £100 a year each. With the scale of payments which I have given before him, any one may make similar interesting calculations.

Although the provident system, as I have sketched it, is well suited for the out-patient departments of our hospitals, it would require another paper to show in detail how it can be applied to in-patients; and I shall merely state my conviction here, as fears have been expressed on the point, that, when it is so applied, the teaching functions of our hospitals need not be disturbed, as the use of the patients' cases for illustrating disease exposes them to no indignity, and might be considered as part payment for the benefits they receive in the hospital.

To sum up my argument, gentlemen: all charity, as generally administered at present, is bad as a system; it tends to demoralise,

and it tends to keep down the rate of wages. Remove charity, and the result will be, that the moral tone of the poor will be raised, and wealth will be more equally distributed. But our instinctive humanity makes us shrink from carrying out this law abruptly: therefore, in the matter of medical relief, with which I am dealing, this provident system is suggested as a measure of transition; and I confidently recommend it to the Committee appointed to suggest Hospital Reform, in the hope that, when its practicability is shown by the combined action of our medical charities, the system may be taken over and further developed by the Government of the country, whose duty is as much the prevention as the relief of pauperism.

Important as this subject of Provident Dispensaries is, and necessary as it is for us as a profession to deal with it, we must not forget that it derives its chief importance from being a part of a greater subject—the general management of our poor. In all the branches of this subject, local patchwork has failed in producing great results; and I hope the day will soon come when not only our hospitals, but everything appertaining to the management of the poor, will be removed from the control of isolated boards, and treated as a grand whole, in the interest of the commonwealth; and when the rate will be a direct charge on the imperial purse. When this comes to pass, when education is general; when class-legislation is at an end; when the descent of disease is, under the influence of wise laws, to a great extent prevented; when the cost of travel and of postal communication is reduced to a minimum; and when other artificial restrictions are removed—then we may hope that private almsgiving, in many of its forms, will be discouraged by the State. Till then, this Provident System, which is capable of wide application, can do much educationally and economically, as a temporary means of staying the swelling current of pauperism.

## EXTIRPATION OF THE CLAVICLE.

By THOMAS BRITTON, M.D., Driffield, Yorkshire.

SAMUEL SMITH, labourer, aged 35, had pain in the left shoulder for some years, which he ascribed to rheumatism. He noticed a small swelling on the left clavicle in the summer of 1868; it remained in much the same state until October 1869, after which time it rapidly increased in size, and quite prevented him from working. On March 9th, 1870, he came into the Driffield Cottage Hospital, when there was a hard swelling about the size of a large orange, but oval in shape, on the left clavicle. It was as hard as bone; and the surrounding structures seemed connected with it, as it was almost immovable. The pulsation of vessels going into it could be felt if hard pressure were made on the lower side. He had no pain in the tumour, but complained of pain and numbness in the shoulder, scapula, and arm. The hand and arm were slightly swollen, and turned quite blue on hanging down. The sternal end of the clavicle seemed loose, and felt as if it grated on movement. There was a sharp grating sound heard all over the chest on auscultation; the sound was loudest over the sternal articulation of the clavicle. He said that he felt as if he were choking, and his breathing was much impeded. The tumour did not interfere with deglutition. It hurt him much when he coughed; the cough being of a spasmodic character. He said he always felt as if he had something in his throat, which he could not remove by coughing. His general health was impaired, in consequence of being badly fed from inability to work. His family history was good.

On April 16th, his general health having much improved and the tumour also being much larger, I decided to remove it. Chloroform was administered by Mr. Higgins, late House-Surgeon to Guy's Hospital; and I was also assisted by Drs. Wilson and Allison of Bridlington. I made an incision through the skin the whole length of the clavicle, and dissected down at the acromial end until I was able to introduce the handle of a scalpel underneath the bone, when I saw through the bone upon it at about an inch from the end. I then dissected downwards and forwards towards the sternal end. There was very great difficulty in doing this, as the surrounding structures were in a semicartilaginous state, and I could not raise the bone from its connections with the chest. The subclavian artery could be seen beating under the fascia, but it was not exposed. There were many vessels running through the tumour, which caused a somewhat large loss of blood. I used torsion for all the vessels—no ligatures; silk sutures were applied to the incision, plaster between the sutures, and a wet compress over all.

April 17th. Eighteen hours after the operation, he had had a good night, and had no pain. The pulse was 100, rather feverish; but the tongue



clean. He could breathe very easily now, and the rasping sound was gone.

April 18th. Forty hours after the operation. He had a good night, without pain; pulse 88; feverishness gone. The wound was dressed; the sutures were removed. There was no discharge whatever, as the wound had healed by the first intention, except the incision between each suture. I applied plaster on it. He was ordered to have a dose of castor-oil.

April 30th. He had been out of doors, and could swing his arm without pain. He said it only felt stiff at the shoulder. On examining a portion of the tumour under the microscope, we came to the conclusion that it was cancerous.

The remarkable success in the healing process I ascribe to the torsion of the vessels and the pure air of the Hospital. I kept him in a room at a temperature of 65 deg. for a few days, as I was afraid of lung-complications.

## REPORTS

OF

### MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

#### ROYAL INFIRMARY, EDINBURGH.

##### CASES OF NEURALGIA.

CASE I.—*Neuralgia of Supraorbital Nerve: Division of Nerve: Recovery.*—W. D., aged 40, a gamekeeper, was in other respects a healthy man. He had suffered from tic in the jaw for five years. The pain during that time, although not constant, had occurred in paroxysms almost daily, and was usually very severe. Commencing at the supraorbital foramen, the pain passed downwards over the right cheek and upwards to the forehead; and for some months past it had been of a most excruciating lancinating character. He had been treated by many of the most skillful practitioners with almost every conceivable remedy for the affection, both internal and external, including quinine, iodide of potassium, mercury in large and small doses; purgatives of all sorts, such as croton oil; liniments of every description; chloroform, blisters, opium in all shapes, endermically and hypodermically; aconite, iron, bebeeru, etc.; but all without relief.

Upon examination, the teeth were found all sound. The pain was daily intense, and lately had become so agonising that the general health was beginning to suffer. As the patient was willing to submit to any measure likely to procure relief, the following operation was performed.

Dr. Joseph Bell made a T-shaped incision over the supraorbital foramen, and exposed the nerve. A portion of this, about the third of an inch in length, was excised. On coming out from the effects of the chloroform, the patient stated that the neuralgic pain had disappeared; and from this time till the present it has never returned. He was discharged from the hospital about a week afterwards, perfectly well, and without having experienced the slightest twinge from the pain from which he had been suffering for so many years.

In connection with this case, Dr. Joseph Bell remarked that in his experience the above result, with a few exceptions, generally followed division of the nerve in this affection; the recovery, however, being only temporary. The patient, he says, usually remains perfectly free from suffering for three or four months, after which time the pain gradually returns, and the operation has again to be performed, with a like result.

CASE II.—*Neuralgia of Dental Nerve, treated with Hydrate of Chloral: Relief.*—J. F., aged 65, had, for the last six months, been suffering from neuralgia of the dental nerve of the right side. The pain was intense, occurring in paroxysms almost hourly, and shooting downwards in a lancinating manner throughout the entire course of the dental nerve. For the relief of this, nearly all the teeth of that side had been removed; and all the ordinary remedies, both internal and external, had been employed without effect. On admission, he was suffering the most intense agony, and he was emaciated and careworn from constant suffering. Hypodermic injections of bimeconate of morphia and atropine, with bebeeru, quinine and iron internally, were administered without any beneficial effect. It was determined to give the hydrate of chloral a trial. Forty grains were taken in the morning. In the course of ten minutes, the pain began sensibly to diminish, then gradually continued to decrease in severity, and in ten minutes more altogether disappeared. During this time he had not the slightest desire to sleep. The patient remained in perfect comfort for about half an hour, at the end of which time the neuralgia again gradually returned. Another dose of the medicine produced the same relief, which, however, never lasted more than about half an hour. This experiment was frequently repeated, and always

with similar results; but it was remarked that in the course of a week the chloral, even although the dose was greatly increased, seemed to lose this anodyne effect, and did not relieve pain without causing sleep. As a commentary upon this case it may be stated that, after all the ordinary remedies failed to remove this distressing symptom, chloral produced temporary relief. The remarkable feature, however, is that chloral, contrary to the general opinion of its action, seemed to produce in this instance a true anodyne effect, viz., the relief of pain without causing sleep. That this was not altogether a coincidence was shown by the repeated observations made upon the case, the administration of the drug always being followed by temporary cessation of pain. Lastly, it would appear that here chloral lost its effect upon the system; as, to produce in this man beneficial results, the dose had to be gradually increased; and, finally, although he took so much as seventy grains, no anodyne action followed.

#### LONDON HOSPITAL.

##### TUMOUR ABOVE THE CLAVICLE: PULSATION OF SUBCLAVIAN ARTERY ABNORMALLY EVIDENT: OBSTRUCTION OF BRACHIAL ARTERY AND DISTAL BRANCHES.

THE patient was a woman aged 56, who was admitted into the London Hospital on February 10th, 1870. She had first complained of numbness and violent aching in the left hand in the previous September (five months). She attributed the pain to rheumatism. Two months before that, she had been under the care of Dr. Kennedy of Stratford for pains in the right shoulder and shortness of breath.

On examination, it was found that there was no pulsation in either the radial or the ulnar artery; and, on tracing the axillary downwards from the clavicle, it was evident that pulsation ceased about the lower border of the anterior wall of the axilla. Above the clavicle, the subclavian artery seemed dilated, and pulsation was strongly marked. It appeared, however, as if some firm tumour could be felt on pressing deeply beneath the artery; and one could fancy that it was impossible to lift the artery away from this. The pulsation and appearance of tumour were such as to lead, at first, to the diagnosis of subclavian aneurism; but the expansion was not distinct, and there was no marked globular aneurismal tumour to be felt. The numbness of the fingers was chiefly evident in those supplied by the median nerve.

The absence of pulsation in the radial and ulnar arteries in this case, with numbness of the fingers, and the presence of a tumour above the clavicle, suggest a comparison with a case under the care of Mr. Holmes Coote, of which an account is published in the *Medical Times and Gazette* for 3rd, 1861. A young woman, aged 26, was admitted into St. Bartholomew's Hospital, suffering from numbness of the fingers of the left hand, absence of pulsation in the arteries of the forearm and the brachial, and a tumour above the clavicle. The tumour was firm to the touch, and the artery was lifted on it. From its situation, it was diagnosed as an exostosis growing from a cervical rib. Acting on this opinion, Mr. Coote cut down on the tumour and successfully removed a portion of the transverse process with the exostosis. The specimen is, we believe, preserved in the Museum of the Hospital. The patient made a good recovery, but there was no return of pulsation in the occluded vessels.

In the same number of the *Medical Times and Gazette* is mentioned a case under the care of Dr. Willshire, in which, with local pulsation above the clavicle, there was a cervical rib.

#### THE ROYAL VICTORIA HOSPITAL, NETLEY.

##### TRANSFIXION OF THE RIGHT SIDE OF THE CHEST BY A LANCE.

THERE is now a patient at the Royal Victoria Hospital, Netley, labouring under aortic disease, who has recently recovered from the following remarkable lance-wound. He is a soldier of the 5th Royal Irish Lancers, and, on the 1st of April, 1869, at Lucknow, was mounting his horse, when the animal reared on its hind legs. The butt of the lance was thrown forward and touched the ground, while the point of the weapon, unobserved by the man, was brought opposite to the lower part of the right side of his chest. Under these circumstances, the horse plunged forward, and the lance passed through the chest. The point entered over the cartilage of the seventh rib, and came out, together with twenty-two inches of the shaft, through the fossa infrascapulae of the scapula, one inch and a quarter from its vertebral margin, and an inch and a half below the spine of the bone. No sooner had this occurred, than the horse bolted, and it was not until he had gone about 120 yards, that the man, grasping the lance with his right hand to take the drag off the chest, and reining up the animal with his left hand, was able to bring him to a standstill. As soon as the horse stopped, the man threw himself off, and in the act of falling to the ground the lance became



partially broken or split up at the part which was close to the front wall of the chest. This added to the difficulty of extraction. The lower heavy part of the lance was first sawn off, and then about twenty inches of the part protruding beyond the scapula; the part within the chest was subsequently withdrawn by the aid of strong pincers. There was not much hemorrhage, and the man made an excellent recovery. The right side of the chest expands well, and, with the exception of loss of respiratory murmur and increased resonance over a limited space about the wound of entrance, the chest-sounds on this side are normal. The heart-disease was first noticed while he was under treatment for the wound just described. The length of the lance used by the 5th Lancers is nine feet three inches, and its weight is four pounds and a half.

## PROFESSOR FLOWER'S HUNTERIAN LECTURES ON THE COMPARATIVE ANATOMY OF THE MAMMALIA.

*Delivered at the Royal College of Surgeons of England.*

LECTURE XI.—*Wednesday, March 9th, 1870.*

MR. FLOWER commenced this lecture by recapitulating the more important points in the anatomy of the Dog's skull, and supplied some details.

The following bones are formed from cartilage: the supraoccipital, exoccipital, paroccipital, mesethmoid, presphenoid, basisphenoid, orbitosphenoid, alisphenoid, palatine, and pterygoid. The nasal, lacrymal, frontal, and parietal bones, with the premaxilla, maxilla, and vomer, are developed from fibrous tissue. The mandible and hyoid arch are perhaps developed from both.

Taking the Dog's skull as a whole, and viewing first the posterior surface, we see that this forms a nearly vertical plane, narrow above and broad below, having as its most conspicuous point the foramen magnum. On each side of this is the condyle on the outer side of which is the condyloid foramen for the transmission of the hypoglossal nerve. On the outer side is the long paroccipital process, functionally taking the place of the mastoid process. The latter is represented in the Dog by a small piece apparently wedged in behind the petioid bone. The posterior surface is bounded by ridges extending down on each side by the mastoid process, and forming the occipital or lambdoid crest. A ridge, the sagittal crest, extends from this along the middle line, and corresponds to the sagittal suture in the human skull. The occipital bone runs forward a little way between the parietals. The frontal bone is expanded outwards; and further forwards it sends down a long process between the nasal and maxillary bones. The nasal bones are long and narrow.

At the base, commencing at the edge of the foramen magnum and the condyles, there is the exoccipital, with the posterior foramen; and in front of the paroccipital is the auditory bulla, which is chiefly developed from the tympanic bone, and meets the basioccipital on the inner side. The interior of the bulla is only an extension downwards of the cavity of the tympanum. Behind the tympanic bulla is the foramen Iacern posticum, which always has this situation in Mammalia. At the anterior part of the bulla is a foramen, the opening of the carotid canal. This foramen varies in position in Mammalia, and hence is a landmark of less value than the foramina for nerves. On the outer side of the tympanic bulla is the stylo-mastoid foramen, through which the facial nerve escapes after its course through the petioid bone. Just on the inner side of this, outside the bulla, is a small plug of bone, met with in all Mammalia, which may be traced up to the point of origin of the stapedius muscle; it is, according to Mr. Flower, an ossified portion of the cartilage of the posterior visceral arch; and the hyoid bone is generally connected to it by cartilage. It ossifies independently of the stylohyal, and may be called the tympanohyal.

*Hyoid Apparatus.*—This in human anatomy is described as the hyoid bone and its two cornua; but in most Mammalia the upper part of the bone is more developed, being formed from the second visceral arch. In the Dog, there is a chain of bones—the stylohyal, epiphyal, and keratohyal; the upper part of which—the stylohyal—is connected with the petioid or petioid bone. The keratohyals are connected in front by the basihyal; and from the ends of this bar extend bones which correspond with the greater cornua in Man. These articulate with the thyroid cartilage, and are named the thyrohyals. They are said to be remains of the third visceral arch.

*Mandible or Lower Jaw.*—This is formed from Meckel's cartilage (see preceding lecture). The articular portion in the Dog is very much extended laterally, and rounded. The angle is well marked.

In the Human Skull, the first point of difference from that of the

Dog is the greater development of the bones forming the upper part, so that the plane is quite altered.

The basisphenoid is shorter than in the Dog, and has a more distinctly marked sella Turcica; it is early united with the presphenoid. The presphenoid ends in front in a narrow ridge. The mesethmoid is ossified, as in the Dog; the upper part forms the crista galli.

In the posterior segment, a portion of the condyles is formed by the basioccipital bones. The supraoccipital does not extend so high as in the Dog. In the second segment are seen the great wings of the sphenoid and the parietal bones. The third segment has the lesser wings of the sphenoid, uniting with the frontal bone.

The facial cavity is much reduced; the mouth is shorter; and the nasal passages are smaller, but more developed from above downwards. The process from the alisphenoid known as the external pterygoid plate is larger in Man than in most Mammalia. In front, the walls of the nasal cavity are formed by the palatine and maxillary bones and the premaxilla. The premaxilla was long supposed not to exist in Man; it had, however, long been known that in the fetus there is a fissure on the palatine surface, but not on the front of the face. Mr. Callender's researches have shown that the premaxilla is developed on the inner surface of the maxilla, and is overlapped by the incisor process of that bone, so as not to be visible anteriorly. This arrangement is peculiar to Man. The roof of the nasal cavity is formed by the frontal and nasal bones. The turbinal bones are much less developed than in the Dog. The ethmoturbinal bone is joined to the os planum, which forms part of the orbit; the inferior turbinal bones are quite simple and small, and are ankylous to the maxilla. The upper turbinal bones have the olfactory nerve spread on them; on the lower ones are, chiefly, branches of the fifth nerve.

In the Dog, the cavity of the skull is separated into three divisions—cerebellar, cerebral, and olfactory. In Man, the part corresponding to the cerebral fossa is described as forming two fossae; while the olfactory fossa is so much reduced as not to be considered a distinct division of the cranial cavity. The squamosal surfaces are greater. The petioid bone has just the same relations and the same shape as in the Dog.

## SPECIAL CORRESPONDENCE.

### PARIS.

[FROM OUR OWN CORRESPONDENT.]

Paris, Monday, May 16th, 1870.

1. *Table-Talk on Topics of the Day.*—2. *Small-press.*

**TABLE-TALK ON TOPICS OF THE DAY.**—In ancient days, when the mother of Universities—the University of Paris—proudly and truly called herself the “instructress of nations,” we read that when her children grew up to be men, they were knit together in the closest bonds of brotherhood—were verily, it may be said, grappled to each other with “hooks of steel.” When crusading bands of rival nations met in distrust on the plains of Palestine, their distrust ceased, and brotherhood began, on the discovery of their having in common a claim of sonship to an Alma Mater on the distant Seine. “Nos fuimus simul in Garlandia!”—“we, too, were students at the University of Paris!”—were the magic words which dispelled national antipathies, and inaugurated close, genuine, enthusiastic solidarity. Though Latin is no longer the current nor even the international language of Garlandia—that is, of the streets which cluster round the Sorbonne and Notre-Dame—it is still called the Latin country—“Le Pays Latin”—and the spirit of the old rallying cry of “Nos fuimus simul in Garlandia!” has survived the social vicissitudes of ages. It was thus I mused and meditated when walking home on Thursday the 12th from a genial banquet at the Grand Hôtel, at which a party of more than twenty doctors of medicine of the University of Paris assembled as the guests of an old and cherished friend. *Meo periculo*, allow me to name those who constituted this banquetting party, and to give some scraps of their gossip on topics of the day.

“Simpson is dead.” “Yes, Simpson, the great hero of our profession, died on the 6th at Edinburgh, and there he is to be buried to-morrow, the 13th.” Many times did these and such like short sentences pass from mouth to mouth, and lead to interesting interchanges of anecdote and reminiscences of the illustrious deceased. One little history which I heard from the lips of an obstetrical celebrity of Paris—Dr. Charles Campbell—is deserving of record both on account of its intrinsic interest and the direct source whence it is derived.

\* “Garlandia” is a name still perpetuated by the well-known street called “rue Garlande.” The *verger* where we read the names rue Garlande, rue Foulart, rue Saint-Hilaire, was in the centre of the Garlandia of the middle ages.

Soon after the revolution of 1848, when the Republic was guided by poetry and enthusiasm rather than by statesmanship, Victor Hugo was for the time being greater as a Republican chief than as a poet. He and his wife were then in the habit of receiving crowds of political and literary friends every Sunday evening. During that period, Simpson was dining on a certain Sunday at the house of Dr. Brewster, then chief of the dental branch of the profession in Paris. After dinner, it was proposed that Simpson should accompany Dr. Campbell and others to the weekly *soirée* at the house of M. and Mme. Hugo. He gladly accepted the proposal. On entering the reception-rooms, already crowded with a brilliant assembly, Simpson was in due form presented to the host and hostess. A few instants after the ceremony of presentation, Victor Hugo, holding the shining bewilderer Professor by the hand, in a loud voice addressed him nearly to the following effect: "Sir, it is to me a great honour and an inexpressible pleasure to receive in my house the man who has done so much, and more than any other, to remove intense pain from the category of evils incident to humanity." The exigency was too sudden for the Professor to find French suited for a reply, so through the French of the friend who had presented him he said: "Mine is the honour to have been so cordially welcomed by the illustrious author of *Notre Dame de Paris*." The incident was eminently dramatic—in fact, a telling coup de théâtre. The hum of general conversation was at once hushed; and when resumed, the words "Simpson" and "chloroform" were heard on every side. Ere long, a second lull was caused by an equally cordial and still more dramatic display by Madame Hugo. This lady, remarkable for her flowing black hair and dignified bearing, advanced from among the ladies who were all clustered together (*more Gallico*), made a graceful and gracious *révérence* to Simpson, and then in well-chosen words, on behalf of the ladies, returned thanks to him for "the boon he had bestowed on women by discovering a means by which they could be saved from so much anguish." Simpson went home to his hotel exceedingly gratified by the double installation he had received as the pain-destroying hero.

Who is that tall, shrewd, elderly, middle-aged man with abundance of supernaturally black hair on his head and no hair on his face? Why that is Ricord—the Ricord of world-wide celebrity, the iron old man who begins his consultations at seven in the morning and often continues them at his own house till after midnight. Though six or seven years older than Simpson, he looks quite as much younger than Simpson did when in Paris about a year ago. And who is the gentleman with very white hair on Dr. Ricord's left? That is Dr. Depaul, Professor of Clinical Midwifery at the Clinical Hospital of the Faculty—a man of mark—the author whose name is so indelibly and so honourably stamped upon the important subject of obstetric auscultation. He knew and appreciated Simpson; but still, both by anecdote and argument, as a teacher he feels it necessary to controvert some of his rules of practice.

Ah! there is a pleasant sight! On the opposite side of the table, merrily chatting to the host of the evening, is the lately persecuted Professor Tardieu! He has evidently forgotten for the time the rude scenes of the Amphitheatre, and finds it more pleasant to contemplate joyous friendly faces around a well-spread banquetting-table than to confront a miserable tumbler of *cane sucré* and a crowd of insolent howling students. The question was asked and variously answered during the evening—"Were or were not the riots at the Ecole de Médecine political?" A *confère* who seemed well up in the student riots of Edinburgh, Addiscombe, and Woolwich, argued that though the anti-Tardieu "manifestations" perhaps had politics or personal feeling as pretexts, they were in reality only specimens of objectless rioting, "*tapage pur*," resembling, though less serious than, the snow-ball riots which disgraced the University of Edinburgh in 1837, and which could only be quelled by military force. I sustained—I think successfully—the opposite thesis. After we left the dinner-table for the adjoining *salon*, I had an opportunity of asking Professor Tardieu himself what he thought of the cause of the late rioting at the School: Was it, I said, "*tapage pur*" or "*tapage politique*?" He unhesitatingly replied that he looked upon the affair as a political demonstration, in which the students of law were largely implicated. This is the general, and I believe the correct, view of the case.

There is another able and worthy man, whose name has lately been much in all the newspapers—medical, scientific, and political—Dr. Bouchut. He does not conceal his extreme disappointment at not obtaining the Chair of Medical History, lately conferred on Dr. Daremberg. As I stated in a former letter (p. 502), in 1862, 1863, and 1864, Dr. Bouchut delivered a course of lectures on Medical History at the Ecole Pratique. They constitute the first, and as yet the only, volume of his *Histoire de la Médecine et des Doctrines Médicales*, published in 1866—an able, interesting, and highly philosophical work. It gives a review of the systems and doctrines which have in turn dominated the medical world. It is a history, in fact, of the transformation and

metamorphosis of medical ideas from the earliest to the latest times, with a philosophical examination of the manner in which these mutations have been influenced by locality, climate, state of civilisation, and national institutions—political, religious, and philosophical. Though disappointed in the matter of the Professorship, Dr. Bouchut has no reason to grumble. He has both professional and public prestige; in proof of which I need only say that he is one of the Physicians to the Hôpital des Enfants Malades, and has the medical charge of the children of the Princesse Clotilde.

Not far from Dr. Bouchut sits a very distinguished genial *confère*—Henri Roger—who is also a Physician to the Hôpital des Enfants Malades, where his lectures are greatly frequented. Some of my readers may wish to remember "little Roger," as he was irreverently called more than thirty years ago, when he was Kécamier's interne at the Hôtel-Dieu, and the esteemed teacher of auscultation to many English students in small bedside classes. He is known both to medical students and practitioners of all nations as the conjoint author of *Barth and Roger on Auscultation*. I am glad to say that he is not a bit the worse for the capsize of his carriage to which I adverted in a former letter (page 451).

Sitting next him is another eminent man whose name is intimately associated with that of Trousseau—Dr. Michel Peter—to whose very able clinical lectures at La Pitié I have had occasion frequently to refer. I am glad to be able to announce that these lectures are being prepared for early publication in two volumes octavo. In these forthcoming lectures the whole subject of phthisis is discussed with great power and freshness, and in a highly practical manner.

Dr. Marion Sims, the American surgical celebrity, though not a doctor of Paris, has his place at this feast. I need not remind you that his works and his practice have elicited much criticism both commendatory and the contrary. Dr. Sims is a pleasant man in social intercourse; and in respect of operations for restoration of parts he is admitted on all hands to occupy the foremost place.

I have intended to give you some of the gossip of the evening about vaccination, "free" teaching, and other topics of the day, but waning space warns me to conclude. The dinner which has suggested this gossiping letter was given by Dr. Henry Bennet of London and Mentone (now in good health), on his way to England from the latter, his winter and spring residence. He was elected as an *interne* of the Parisian Hospitals in 1840; and most of the gentlemen at the dinner of the 12th were winners of similar honours. Dr. Campbell's *internat* began in 1844. Before that date he was an anatomical pupil of Dr. H. Bennet at the Clamart, a dissecting-room well known to English students. It is a more cleanly place than the Ecole Pratique; it is under the administration of hospitals by whom two protectors are appointed; and under certain rules the *internes* give instruction there.\* Dr. Campbell was *interne* at the Maternité; and in 1852-54, *chef de clinique* of Professor Dubois. His practice as an accoucheur is the best in Paris, it is said.

From an interesting work now before me\* I give the dates at which the fifteen gentlemen at our dinner, who were *internes*, were elected to the *internat*. The list may interest some old and scattered friends, who can say, *nos funus sumus in Garlandia*. The date given is the year of election. The *internat* is tenable four, five, or six years; and during that period the *internes* generally pass through two or three hospitals.

In 1822, Dr. Philippe Ricord.

" 1833, Dr. Henri Roger.

" 1835, Professor Depaul and Dr. N. Guéneau de Mussy.

" 1837, Dr. M. E. Bouchut, Dr. Bourdon, and Professor Tardieu.

" 1839, Dr. Mac Carthy, Dr. Oulmont, and Professor Richet.

" 1840, Dr. James Henry Bennet.

" 1841, Dr. Jean-Nicolas Demarquay.

" 1844, Dr. Charles Campbell.

" 1854, Dr. Michel Peter.

" 1855, Dr. B. Ball.

Besides the above, there were present three other Parisian M.D.s, viz., Dr. Lambron, Inspector of the mineral waters of Lachon, Dr. Costilhes, Physician to the Hôpital St. Lazare, and the writer. Dr. Marion Sims and Dr. Bishop, esteemed physicians of Paris, were also present; likewise M. Adélon, Private Secretary to Emile Olivier, and son of the late Dr. Adélon, who held the Chair of Médecine Légale. Possibly I may have forgotten one or two names—but I think not.

SMALL-POX.—Exclusive of the deaths in Hospitals (which are only published in a classified form once in three months) 179 persons died of small-pox in Paris during the week ending 14th May. This is the most mortal week of the current epidemic.

\* *Annuaire de l'Internat des Hôpitaux de Paris depuis son origine*, An X (1802). Paris, Janvier, 1850.

## NOTICE.

THE ANNUAL SUBSCRIPTIONS TO THE BRITISH MEDICAL ASSOCIATION FOR THE YEAR 1870 ARE NOW DUE: and it is a matter of great convenience to the Association, and conduces to the efficiency of its working, that they should be paid promptly.—Members of Branches, and all others who usually receive circulars at the beginning of the year from the local Secretaries, will greatly oblige, and will prevent trouble, by PAYING their SUBSCRIPTIONS TO THE LOCAL SECRETARIES, AND NOT TO THE GENERAL SECRETARY.—All other members should pay their Subscriptions without delay to the General Secretary, T. WATKIN WILLIAMS, Esq., 13, Newhall Street, Birmingham.

Members of the Association residing in the counties of Middlesex, Essex, and Hertfordshire (except those belonging to country Branches), should pay their Subscriptions to Dr. A. F. STEWART, 75, Grosvenor Street, W.; or Dr. ALEXANDER HENRY, 16, Great Cornam Street, W.C.

Gentlemen wishing to become members of the Association are requested to apply to the General Secretary, to the Branch Secretaries, or at the office of the JOURNAL, when forms of application and the rules of admission will be forwarded.

## BRITISH MEDICAL JOURNAL.

SATURDAY, MAY 21ST, 1870.

## OUR REFORM MEETING.

To all who wished to learn the real desires of the profession itself on medical reform, the meeting of Wednesday last must have been most useful. It was large, influential, and representative. Delegates attended from all parts of the country; and they brought with them the clearest possible expressions of the wishes of those who sent them. The speakers at the meeting were, without exception, those whose minds had been long familiar with the details of which they spoke—men who had fought many battles of the same kind before—those, indeed, to whose exertions what we have already obtained is really due. We may remark, further, that the unanimity of the meeting was remarkable, and especially so when we take into consideration its numbers and the comparative suddenness of the summons which called it together. We are entitled fairly to assume, from its results, that the thoughtful men of the profession throughout the three kingdoms know what they think would be for the best, and hold strong opinions respecting it. On one resolution only was there even a seeming difference of view, and here the difference concerned detail only, and not principle. Those who moved the amendment desired only to carry out more vigorously than the others thought practicable a principle of which all heartily approved.

If we ask what has been the result of the meeting, it may be replied that it has been chiefly to show that those best competent to judge are all of opinion that the direct representation of the profession in the Medical Council is essential to the vitality and usefulness of that body. All plans for indirect representation on a wider basis have, we hope, been definitely discouraged. An amendment in favour of an attempt to widen the corporate constituencies instead of giving representatives directly to those on the *Register*, was brought forward; but, in obedience to the wishes of the meeting, its mover and seconder withdrew it, and in a crowded room only a single hand was held up against the original motion, which affirmed the necessity of the direct plan, and expressed the profound regret of the Association that it had not already been adopted by the Government. We trust, therefore, that after such a verdict all discussion of the comparative merits of the two plans will cease, and that reformers will unite their ranks for the attainment of the end which is so desirable. Direct representation is claimed in part as a right; but chiefly it is urged as a matter which is most desirable for the interests of the public. As a *right*, it is urged, because the Medical Council is a governing body empowered to take cognisance of the conduct of members of the profession, and, when necessary, to visit it with

penalties; responsible also for the protection of the interests of registered practitioners against ignorant interlopers. Both of these functions are those of direct government; and English instincts of justice declare that all government should be based on representation. In its far larger function, which concerns the admission of new members to the professional ranks, it might appear at first sight that the State—or, in other terms, the public—is the party chiefly interested, and that it is the State which ought to assume the power. Admitting this view to be in the main correct, it may still be urged that on many grounds representation is most desirable. The members of the profession are of course largely interested in ascertaining the quality of those who are to become their peers; but more than this, there is certainly no body of men so deeply interested in the honour, advancement, and well-being of the medical art as those who practise it. There are none so likely to understand what is wanted as those familiar with its details; and if the Government wishes to attend most sedulously to the interests of the public in medical matters, it can carry out its wish in no better way than by consulting medical men. Nor can it, we assert strongly, attain this point so well by taking the opinion of a select few as by seeking that of the many. It is from general practitioners, and not from the cliques represented by special bodies, that such aid should be obtained. In this matter the truth should certainly be “set in the light of many minds”.

The opponents of change in the mode of electing the Medical Council (none of whom showed themselves in Willis's Rooms) justify their attitude by asserting that, whatever its defects in constitution, the resulting body is beyond criticism. This, virtually, is the defence of the Council itself; and we are asked triumphantly whether the acknowledged heads of the profession are not there, and whether it is likely that the most widely-based electoral scheme would really return better men. We have, we believe, shown no great tendency to speak evil of dignities, or to under-rate the virtues of our present Council; but thus challenged, as of late we have been only too frequently, it becomes a duty to be candid, and we will not conceal the opinion which candour compels us to form. We have not the slightest doubt that a representative system would give us a far better Council—a Council by which the interests of the public would be far better served. It would give us men who would be pledged to work; in all probability, younger men—men conversant with the modern developments of medical science and general education—men eager for progress, and impatient of the trammels which have so long held us back. In their hands, we should see medical education enter upon a fresh phase and assume a new life. It is a reality for which we fight—no mere change of form.

The members of the Medical Council, and the few who, not members, are still amongst its apologists, have of late, we are glad to observe, shifted their ground. Formerly, it was the fashion to assert that, for all practical purposes, the Council represented the profession; and now we are told openly that, for its functions, representation is not necessary. It is now insinuated that the profession is wrong in supposing that the Council's object is in any sense the protection of its interests; and that, in fact, it represents only the State and those to whom the State has delegated its power—the Corporations. This changed defence has the great merit of being truthful, and of admitting a great fact. Nor is that fact admitted one moment too soon; for that the Council is not *en rapport* with the body of the profession, that it holds opinions which are not shared in by the latter, and thinks lightly of its most cherished wishes, must be apparent to all. The recent very futile week's sitting of the Council was demonstrative of this. In almost every matter which came under debate, the Corporation delegates placed themselves in opposition to the wishes of the profession; and, if we except the matter of the powers proposed to be given to the Privy Council, we might say that the Crown nominees and the Government were those with whom, in opposition to the rest of the Council, the profession sympathised. In the celebrated march back which occurred on the second day, the profession exulted in the discomfiture of the Council through the firmness of the



Lord President's representative. It had no wish whatever to help the Corporations in their endeavour to modify the Bill for their own purposes. If further evidence were wanted as to the utter unpopularity of the Council, we might cite the fact of the conspicuous absence of its members from such meetings as that of Wednesday. There must be some cause why those, who should be our acknowledged leaders in matters of medical reform, shun most carefully all contact with their professional brothers when such matters are to be discussed. What would be thought of the House of Commons, if the instincts of its members induced them most scrupulously to avoid all political meetings? There is something very ominous in this fact, and it has been of late observable with increasing clearness every year. If matters go much further, the members of our Council will perhaps even find it most agreeable to avoid public dinners. It is greatly to be regretted that those who should be our most honoured guests—those who, personally, are high in our esteem—should officially be reduced to such a position. If, however, in the matter of obtaining direct representation in the Council, nothing be at present done, the profession will be quite right in laying the blame on the shoulders of the Council and of the Corporations which they represent. The Government has no motive whatever for delaying the acceptance of a liberal scheme; and we may note that the one effort in this direction which was made in the Council was made by a Crown nominee.

The question of direct representation is felt by our Association to be so paramount to all others, and was so thoroughly treated as such by the recent meeting, that we do not incline to say much on the other resolutions. The comparative advantages of a single Examining Board over other plans are admitted by all, with the exception that many doubt seriously whether the scheme be practicable. If we can at a stroke reduce twenty to three, for present purposes, most will be content; and it may fairly be left to future experience to say whether the three can conveniently be reduced to one. All, however, agree that it is imperative to have equal fees, and to take every precaution for securing uniformity of tests.

Lastly, we have to try to estimate the general opinion of the profession as to the adoption or rejection of the Bill as a whole. On this point we may admit that our camp is somewhat divided, and that some would risk waiting a year or more in the hope of getting a complete measure, *teret atque rotundus*, with no exception could be taken. Others believe that reforms are usually made in steps, and would joyfully take the advantages which the Bill suggests in its present form if they can get no more. Should this be done, should the reform in our examination-boards be the only point now carried, there will be no doubt that the other secondary reform must follow. Large additional powers and responsibilities will be conferred by the Government measure upon the Medical Council, and the necessity for its revitalisation will subsequently become increasingly apparent. We are sanguine, however, of better things, and trust that the representations of those who have conveyed to the Lord President the unanimous opinions of the British Medical Association will have their due effect, and that a prompt one.

#### GOVERNMENT HONOURS TO MEDICAL SCIENCE.

When Faraday was consulted by the Government of the day as to the propriety of a more liberal distribution of titles and other honours amongst men of science, he made an admirable reply. Without repudiating wholly on behalf of his class the decorations which it was proposed to offer, he informed those who had consulted him that "Government should, for its own sake, honour the men who do honour and service to the country," and hinted that it had not as yet learnt to approach or even to distinguish the class. Our chief motive in quoting this opinion is, however, to add that he assured those then in power that the very best thing the State could do for men of science would be "to employ them in their own special work"; adding, "This is, perhaps, now done to some extent, but to nothing like the degree which is practicable with advantage to all parties."

This excellent advice was given more than twenty years ago, and since then some progress in the direction indicated has undoubtedly been made. We will concern ourselves for the present only with our own profession. The work done by the Sanitary Department of the Privy Council has increased, and the number of those employed in it has also been augmented, whilst their selection has usually been most judicious. In several other directions improvement also is evident, although nowhere to anything like the extent which is desirable. Amongst the most valuable of these appointments in reference to the future and well-being of the community, we rank the modern office of Medical Sanitary Inspector. In many of our large towns we have at the present time one or more medical men employed in this vocation. Few more instructive or interesting documents come under our notice than those which are from time to time prepared by these gentlemen and presented to the local boards which employ them. Many of these reports are really admirable specimens of careful work, and will in the future supply materials for such a history of disease, its causes and prevalence, as we have never yet seen. Their use in the future is, however, a very slight consideration compared with the good which they imply to have been already effected. It must be remembered that they constitute merely summaries of work done, and are literally reports. A man of science has been honoured by a public commission for the prevention of disease. Let us think for a moment what this means. He has been requested to occupy his mind, not as formerly, with the consideration of the best means of curing a fever, a dysentery, or a consumption, but with measures for their prevention. He has engaged in a study almost new. His duties have required him to examine the homes, the habits, and the diet, of the inhabitants of his district; he has analysed the water which they drink, inspected their drains and cesspools, and looked after the condition of their streets. He has had frequent discussions with individuals and with his vestry or board; with those who were likely to suffer from the neglect and those who have profited by it; and to all his vocation has been that of an educator in the science of health. If epidemic disease have occurred or been threatened, it has been his duty to give advice as to the needful steps. It is indeed scarcely possible to exaggerate the value to the community of such functions as are discharged by a well-informed and conscientious officer of health.

Now we wish to ask earnestly whether it be not desirable that such officers should be provided for the whole country, and no longer restricted to large towns. The experiment has been tried in the latter and has worked admirably; let us now have it extended. Here is one of the methods in which Government may suitably "for its own sake" honour men of science by employing them in their own vocation. Our profession has plenty of well-trained minds ready for the work. We want statistics of country districts which shall compare with those of our towns. Our farmers need to be looked after as well as our mill-owners; and there are many labourers' cottages as much in need of inspection as the alleys of our towns. Our country populations certainly need education in the laws of health.

An increase of the number of those employed as health-officers is one, but only one, of many methods in which the more extensive employment of our profession by the State would probably be of great advantage to the public. We had the pleasure of mentioning a few weeks ago that, under the advice of the Medical Officer of the Privy Council, a pathological laboratory had been established in London, to be worked at the public cost. Ought there not be others also in Edinburgh, and in Dublin, and in other of our large cities?

The proposal for the registration of disease in connection with the Poor-law service, which is, we trust, likely to be carried out before long, will also offer a good opportunity for judicious liberality on the part of the State. We trust that those upon whom the collection of the details will devolve will be properly remunerated, and that there will be no stint in the appointment of registrars and others competent to put the facts, when collected, to the very best use.

Would it be a practicable matter to appoint State Inspectors of Civ

Hospitals? If it could be done, the greatest good would come out of it, and the money expended in salaries, etc., by the State would be saved to the public many times over. Our hospitals are supported by voluntary contributions, and could of course decline inspection if so inclined; but we cannot believe that any considerable number would do so. The arrangement would be so manifestly to the advantage of those who contribute the funds that, although in some points it might possibly be distasteful to those concerned in their expenditure, it is not likely that it would be declined. In the first place, the resident medical officers ought to be employed as registrars, and carefully prepared books should be supplied to them for that work. A main duty of the inspector should be to look after the manner in which these books were kept, to assist by advice in reference to them, and finally to compile from them an annual report. He ought also to take cognisance of all peculiarities in the condition and management of different hospitals; and, by personal familiarity with each, to fit himself for the duty of collecting their statistics. Under such a plan we might have an annual volume of General Hospital Reports, which would be of extreme value. In case Government should incline forthwith to act on our hint, may we suggest that the blue-book should be an octavo, and not the time-honoured but cumbersome quarto; that it should be bound in cloth; and lastly, that it should have a detailed index. It cannot be necessary that we should specify instances of the way in which the materials thus collected would prove of public use; but as one example, we might cite the great value which well authenticated facts, as to the prevalence of syphilis in different parts of the country, would have in the discussions in which we are now engaged.

For effecting the arrangement, nothing would be wanted on the part of the State but to provide the means. We should need no Bill interfering with "individual liberty"; all the details could be carried out without any resort to compulsion. That the work is of a kind which ought not to be left to private enterprise, is evident. Our profession has no more interest in the prevention of disease than lawyers have in the promotion of morality; and although we have volunteered a good deal of work in this direction, there is much more to be done, which can only be effected by calling into action those motives which most influence humanity. It is clearly the business of the State, or the public, to provide the funds for the prosecution of all investigations in reference to preventive medicine, and, when disbursed with judgment, no money is ever better spent. At a time when the gratuitous study of hygiene is zealously pursued by many, we think that it is very fair to ask those in authority whether they also have not a duty to perform, and whether they could not very appropriately confer upon some of the workers the honour of EMPLOYMENT.

#### LECTURES AT THE ROYAL COLLEGE OF SURGEONS.

THE lectures at the Royal College of Surgeons for the present year will be resumed on Monday, May 30th. Mr. Birkett will deliver six lectures on the Nature and Treatment of New Growths. On Monday, June 13th, Mr. Hulke will commence his lectures on the Minute Anatomy of the Eye, in continuation of his course of last year. Mr. Hulke's lectures will, as last year, be published in this JOURNAL.

#### UNIVERSITY OF CAMBRIDGE.

THE Thruson Speech on the Progress of Medicine was delivered at Cambridge, in the chapel of Caius College, on Wednesday, May 11th, by Dr. Clifford Allbutt of Leeds. After some introductory remarks, the speaker proceeded to point out that theory enters far more into the practice of all medical men than is generally supposed. The common distinction between theory and practice is illusory, and all good practice must directly or indirectly depend upon right reason. The speaker then sketched the history of the theories of therapeutics, and pointed out the direction of modern thought and the changes in practice to which it is leading.

#### BRITISH HOME FOR INCURABLES.

THE ninth annual meeting of the subscribers took place at the City Terminus Hotel, Cannon Street. It was stated that, since the formation of the institution in 1861, as many as eighty in-patients had been elected, with the benefit of a home for life. One hundred and forty-seven annuitants were each receiving £20 a year for life; and there were twenty additional patients, who might be discharged to seek employment, in the event of recovery. The life-donations amounted to £14,000; and the total receipts, including subscriptions and interest for investments, £10,635; the expenditure, £10,180.

#### MEDICINE AT THE ROYAL ACADEMY.

MEDICINE and medical men are by no means badly represented in the Academy this year. It may not be out of place, therefore, specially to direct the attention of our readers to the fact, and to enumerate the chief objects of medical interest. In gallery No. I is an excellent half-length portrait of Mr. James Shaw, late Principal Inspector-General, Medical Department Madras Army, painted, at the request of his friends, by J. Sant, R.A. In gallery No. IV is the remarkable picture of Sir Edwin Landseer—the Doctor's visit to poor relations at the Zoological Gardens—to which we recently alluded. In gallery No. VII is a portrait, sitting, of Dr. Bird, by E. A. Gifford; in Gallery X, a water-colour of the Library and Museum now being erected for the Governors of the Sussex County Hospital, and of the projected buildings proposed to complete the design, by E. E. Scott; a portrait, almost full length, of John Bowdler, Esq., presented by public subscription to the Salford Royal Hospital, by H. Measham; "A Widow's Mite," by J. E. Millais, R.A., a melancholy painting, representing a rather emaciated young woman in weeds, dropping a copper into a subscription-box, the evident connexion between which and the Hospital for Consumption, Brompton, will, it is hoped, be apparent in the next annual report of that hospital. In this gallery may also be seen an oil landscape of very considerable merit, representing Rotterdam in the distance—"late afternoon, August 1869, showery weather, a vacation study"—from the brush of our associate Sir Henry Thompson. Adjoining is a fairly good portrait of Sir Thomas Watson, Bart., by S. Lawrence. In the central hall, a medallion of Dr. Francis Shortt Amott, by A. B. Wyon, is exhibited. The vestibule, again, is rich in medical busts. Among them are a very good likeness of Dr. Quain, by E. Davis; an excellent subscription bust of the late Mr. Goodsir, to be placed in the Edinburgh University Library, by W. Brodie, R.S.A.; and a no less successful subscription bust of Professor Christison, by the same sculptor, a duplicate of which is to be placed in the same library. There is also a bust of Dr. Sheridan Muspratt, by J. Adams Acton. In the vestibule may be seen a medallion of Dr. Neil Amott, by A. W. Wyon; and a medal struck for the Royal College of Physicians in memory of the late Dr. Baly, and executed by J. S. and A. B. Wyon. There are numerous other objects of special interest to medical men, but those which we have mentioned are the most important.

#### SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.

THE annual meeting of this Society was held at the rooms, 53, Berners Street, on Wednesday, April 27th, at eight o'clock. The President, Dr. Burrows, took the Chair. The attendance of members was, as usual, very small. It is much to be regretted that members cannot be induced to take more interest in the affairs of the Society by attending the general meetings. From a statement read by the Secretary, it appeared that the amount annually granted to the widows and orphans had been increasing for some years at the rate of £200 *per annum*, the income remaining much the same. Eleven widows and 42 children had been added during the year to the number of recipients of grants, making a total on the books of 58 widows and 53 children. The grants during the year amounted to £205; the expenses to £252 : 14 : 2; making a total of £297 : 14 : 2 expended. The interest on capital and subscriptions together only made a sum of £2799 : 14 : 1, leaving the directors dependent on donations to be enabled to continue the same amount of grants as

now given. The number of members was 439—15 less than last year—but the falling off was to be accounted for by the unusual number of deaths among the older members. The President and Directors earnestly ask the members and friends of the Society to exert themselves to increase the income by procuring new members and annual donations, and to prevent by these means the sad inconvenience that would occur to the widows and children should it be found impossible to continue, at their present amount, the sums now granted every half-year.

#### PRIVILEGED MEDICAL COMMUNICATIONS.

THE rather important question, whether medical reports furnished to a railway company concerning cases of injury from accident are privileged communications, was raised in the case of the New Cross collisions. Mr. Baron Pigott has decided, at Judges' Chambers, that the medical reports furnished to the Brighton Railway Company in those cases are privileged.

#### WARNEFORD HOSPITAL, LEAMINGTON.

DR. SLACK of Leamington was on the 13th instant re-elected Physician to the Warneford Hospital. He had resigned in consequence of a disagreement arising out of his having admitted into the hospital a Leamington tradesman who had become greatly reduced in circumstances. The patient died in the hospital; and it seems that the Hospital Committee objected to Dr. Slack's procedure on the ground of the rules of the hospital having been infringed. Dr. Slack thereon resigned; but at the meeting of the governors on the 13th he was, after a full discussion, re-elected by a majority of forty-six votes against twelve. There were also above two hundred proxy votes in his favour, which were not required. No other candidate was proposed for the office.

#### SANITARY STATE OF PENRYN.

WE learn from the *Western Morning News* of May 11th, that the Town Council of Penryn, with a discretion worthy of imitation, has not wasted time in quibbling or cavilling, but has spiritedly set to work to remedy the grievous evils recently disclosed by Dr. Thorne Thorne, and which had been pointed out by us on several occasions. They have ordered the preparation of plans for the complete drainage of the town, and have urged Mr. T. Dunstan, whose services have been engaged, to use all possible expedition. Eight samples of water, two from each of four possible sources of supply, have been analysed. The water from two sources was condemned as prejudicial to health, as containing a considerable portion of animal impurities. This corresponds with the experience of the late fever epidemic. The Council have unanimously resolved that a reservoir must be at once constructed at the head of the town, by means of which the inhabitants may be supplied with water from Tremough spring, which was found to be pure; and an eligible site for the reservoir has already been offered. The *News* congratulates Dr. Thorne Thorne on having roused from their lethargy the governing body of a town which affords ample scope for the utmost activities of the local authorities.

#### A NEW ANTIPERICIDIC.

DR. LORINSER of Vienna gives, in the *Wiener Medizinische Wochenschrift* for May 14th, the results of a number of observations made regarding the effect of a new remedy for intermittent fever. The remedy is the tincture of the leaves of the *Eucalyptus globulus*, a plant of the natural order *Myrtaceae*. In 1869, Dr. Lorinser made some experiments, the results of which he published; but he was brought to a standstill by the want of a supply of the medicine. The plant has since been cultivated by Herr Lamatsch, an apothecary; and a sufficient quantity of tincture has been made from the leaves to supply a number of medical men in the districts of the Theiss and Danube, and in the Banat. The records of fifty-three cases of intermittent fever in which the eucalyptus was administered have been communicated to Dr. Lorinser; and he gives very brief outlines of each, with the following summary of the results obtained. Of the fifty-three patients, forty-three were completely cured; in five, there was relapse in consequence of a failure of the

supply of the tincture of eucalyptus, and quinine had to be employed; two of the cases were not true ague; in one case, neither the eucalyptus nor quinine cured; in one, the medicine (as well as other remedies) was vomited; and in one the patient would not allow the treatment to be continued. In eleven of the cases, quinine had been used without effect; and nine of these were cured by the eucalyptus. There was return of the fever in ten cases, at intervals varying from one to four weeks; in five of these, quinine had to be used in consequence of there being no tincture of eucalyptus, and in the other five the eucalyptus was successfully employed. The tincture is said to be easily made, and to have a pleasant aromatic taste; it acts favourably on the digestive organs. Dr. Lorinser believes that in it we have a valuable remedy for intermittent fever. It may be so; but, considering the comparative failure of the substances which have hitherto been recommended as substitutes for cinchona and quinine, still more extended and careful observation will be necessary before recognising the claims of the eucalyptus globulus to rank as an antiperiodic on which dependence can be placed. The districts which Dr. Lorinser has chosen for testing the effect of the remedy are, we believe, well fitted for the purpose—intermittent fever being very prevalent in them.

#### THE PATHOLOGICAL SOCIETY.

A SPECIAL general meeting of this Society will be held on June 7th, to consider the scheme proposed by the delegates for the amalgamation of the London Medical Societies.

#### CLINICAL SOCIETY OF LONDON.

AFTER the usual business of this Society on May 18th—Dr. Greenhow, the Treasurer, in the Chair—the meeting was made special, for the purpose of considering the scheme proposed by the delegates for the amalgamation of certain of the Medical Societies. The proceedings were chiefly of a formal character, as the feeling of the members of the Society was almost unanimous. The following resolutions were unanimously carried: "That this Society adopt the resolutions agreed to by the Committee of Delegates, as modified at the meetings of the Royal Medical and Chirurgical Society held February 22nd and March 14th, 1870;" and "That the Secretaries be directed to communicate the preceding resolution to the President and Council of the Royal Medical and Chirurgical Society." The Clinical Society has thus given its adhesion to the scheme as finally agreed upon by the delegates of the various Societies. Meetings of the other Societies will be shortly held to consider the scheme, when it is hoped that similar resolutions will be passed, and the formation of a Royal Society of Medicine finally ensured.

#### THE TESTS OF INSANITY.

THE case of McFarland in New York, tried for the murder of Richardson, which has acquired so surprising and fictitious an interest from the circumstances of the parties, is likely to become a *cause célèbre* in the annals of psychological as well as of criminal literature. The most detailed evidence given seems to have been that of Dr. Hammond, Ex-Surgeon-General of the United States Army. According to the *New York Times*, he took extraordinary means to determine accurately the state of the prisoner's mind, and described the instruments which he used.

"He ascertained the presence of congestion of the brain by the ophthalmoscope; measured the strength of his nerves by the dynamometer; timed his pulse, which he found ranging from 104 to 124; and, by speaking of Richardson and showing McFarland photographs of his wife, made the poor man almost frantic with grief; and then, grasping his hand, found his pulse to be 142. At this time, McFarland was almost uncontrollable, and exhibited all the symptoms of acute mania. On April 20th, an afternoon immediately after the adjournment of the court, he found the pulse 132. This accelerated pulse and the sleeplessness of the defendant were, he said, unmistakable indications of congestion of the brain. In defining the various forms of insanity, Dr. Hammond said that eccentric persons are more liable to mental aberration than others. He also stated the case of a man occupying a prominent position in the community, who was a victim of volitional insanity, and who would commit suicide were it not for the disgrace which it



would bring upon his family; stating also that to his knowledge there were a number of such cases in the community."

This is the first time, we believe, that the conclusions drawn from ophthalmoscopic evidence have been brought into court in such a case. The necessity of extreme caution in using any conclusions from ophthalmoscopic deductions of this kind is very evident to those who are best acquainted with the use of the instrument. The very condition of congestion is one much abused in the descriptions of it; and the deductions from such observation would need to be very carefully controlled.

#### METROPOLITAN FREE HOSPITAL.

The anniversary festival of this charity was held at the London Tavern on Wednesday evening; Lord George Hamilton, M.P., in the Chair. There was a considerable attendance. A list of subscriptions was read by the Secretary, amounting to £3,700. Some excellent music enhanced the pleasure of the evening.

#### KING'S COLLEGE HOSPITAL.

The Duke of Cambridge presided on Wednesday evening at the thirty-first anniversary dinner of King's College Hospital. There were about one hundred and fifty gentlemen present. In proposing the toast of the evening, the Chairman referred to the necessity of completing the hospital, so as to afford additional comfort to the patients, and to furnish means for the treatment of diseases of the eye and skin. For this purpose, £3,000 is in hand; but a like sum will have to be raised to defray the cost of the new wing. During the evening, £2,800, including an anonymous gift of £1,000, were intimated. The band of the Grenadier Guards played in the ante-room throughout the evening.

#### SCARLATINA IN MARYLEBONE.

DR. WHITMORE publishes a supplement to his monthly report on the health of the parish of St. Marylebone, relative to the late epidemic of scarlet fever as affecting that parish. The period of time during which scarlatina was unusually prevalent and fatal in London extended from the beginning of September to the end of February. During that time, the deaths from the disease registered in the metropolis amounted to 4,605, and in Marylebone 184—four times the usual number of deaths from the disease. The total number of cases of scarlatina is estimated by Dr. Whitmore at 777, giving thus a mortality of 24 per cent. The disease was by no means especially prevalent amongst the dirtiest and most destitute classes; it principally occurred amongst children of the respectable poor, and more frequently than otherwise in houses where the sanitary conditions were by no means defective.

#### THE CONVERSATION OF THE PHARMACEUTICAL SOCIETY.

It is to be hoped that the South Kensington Museum will in future be more frequently used for social reunions than has hitherto been the case. By the kind permission of the Lords of the Committee of Council on Education, the President, Vice-President, and Council of the Pharmaceutical Society of Great Britain were enabled this year to offer a welcome to their friends at the Museum, instead of in the rather limited rooms in Bloomsbury Square; and, in addition, to introduce a new element into their annual *conversazione*—that of inviting ladies to be present. On Wednesday evening, the magnificent rooms at Kensington were brilliantly lighted up, and the *conversazione* patronised by about three thousand ladies and gentlemen. The number of invitations issued was on a very liberal scale. We may mention that the authorities of the Pharmaceutical Society, in addition to sending tickets to all the members of Council, placed at the disposal of the President of the Association, through Mr. T. H. Hills, tickets for all the country members who attended the meeting in the afternoon at Willis's Rooms. During the evening, refreshments were served, and some excellent music was performed. In the central hall, the band of the Grenadier Guards performed a number of well known selections, under the leadership of Mr. Dan Godfrey; and the Orpheus Glee Union very materially increased the success of the meeting by singing numerous glees in the lecture-theatre, which was crowded to excess throughout the evening.

#### UNIVERSITY COLLEGE—DISTRIBUTION OF PRIZES.

PROFESSOR HUXLEY distributed the prizes to the University College medical students on Wednesday, and delivered an address to the audience. In remarking on medical education, he said that he had been struck by the singular unreality of the knowledge which the students displayed on the subject of physiology. His complaint was that they did not know physiology as they knew anatomy, which was taught as a science ought to be taught. On the contrary, physiology was imparted to them as a mere matter of books and of hearsay.

## SCOTLAND.

#### THE FUNERAL OF SIR JAMES SIMPSON.

NEVER within the last quarter of a century at least have the citizens of Edinburgh witnessed a more striking and general feeling of respect than was, on Friday last week, shown to the memory of Sir James Simpson. However much we may regret that the honour of interment was not secured in Westminster Abbey for the distinguished member of the profession whom we have just lost, the assemblage of Friday was in itself almost sufficient to show that without this his memory is none the less likely to be kept fresh. From Queen Street to Warrist on Cemetery the streets were thronged by spectators throughout the day; flags floated half-mast high; and as the hour of the funeral approached, the general business was suspended, and the church-bells throughout the city tolled forth a mournful note. The relatives and friends of the deceased assembled at the house; the general public and Town Council in Free St. Luke's Church; and the Members and Fellows of the Colleges of Physicians and Surgeons, the Members of the University Court, the Senatus Academicus, and the Fellows of the Royal Society, in the Hall of the College of Physicians. Religious services were conducted in all these places. The numerous other societies and bodies met elsewhere. The members of the various bodies wore their official robes. The procession was arranged and moved towards the cemetery a little before three o'clock. The police formed the first part of the procession, followed in order by the public, the students, and the various kirk sessions, medical and literary societies, etc.; the senatus and office-bearers of the University bringing up the rear. The funeral car—a stately *catafalque*—followed. Immediately after the car came in order the carriage of the deceased, the relatives and friends, and the Lord Provost and Council of Edinburgh and the Councils of neighbouring towns. Several other bodies and a large number of carriages completed the procession, which was about a mile in length. Fully two thousand persons are estimated to have been present on the occasion. On arrival at the Warriston Cemetery, the procession was arranged around the grave, and the coffin removed from the car and lowered into the grave by the pall-bearers—Sir Walter G. Simpson, Bart., Mr. William Simpson, Mr. A. Magnus R. Simpson, Mr. Alexander Simpson, Mr. David Simpson, Dr. Alexander K. Simpson, Mr. John Simpson, and Mr. Robert R. Simpson. On the coffin was a massive gilt shield with the following simple inscription—

"Sir James Y. Simpson, Bart., died May 6th, 1870, aged 58 years."

#### MEMORIAL OF SIR JAMES SIMPSON.

STEPS are being taken by the people of Bathgate to raise subscriptions for the purpose of erecting a statue in memory of their distinguished townsman, the late Sir James Simpson.

#### ABERDEEN OPHTHALMIC INSTITUTION.

At the Annual General Meeting of the subscribers, on the 11th inst., it was resolved to extend the benefits of the charity to those labouring under affections of the ear. The report of Dr. Davidson, the Medical Officer, was most satisfactory.

#### THE EDINBURGH UNIVERSITY CHAIR OF MIDWIFERY.

WE understand that Dr. Keiller, Dr. Matthews Duncan, and Dr. Alexander Simpson, are candidates for the Chair of Midwifery in the University of Edinburgh. Without disparagement to the acknowledged ability of Dr. Keiller and Dr. Simpson, we think that Dr. Duncan's very high standing as a gynecologist and a practical obstetrician gives him the first claim to the Chair of Midwifery in the University.

## BRITISH MEDICAL ASSOCIATION:

## SPECIAL MEETING.

## THE GOVERNMENT MEDICAL BILL.

On Wednesday afternoon a special general meeting of the British Medical Association was held at Willis's Rooms, King Street, St. James's, for the purpose of considering the principles of the Medical Acts (1858) Amendment Bill introduced by the Government, and now before the House of Lords. The chair was taken at 3 o'clock by Dr. CHADWICK of Leeds, President of the Association. About 250 members attended the meeting, among whom were the following.

Alford, Stephen S., Esq., Haverstock Hill  
Armstrong, J., M.D., Gravesend  
Atkinson, Charles S., Esq., Tottenham  
Baker, J. P., Esq., Hornsey Road  
Barton, F. B., Esq., Dover  
Benfield, Thomas, Esq., Leicester  
Billing, Archibald, M.D., F.R.S., London  
Boston, Percy, M.D., London  
Brace, W. H., M.D., London  
Bright, John M., M.D., Forest Hill  
Bryan, J. M., M.D., Northampton  
Burton, John M., Esq., Lee Park  
Carr, William, M.D., Blackheath  
Casson, F. W., Esq., Hull  
Casson, J. H., Esq., London  
Cecil, Ernest, M.D., Aylesbury  
Chapman, H. T. H., Esq., London  
Chevalier, B., M.D., Ipswich  
Curtis, J. J., Esq., Bath  
Clapham, J., Esq., Thorney  
Clayton, M. H., Esq., Birmingham  
Cooke, Weeden, Esq., London  
Cosgrove, E. M. B., London  
Cotterell, P. M.D., West Bromwich  
Daldy, F. M., Esq., London  
Daldy, T. M., M.D., London  
Davery, J. G. M.D., Northwoods, Bristol  
Davies, W., Esq., York Town  
Day-Goss, S. M.D., Kennington  
De Morgan, Campbell, Esq., London  
Desmets, E. M.D., Liverpool  
Dickson, J. Thompson, M.D., London  
Dickson, Walter, M.D., R.N., London  
Diver, Ebenezer, M.D., Caterham  
Dobson, W. M.D., Bath  
Felce, Stamford, F.R.C.P.E.d., London  
Fowler, Robert S., Esq., Bath  
Garman, W. C., Esq., Salisbury  
Gervill, H., Esq., Dealdeale Road  
Gibb, Sir D., Bart., M.D., London  
Gibson, S. M.B., London  
Gordon, K. V., Esq., Yeoford  
Hall, Alfred, M.D., Brighton  
Hall, John C., M.D., Sheffield  
Hanks, Henry, F.R.C.P.E.d., London  
Harris, Edward, Esq., Saffron Walden  
Harley, George, M.D., London  
Harris, C. J., Esq., London  
Harrison, C. H., Rogers, Esq., London  
Hart, C. H., Esq., London  
Haughton, Rev. S. M.D., F.R.S., Dublin  
Hayes, J., L.R.C.P.S.d., Beech Cliff, Irentham  
Henning, Hughes, Esq., Kimbolton  
Henry, Alexander, M.D., London  
Hidgson, George F., Esq., Brighton  
Holman, Constantine, M.D., Reigate  
Holyroke, T., Esq., Kivver  
Howe, John, Esq., Marple  
Husband, W. D., Esq., York  
Hutchinson, Jonathan, Esq., London  
Ibbotson, A. A., Esq., London  
Johnson, George, M.D., London  
Jones, A. O'Brien, Esq., Epsom  
Keating, J. H., M.D., Sheffield

The PRESIDENT, in opening the proceedings, said: By your presence in these goodly numbers you have endorsed the action of your Executive in calling you together, and by the sacrifice which you must all have made in coming to this meeting you have given in your adhesion to those principles which have long actuated our Association as references to medical reform. [Hear, hear.] It cannot be said now of you, as it has recently been said of another meeting called for a similar purpose, either that you had failed to take an interest in the question, or that you had no confidence in the parties who are managing your affairs. [Hear, hear.] You have evidenced that you have given the seal of your approval of the action of your Executive, by coming here to-day. You are assembled for the purpose of considering the new Medical Bill. I apprehend that it will become you as intelligent and thoughtful men to take a

fair estimate of the title which this Bill has to your approval—to applaud and give the approval in no mistaken terms where it is deserved; and as strongly and as decidedly to express your disapproval where you find that the measure errs, either by something which it proposes to enact, or by something which it ventures to omit. [Cheers.] It appears to me, gentlemen, that this Bill has one great merit, one great fault, and one great omission; and you will have resolutions submitted to you in the course of the meeting which will, I hope, express your approval of the one, and your thorough condemnation and disapproval of the other. You will be asked to approve that which this Association has for thirty years been working to attain, and which is now for the first time presented by Her Majesty's Government for the approval of the profession. [Hear, hear.] You are asked to adopt a plan for one portal to the profession; and by that we mean nothing more or less than that a minimum qualification shall be adopted that shall secure the approbation, the respect, and the confidence of the public in those who exercise this sacred calling which we follow. [Cheers.] Whether this is to be carried out by the adoption of one board or three is another question which you may have to consider; and it is one of great difficulty, because I am satisfied that the Government, even if they felt as I feel, and as many of my colleagues feel, that there should be but one board, yet amid contending influences and conflicting interests, it will be difficult, I apprehend, for the Government to secure in this particular what they wish. [Hear, hear.] In principle, unquestionably, would point to one board for the three divisions of the kingdom; and I do trust that Lord De Grey—anxious as I know he is in many points to meet the wishes of the profession—may be enabled to secure a modification of the present idea of three boards, and thus secure the advantages which, I am satisfied, would flow from one board. [Hear, hear.] I foresee in the adoption of three boards—I may be mistaken, for I am only giving my individual opinion—I foresee in the adoption of three boards, one for each division of the kingdom, a subversion of the very thing we are striving to accomplish. [Hear, hear.] We are aiming at uniformity of practice and principle, uniformity of fee, and an equal standard of educational merit, which can only be secured by the same men looking at the different candidates, whether in the same locality or in different localities, I care not. The fault of commission to which I have referred is the monstrous power claimed by the Privy Council in the Bill. [Hear, hear.] If the Privy Council is to exercise a veto upon that which the Council does, I hold, and I apprehend it will be a strongly held principle in this meeting, that they should not appear by representation at the board itself. I do not object to their appearing at the board itself, but if they should continue, and I would prefer that they should continue, to be represented at the Board, the influence which they should exert on the action of the Board ought to be reduced to the vertex minimum. [Hear, hear.] It would be a very rare circumstance indeed where the veto would have to be put upon anything they did. If we succeed in getting a Board constituted as it ought to be, the Board ought to be able to manage the affairs of our profession without interference from Government or anybody else. [Hear, hear.] And this it is that brings me to the great blot of the Bill. The fault of omission is distinct from that which I have just alluded to—the fault of commission; and that is, that a liberal Government should have left out of consideration altogether the long cherished wishes of our intelligent and respectable profession to be represented directly upon the Council. [Cheers.] Various as our notions may be as to the exact number or the exact proportion which we should hold in the Council, I apprehend we should be unanimous in saying that there should be direct representation, and that our nominees should sit on the Council, and sit with authority, and that no indirect representation can give and gain thereby the support, the love, and veneration of the Council which has regulated those affairs which alone can give success to their operations. [Hear, hear.] Now, I will not conceal from you—I would prefer that it went abroad—the disappointment which your executive has experienced when, after an interesting interview with the noble author of this Bill and his most able coadjutor, we found that by a liberal Government those desires which we have so long cherished were altogether ignored. [Hear, hear.] We had good ground for hoping that the principles by which they held their offices would induce them to approve of the principles we laid before them. We thought that a Liberal Government, approving of liberal principles, such as that of self-management in municipal bodies, that of universal suffrage, and other principles ordinarily espoused by Liberals, would have met our request with cordial acceptance. We thought that gentlemen admitting the efficacy of universal suffrage, would admit that if ever universal suffrage was the right thing in the right place, it was where the intelligence of the body that had to exercise it was equal or superior to anybody that could be named. [Hear, hear.] Then, again, who are the people to provide the money for this Government? Who is it that has found every penny



of the money that has hitherto been expended? [*Hear, hear.*] Why, we are the people who do so. If ever there was a good claim for universal suffrage, if ever it was right that universal suffrage should be granted, this is the great instance in which it might fairly have been conceded. [*Hear, hear.*] These different points to which I have referred will be brought by separate resolutions under your consideration; and I again exhort you to give them a calm and dignified consideration, such as is worthy of our great society. I do not say this with the expectation that it will be otherwise; but I say the greater calmness and the greater dignity we give to our deliberations the greater will be the result, and the more clearly it will show that this meeting of gentlemen, assembled from every part of the country, has done its duty by coming together to say what it would have, and what, if it were possible, there should be. [*Hear, hear.*] But there are other matters which invite your attention. The Council have simply taken up these three points on which I have spoken, not having had time or ventured to do all that was necessary. There are other matters, though of minor importance, but still matters which concern the vital interests of our profession, which must be considered before this great measure becomes law. I will refer to one or two; not that I hold a strong opinion on them myself, but in this instance I am what I desire to be, a representative man. I desire to be a representative of this great Association, and to enunciate only that which it believes. [*Hear, hear.*] It has been attempted by a side wind to get rid of a measure of opposition to the bill by introducing a provision to overrule the judgment which the examiners should exercise in giving degrees. They are told that any particular principle of practice, or any particular line of practice, shall not disqualify or prevent the examiners from giving the degree to the individual who ventures before them to propound that which they must necessarily believe to be thoroughly and completely heterodox. I will not descend to particulars. Now, if the Bill is to be perfect, such a provision must be expunged. [*Hear, hear.*] I hope gentlemen will not hesitate to bring these points, in any number of resolutions, before the meeting. For, if I rightly understand the Bill, anyone getting a title out of England in any of these colonies to practise, may come here and practise under the Bill without these examinations. He would thereby escape the portal through which we all desire that all should come. This would open a door to immense abuse—an abuse of which for years we have been complaining of. You will have resolutions asking you to say that it is a good Bill, and that it is a bad Bill, and that it has things in it which must be rejected, and that it is without provisions which must be inserted. Then I shall have to ask you whether, seeing that the Bill contains one good thing and many bad things, we are to admit the serious principle of accepting a Bill in an imperfect condition, when we know that either by present action or by delay we can make the measure more perfect. [*Hear, hear.*] This, I take it, is one of the most serious matters on which you will have to deliberate. I have no difficulty in coming to a conclusion on the point; I would rather wait a year or two and have a perfect Bill than sanction imperfect legislation. [*Hear, hear.*] If we once get rid of the subject, we shall have great difficulty in bringing it on the carpet again. Therefore, had better make the ball thoroughly round, so that it will run well, than have it with flaws and notches in it which will impede its action, and prevent its rolling onward as we desire. [*Hear, hear.*] I have, I fear, detained you from your duties too long; but, before sitting down, I would remind you that in reference to this question you have great power in your hands, and that you are capable of exercising that power in a manner little dreamt of. I deliberately call upon you to use the power, so that if the Bill should pass through the House of Lords with its imperfections, your influence will lead to its being properly amended in the House of Commons. Few professions have such an aggregate amount of power as you have; and you know how to use it, each in his own locality and circle. I ask you to use it for that which is reasonable and good, and you will attain your object. [*Cheers.*] You know, gentlemen, that

"Who would be free, themselves must strike the blow."

Your power is great, you have only to give direction to the stream, and I am satisfied it will flow on to the river which shall eventually conduce to the harmony and the good of our profession, and the benefit of the whole kingdom. [*Cheers.*]

Mr. WATKIN WILLIAMS, General Secretary, read a long list of names of gentlemen, resident in various parts of the country, who had communicated their cordial approval of the object of the meeting.

Mr. HUSKIN, of York, President of the Council of the Association, said that, after the eloquent speech they had just heard, it was natural that he should feel some hesitation in proposing a resolution which approved even partly of the principles of the Medical Bill, for he agreed with their chairman in thinking that the sins of commission in the Bill, as well as the sins of omission, were much greater, and far

greater, than any good which the most microscopical eye could find in it. As an old member of the Association, he was very glad to find that a principle for which he and his colleagues had contended for many years, a principle which was put forward by their venerated founder, the late Sir Charles Hastings [*applause*], and those veterans who laboured with him some thirty-five years, had been recognised by the Government, and somewhat reluctantly, after some tergiversation, by the Medical Council. It might be said that they would not have surviving after seventeen or eighteen medical examining boards not striving which should do most to raise the standard of medical education and qualifications, but in too many instances contending which should gain most fees by the examinations. That was a disgrace to any liberal profession—it was a stigma which, he trusted, would soon be removed from their midst for ever [*applause*]; and therefore he felt they were going in no fashioning spirit to the Government when they had the satisfaction of thanking them for the little advantages they proposed to give to the medical profession, for he apprehended that, whether they had one door or three, it would matter but little, provided there was uniformity as to fees and education. [*Hear, hear.*] If they had the medical profession properly represented on the Council, they must have men who would not hesitate to break up any Examining Board which did not carry out, firmly, and truly, and strongly, a resolution of that kind. [*Applause.*] The indignant voice of the profession must be carried out by their representatives at the Council, and they would, as he had said, immediately break up any Examining Board, whether in London, Dublin, or Edinburgh, who prostituted the great powers entrusted to it by lowering the standard merely that they might attract students and so secure the fees. Whether there were one Board or three, they had a right to demand that a principle of uniformity should be fully carried out. They must have viewed with satisfaction the determination of the Government that that should be the real and most important part of the Bill. [*Hear, hear.*] He agreed with his colleagues in this particular with more than ordinary satisfaction, because he believed he was a person, when they were asked by the General Medical Council to agree with them in a Bill to Parliament, who said that he would not assent to any measure which would provide for the reception on the Council of the real representative of the medical profession. They had been unanimous, he was glad to say, in the Committee of Council, and in the important meetings they had held. At Dublin, he believed two hands were held up against such a principle, and at Oxford, when the thing was proposed, some members of the General Council left the room. He might apply to them the words of Cicero—"Abit, evasit, erupit." They knew they dare not discuss a proposal such as that, and he thought it showed at once that a real advance had been made; and when, as the Association demanded, there should be a good, and real, and true representation of the profession, and the examinations were fully and carefully carried out, there would then be a guarantee that every medical man who practised within the three Kingdoms would have a fair, practical, and useful knowledge of his profession; that he was not one who had been bolstered up by some grinder, or by some man who tried to make up for the deficiencies of idle and worthless fellows, but that every man should, by the bed-side and in the wards of a hospital, attain that true knowledge which alone could make him a fit subject to alleviate human misery. He had very great pleasure in proposing a resolution which he thought would show to the Government that the medical profession had begun to stand up to their rights, and that the medical profession had begun to show to the Government that they were deserving of being supported; that they were ready to meet them fairly, but that they were determined that no Bill should pass the House of Lords, if they could help it, and much more the House of Commons, that did not settle the matter in a fair and satisfactory manner, and recognise its just claims of the profession. They would resort to every expedient rather than that a Bill should pass which did not provide for the proper representation. [*Hear, hear.*] If they had not a Council which had the confidence of the profession, they had not a governing power which would carry out their interests. The Council would be nothing, indeed, unless it carried out their views fully and completely. He thought they should tell the Government they approved of the Bill as far as they could, but that, if they would not give them such a Bill as they deserved, they would certainly appeal to other powers in the country. He moved—"That the members of the British Medical Association have viewed with satisfaction the adoption in the proposed Medical Bill of one portal to the profession, which has been so long advocated by this Association, and tender their thanks to Her Majesty's Government for their recognition of so important a step for raising the standard of the profession."

Mr. HENRY LEE (London) seconded the resolution. After the eloquent addresses which they had heard, it would ill become him to detain the meeting with any long observations on the merits of the resolution. There were one or two practical matters, however, which he



would point out; and, in the first place, he would observe that if they were to do the work for which they were called together, consistently and to the purpose, they must be united. Union was strength, and he need not remind them that if they were divided in their counsel they would have very little power at all. Their President had reminded them of the great power which the Government had in the matter, but he believed, quite sincerely, that if they would do their own work the Government would be happy to leave it in their hands and to adopt their views. If they expected the Government to help them, they must begin by helping themselves. [*Hear, hear.*] Hitherto the Government had done nothing for the profession. An instance recently came under his notice which showed practically how little the Government had done, either for the profession or the public. A quack had an action brought against him for malpractice, the evidence was sufficiently clear, and the counsel urged that he had no qualification. The judge, however, told the jury they had nothing to do with that at all, and the quack got his verdict. He thought there could not be a better illustration than this of what the Government had done for the profession, by way of protecting it or the public. If the profession were united, and sent a sound and judicial Council to the Government, the Government would be ready to lend them their support, and he would therefore ask the meeting to accept the resolution that had been proposed.

Mr. SOUTHAM, of Manchester, coincided with everything that had been said by the mover and seconder of the resolution, but wished to add a rider to it which he trusted would be acceptable to the meeting; and which he would propose as follows—"That this meeting is of opinion there should be a single Examining Board for the entire kingdom, instead of different Boards for three parts of the kingdom." As a teacher it had often occurred to him that the profession was under considerable difficulties by having a large number of Examining Boards. Students who were well educated and industrious had sought one college, whilst those who were indifferently educated had gone to others. The object of having a single Examining Board was to do away with all this. If they were to have three Examining Boards—one in London, one in Dublin, and a third in Edinburgh—the evil to which he had alluded would exist, though perhaps not quite to the same degree. He thought they ought therefore to express their opinion to the Government on that point, it being a principle of some importance, and one that might be embodied in a Bill. It did not need to be remembered that the supporting Medical Council contained a number of members elected by the profession, these would only form a small body of the Medical Council—there would still be the representatives of the Corporations in large numbers, who might overrule, to a considerable extent, anything that the representatives of the profession might wish to adopt. If they desired to have a good Bill, as their President had said, the present would be the last time they would have the opportunity of obtaining a recognition of the principles which they propounded, and he thought certainly they ought not to neglect the opportunity of informing the Government of their views on the particular point he had mentioned; and therefore he would propose the few words he had read as a rider to the resolution, with the object of ascertaining the feelings of the members present as to whether they approved of three Examining Boards or of one.

It was suggested that the proposition could not be taken as a rider to the resolution, but must be put as an amendment.

The CHAIRMAN said he saw no other course except to regard it as an amendment.

The Rev. Dr. HAUGHTON of Dublin, in seconding the amendment, said he thought he had a right to say a few words, being that he had come a long distance, and had had to encounter a heavy gale in the channel. [*Laughter.*] He appeared as the representative of a body not unknown, he believed, to the members of the British Association. Now, amongst the nineteen Corporations that had been accused of lowering the standard of their profession, he ventured to say that no breath of slander had ever been cast upon the action of Trinity College, Dublin. [*Applause.*] She had stood side by side with Oxford for three hundred years, and had insisted upon the principle that no man should receive a degree at Oxford or Dublin in medicine unless he had received a degree in arts [*hear, hear,*] thus making them equal as regarded a liberal training to the members of any profession. He had therefore no hesitation in asking the meeting to assent to an amendment which had been rendered necessary by the degrading practice which had set in in some quarters during late years. What had been the course of their profession? The finger of scorn had been pointed at them, and every lawyer and educated man had said they had nineteen doors through which students could enter. Amidst the disgrace which thus surrounded the profession, they had a body of Corporations which were not universal. He was aware that eleven or twelve of those Corporations had never consented to lower their standard; but when men spoke of the whole

as having done so, they were perpetrating an injustice. In fact, there were not more than six or seven who were competing downwards in that way. Instead of the existing Boards, the Government said they would give them three Examining Boards. Those three, he believed, must compete downwards also, because they would be independent of the Central Board, or the supervision over them would not be *bonâ fide*. Those students who were quick-sighted would soon distinguish between the Boards, and the intelligent would go to that one which stood the highest, because he would know that the advantages would be greater, whilst the idler would deliberately seek out that Board which he knew he could most successfully pass. He could not believe that the standard of honour amongst those examiners would be so high that they would not compete with each other. Honour had not existed amongst the Universities. What security was there that the three Examining Boards would not compete? One man might have an Irish and another a Scotch licence; but the majority would gravitate towards the centre of wealth, and a feeling would be raised that an English qualification was better than a Scotch or an Irish one. If the Bill passed in its present form, he should feel it to be his duty, as Medical Registrar of Trinity College, to advise every student to come to London for a licence. But would it not be an improper proceeding that there should be an examination conducted in Dublin which was not identical with that of London? Why should not the same advantages be offered in Birmingham or Manchester, or wherever a number of students presented themselves? The same examination-papers might be sent to the centres of medical examination, and clerks might take charge of them and return them sealed to the central examiners in London; and nothing would be wanting but a travelling Board of oral examiners to go from bedside to bedside and examine those students who were seeking to qualify themselves as medical men. When the mountain was called to go to Mahomet there was a difficulty, but when Mahomet walked to the mountain the difficulty vanished; and so would it be if the examiners were brought to the students. It was a great hardship to young men to be obliged to go to London to study and to spend their money on an examination which might be equally well conducted at their own doors. That system was adopted by two important Boards at that moment—the University of London and the University of Dublin. Upon the purity of the examinations of those two Boards no one had ever ventured to cast a doubt. He believed that if the resolution were passed they would be damaging their chance of success in regard to another important principle. The point which they ought to use their greatest efforts to secure was that there should be a direct representation upon the Medical Council. If they could prove to him that the amendment he was supporting was a Jonah, he would throw it overboard; but he did not believe in that timid policy which said they must not ask for too many things. He would advise them to ask for what they wanted, and he doubted not they would get it. He had reason to believe they would carry their point, and the Government would approve of one Examining Board for the three kingdoms. There was another chance of carrying it. Sir John Gray and Mr. Graves, the member for Liverpool, had brought a Bill into the House of Commons chiefly for the purpose of forcing the Government Bill; it being thought that by putting forward certain principles in that Bill, and raising an agitation upon it, the Government would be forced to do something in this direction. There had been such an amount of hostile intention displayed (towards Ireland—there had been so much kindness shown to the Irish [*laughter*] by Mr. Gladstone and by the House of Commons that they were exceedingly anxious to get attention directed to some other subject. [*Laughter.*] He (Professor Haughton) was a representative of the disestablished and disendowed church; they took their misfortune good-humouredly; at the same time they were not like eels, used to skinning. Well, the Bill had been placed before the House of Commons, and when the right time came it would be used as a powerful lever to compel the Government to submit to what the profession considered to be a reasonable alteration of the law. He had reason to believe that, instead of being an embarrassment, it would turn out to be a tower of strength, and lead to a direct representation on the Medical Council, and to the adoption of one Examining Board for the whole profession. The phrase "one portal" in the resolution had been described as one portal with three folding doors. As it stood, however, it was one portal, but it consisted as it were of two gates—counting them as one. It was a portal of Hades, as told of by Homer and Virgil, having two gates, one of ivory and the other of horn. Out of one of them came golden gifts, but from the other issued dreams, death, stratagems, and fate. It might be said that the Scotch Boards had inflicted terrible evils on the profession instead of blessings, and he asked the profession to demand from the Government *pari passu* direct representation and the principle of having but one Examining Board.

Dr. SIMON (late President of the Council) asked whether it was pos-

able to have one Examining Board such as that so eloquently described by Professor Haughton, and said this question ought not to be answered until it had been thoroughly examined. It was a very important question, and was still *sub judice*. The practice of the University of London had been pointed out, but he asked what the Association had been aiming at but the abolition of paper questions and paper answers. [*No, no.*] He said "Yes." As a teacher of nineteen years at the bedside in one of the schools of London, he knew that the blot in the teaching system of this metropolis, and no doubt in that of Edinburgh and Dublin, was that men would go to a "grinder" for paper answers when they ought to be attending for examination a patient by the bedside. The examiner must see the patients dealt with in examinations. Let them picture to themselves a wandering body, told of minstrels, but of physicians, who should go about from town to town, picking up a number of the lame, the blind, and the halt, and asking the candidates to say what was the matter with this and that, and the other. As practical men, he asked them whether that was the way in which they would have their pupils examined. Let there be a good practical examinations, and he would guarantee good practical teaching; but if there was to be an infamous paper examination, he would guarantee infamous cramming, a system which had given a death-blow to the profession. [*Heav, heav.*] Then if practical examinations were to take place, they must be conducted by practical men. But, if the amendment were carried out, the men who would conduct such examinations would be men who had left the practice of their profession, or who had never acquired a practice. He then highly eulogised the school at Dublin, and asked who would not be proud to have their papers signed by such men as they saw at the meeting in Dublin. Their object in meeting that day was to make the Council efficient, and such as to command the confidence of the public; and he had hopes of achieving that result. [*Heav, heav.*]

Dr. GIBSON, of London, said that, as to the difficulty mentioned by Dr. Sibson of having three Examining Boards, he contended that there was none whatever. As to oral examinations, he had yet to learn that medical gentlemen would refuse to travel if properly paid for it. A large levy of them from Dublin and Edinburgh came to the General Council. Sir J. Gray's Bill gave £21 as the maximum remuneration per day, ten guineas being the minimum sum; for that competent men would be obtained. Professor Haughton had not entirely relied on written examinations. In most of the ancient universities there were oral examinations. If there was to be but one portal, there must be but one Examining Board. He would support the amendment.

Dr. RAMSAY, of London, thought that by opposing the proposition for three Boards they would do a great deal of harm. No doubt the authorities would see that the examinations of the three Boards were conducted on the same principle. He believed that that was an understood thing. [*No, no.*] Well, the President of the Privy Council had expressed himself to that effect.

Dr. CARR, of Blackheath, felt assured that the Government had made up their minds to have three Boards of Examiners for the three divisions of the kingdom. He objected to disfranchising either the Scotch or Irish Universities; and if an English Board were to be sent to examine the medical men at Dublin, it would meet some such fate as befel an Irish friend of his who went to levy taxes, but who, instead of being paid the taxes, was put into a manure-tub. [*Laughter.*] He thought the Government had shown a disposition to act fairly towards the profession; and they had yielded in a material point. The Council had long deliberated on this question, and he contended that the meeting ought to support the original motion. [*Heav, heav.*]

Dr. H. SIMPSON, of Manchester, expressed his surprise at hearing Dr. Sibson say that written papers might almost be thrown overboard.

Dr. Sibson stated that he had not wished to convey such a meaning.

Dr. SIMPSON remarked that the tenour of his friend's observations were to that effect, viz. that examinations taken by printed papers were generally unsatisfactory.

Dr. Sibson again rose and said what he had intended to say was, that both methods of examination were necessary, one to supplement the other.

Dr. SIMPSON said this explanation answered every purpose. Paper examinations were requisite as well as practical examinations by the bedside and in the dissecting room. He saw no difficulty in carrying on the examinations as proposed; and twice a year in each of the three countries he apprehended would be sufficient for carrying out the practical part of the examination. Then nobody knew what were the real feelings of the Government in regard to this subject. He thought it was probable the Government were seeking an opportunity to concede the point sought as to one Examining Board. They were all agreed that one portal to the profession was most important; and he thought

most present would also agree that, if there were three Examining Boards, one portal to the profession was impossible. [*Heav, heav.*] He did not think there was any danger of their upsetting the whole measure by a demand for this point. He very earnestly supported the amendment.

Mr. CLAYTON, of Birmingham, asked the meeting to be unanimous and to support the original resolution.

Dr. McLEWYRE, of Odiam, asked why they should not have examiners selected from London, Edinburgh, and Dublin, and then they would have two parties going to one place at a time. At all events, one party would be staying at home, while the others would be visiting, doubtless under the most pleasurable circumstances, and under the most favourable auspices for their own comfort and for the efficiency of the profession. He believed there was nothing impracticable in this whatever. [*Heav, heav.*] Let the matter be deferred, if necessary, for one, two, or three years, and let them exert themselves to direct public opinion in favour of their object. [*Heav, heav.*]

Dr. STEWART, of London, said that if there was to be only one Board the examiners would have to give up their profession unless there were constant changes in the Board. Then if there were to be but two examinations a year, they would have the whole body of the students in arms against the place, because their facilities for coming up almost at any time in the year for examination would be curtailed. He believed that the Government had come to the conclusion that the system could only be worked by having three Boards. [*Heav, heav.*]

Dr. WEBSTER, of Dulwich, believed the majority of those present were in favour of one portal and one examination. [*Heav, heav.*] He held that the Government ought to be made acquainted with this general desire. [*Heav, heav.*]

Mr. HECKSTALL SMITH, of St. Mary Cray, believed that the general feeling of the profession was that there should be but one Examining Board for the United Kingdom, and he thought a resolution embodying that simple idea should be passed.

Dr. WEBSTER remarked that Dr. Haughton was present rather as the representative of Trinity College, Dublin, than of the medical profession of Ireland; and that the question must be decided by practical common sense. They must have some standard of education; and he asked the meeting not to be led away by mere eloquence. [*Heav, heav.*]

THE PRESIDENT then put the question to the meeting, whether it would adopt the original resolution, or the resolution together with the proposed addition to it.

A division took place, and the resolution with the addition was carried by a large majority.

Dr. WATERS, of Chester, rose to move the second resolution. He said he was glad to find there was a divided opinion with respect to the first motion, because it showed that no gentleman had attended the meeting with any preconceived views or settled notions upon the various points involved in the Bill introduced by the Government into the House of Lords. The resolution he had to move commended itself in every way to the members of this Association; in fact, it was a part and parcel of the Association. It was brought forward in Dublin at the most influential gathering of the Association ever held, where gentlemen from all parts of Great Britain were assembled together, and it was passed almost, if not quite, unanimously. There were only two gentlemen who held up their hands against it; and one of them had since fallen in with the views of the majority. At Oxford a resolution similar in its bearing had been passed unanimously, and the same thing had been repeated at Leeds. It was a resolution, he might say, involving the great prayer of the Association, without which no measure of medical reform could or would be admitted to be satisfactory by the profession—it was that educated men should have the power of electing their representatives to the General Council. On the first occasion of his entering into this question he felt some doubt in his mind as to whether it was really necessary to alter the position of the Council, or order that a larger interest might be taken in the working of the Council by the profession generally, but since then he had changed his opinion; and he had great pleasure in moving—"That this meeting views with regret and disappointment the entire absence of the claim of the profession to direct representation on the Medical Council, and pledges itself to exercise every constitutional means to secure this vital and all important principal in any measure of medical reform that may become law." If ever there was a point on which strength of opinion was required it was with reference to this subject. They knew that qualified minds had been brought to bear on this matter—they knew that nearly ten thousand members of the profession had signed a memorial in favour of the principle, and there were also members who did not join in that memorial on account of its containing other matters, but who were with the majority.



Dr. STEWART seconded the motion. He never doubted, he said, of the great merit of the principle involved, for it embodied simple justice to an enlightened and self-sacrificing profession. [*Hear, hear.*] He thought it was monstrous that the members of the medical profession should be excluded from having a direct and potential voice in the management of their affairs. For some time he had doubts as to the mode of carrying out the principle, but now he was satisfied that the plan they proposed was the best one. It was a principle to carry out which their entire energies ought to be directed, because it was one that was founded on justice and propriety, and would, he believed, be followed by the most beneficial results. It would promote confidence amongst the whole body of the profession, in the first place, in the composition and constitution, and, the next, in the proceedings of the Medical Council, giving, besides, an immense aid to their deliberations and decisions. He was fully prepared to give his complete adhesion to the principles proposed in the Report of the Committee. He was sure that the profession were deeply indebted to Dr. Waters for the steps he had taken in the matter for several years past—he had thrown his whole heart and soul into the matter; and it must be exceedingly pleasing to him to see there was so large a response to his proposition throughout the country. [*Applause.*]

Dr. SEATON, of Sunbury, said it was with considerable diffidence he rose to propose an amendment to the resolution just proposed. It related to the mode in which the principle involved should be carried out, and merely improved, as it were, the wording of the resolution. In the present form the Council would have to be either disfranchised or the enlarged if a number of new members were to be introduced into it. It had been said that the change in the Corporations would involve the granting of new charters—a bugbear which had terrified a large number of members. Now, no new charter was wanted at all giving power to the colleges and universities in the first place to elect representatives in the Medical Council, and he could not see why it should be required in this instance. He moved an amendment in favour of altering Section 4 of the Medical Act (1858), so as to provide for the members of the Medical Council duly elected by the graduates, fellows, members, etc., of the several bodies.

Dr. RAMSAY seconded the amendment.

Mr. CLAYTON, of Birmingham, believed that when gentlemen were elected to Corporations they were apt not to carry out the feelings of the gentlemen who elected them. The most independent men were often indifferent to the wishes of their constituents. He thought they ought to declare war to the knife with all Corporations, and have men who would represent the bone and sinew of the profession—the general body of the practitioners. Sir James Graham once threw them out because they did not know their own minds. If they were now divided in opinion, the Lord President would say that nothing could be done till unanimity prevailed. He asked the meeting to pass the motion unanimously.

Dr. WEBSTER supported the original motion, and said he should be delighted if Dr. Seaton and his friends could reform the Corporations. Representation, he thought, was wanted in those bodies.

Dr. WYNN WILLIAMS of London, asked whether it was intended to increase the members of the Medical Council.

The PRESIDENT said he had no information on that point. All they asked for at present was a due proportion of the representation. They had better, he thought, keep to that. [*Hear, hear.*]

Dr. CHEVALIER, of Ipswich, said it was not their business to attack the Corporations on this occasion, but to secure representation for themselves.

Mr. WOOD, of Shrewsbury, hoped the members would not weaken their cause by dissenting from the original motion.

Mr. HUSBAND appealed to Dr. Seaton to withdraw his amendment in the interests of medical reform. [*Hear, hear, and cheers.*]

Dr. RAMSAY did not understand the amendment as attacking the Corporations.

The PRESIDENT said that all sympathised with Dr. Seaton, yet he thought it would be unwise to press his amendment.

Dr. SEATON said that, rather than there should be a division in the meeting he would withdraw his amendment. [*Cheers.*] It was not intended in any way as a direct amendment to the motion, but merely for the purpose of making it more explicit.

Dr. DESMOND, of Liverpool, said they ought not to accept the Bill unless it contained a *sine qua non* as to representation.

Dr. WATERS read the former part of the motion, modified, as follows—“That this meeting views with regret and disappointment the entire absence of any provision in the Bill for the Direct Representation of the Profession in the Medical Council, and pledges itself,” etc.

The resolution was then put to the meeting, and agreed to with but one dissent.

Mr. ROGERS-HARRISON, of London, moved the next resolution. He said that the sin of commission in the Bill was that it left everything in hands of the Privy Council; he thought, therefore, the motion which had been put into his hands would meet with more unanimity than any other. He thought they did not want the intervention of any Government to put them in the way of conducting their own affairs, or on the mode of imparting education, preliminary or subsequent. He moved—“That this meeting of the British Medical Association offers its determined opposition to any Bill which gives to the Privy Council more extended or other control over the medical profession than is given to it by the Medical Act of 1858.”

Dr. HALL, of Sheffield, as an old member of the General Council of the Association, had great pleasure in seconding the resolution; because he did not think it desirable, there being too much of taxation and too little of representation already. To give extended powers to the Privy Council would be a step in the wrong direction. They had been told, as it were, that they must go “with bated breath and whispering humbleness” to the powers that be. It behoved the profession to step out firmly and boldly as became a body of educated men, and in the interest of a great and noble profession. If they struggled on, they would doubtless gain their rights.

“Freedom’s battle once begun,  
Bequeathed by bleeding sire to son,  
Though baffled oft, is ever won.”

The resolution was unanimously adopted.

Dr. DAVEY, of Bristol, thought it would be a source of regret if the meeting broke up without an opinion being offered on a subject of the greatest importance. He alluded to the Corporations, the Colleges of Physicians and Surgeons throughout the United Kingdom, and the Universities. Dr. Parkes and Sir Dominic Corrigan had taken unusual interest in the present condition of the Colleges; and they had declared those Colleges and Corporations as wanting in force, because they did not accept the representative principle. Their future existence would depend in a great measure on the consideration of the grievances of the profession. If they desired to hold their own, and perpetuate all their good offices, they must render themselves popular in their form of government. He moved—“That this meeting regards the omission from the proposed Medical Acts Amendment Bill of any plan whereby the Fellows, Members, and Licentiates, of the Universities and the other medical bodies or Corporations in the United Kingdom, are empowered to vote in the election of President or other officers to or in such medical bodies respectively, and would suggest the addition to the proposed Medical Acts Bill of a clause giving direct representation to the Members and Licentiates aforesaid in such several medical bodies or Corporations.”

Mr. MARTIN, of Hammersmith, asked if this resolution would be in harmony with those already passed.

The PRESIDENT said the subject was not mentioned in the programme, and it was not the object for which the meeting had assembled; still it was a very important matter, and he was prepared to listen to a discussion if the meeting thought proper. He had no doubt that, if they had a properly constituted Medical Council to regulate their affairs, the reforms of Corporations would inevitably follow.

Several gentlemen expressed their opinion that the question had better not be opened, and

Dr. DAVEY withdrew his motion accordingly.

A vote of thanks to the Chairman for presiding, was carried by acclamation at the close.

## DEPUTATION TO THE PRESIDENT OF THE PRIVY COUNCIL.

ON Thursday, a large number of the members of the Association waited upon Earl De Grey and Ripon, the President of the Privy Council, at the office in Downing Street, for the purpose of laying before his Lordship the resolutions adopted at the meeting on Wednesday. Mr. W. E. Forster, the Vice-President of the Council, was also present. Amongst the members who attended were, Dr. Chadwick, Leeds; Mr. Husband, York; Dr. Waters, Chester; the Rev. Dr. Haughton, Dublin; Dr. Simpson, Manchester; Dr. Procter, York; Dr. Sibson, London; Mr. Watkin Williams, Birmingham (Secretary); Dr. Webster, Dulwich; Dr. Davey, Bristol; Dr. Ramsay, London; Dr. Smart, C.B., Inspector of Hospitals; Dr. W. Dickson, Medical Inspector of Customs; Mr. E. Hart, London; Dr. Keeling, Sheffield; Dr. John Murray, London; Mr. Gorham; etc.

Dr. CHADWICK, in introducing the deputation, said that the Association had held a large meeting on the previous day, and had passed certain resolutions. The Association embraced several thousands of the



medical profession resident in England, Ireland, and Scotland; in fact, it comprised the *élite* of the profession. They had considered the Bill which his Lordship had kindly undertaken to introduce, and had endeavoured to arrive at a right conclusion with respect to it. The first resolution passed on Wednesday affirmed the great principle of admission to the profession through one portal. It had been intended to accept three Boards, and to thank his Lordship for having freely entertained so important a matter; but at the meeting it was resolved that it was desirable that, if practicable, the examinations should be conducted through one Board. This was carried by a considerable majority; but at the same time he must say that the minority was a very respectable one, numbering perhaps one-third of those who voted. The matter which the Association was most anxious to see settled was, that the profession should be directly represented in the Medical Council, irrespectively of any body or Corporation. This point, however, would be better explained by Dr. E. Waters, whom he introduced to his Lordship.

Dr. WATERS said that he had for some years presided over the Direct Representation Committee of the British Medical Association. He recapitulated the proceedings of that Committee, and referred to the votes passed at the annual meetings of the Association in Dublin (1867), and in Oxford (1868). The proposition of the Committee had been acceded to by members of the Association in Oxford, Leeds, in Lancashire and Cheshire, Cumberland and Wales, in Liverpool, Manchester, Birmingham, Bristol, and other large towns. The Irish Medical Association was also in favour of the proposition. A memorial drawn up by some gentlemen at Birmingham had received above 9,700 signatures; and the meeting of the Association, on Wednesday, affirmed the principle with one dissentient only. It had been approved, also, at meetings of the various Branches of the Association in some of the most populous parts of the Kingdom. The Cambridge and Huddington Branch, while admitting the justice of the change asked for, had passed a resolution in favour of indirect representation. This, however, did not meet the views of the Association. It was thought that Dr. Paget, the present President of the Medical Council, had exercised his influence, and naturally so, in respect of the resolution. He had attempted in the Council of the Association to oppose the measure. Dr. Waters went on to observe that some of the Universities, having a very small number of graduates, sent representatives to the Medical Council; and yet the profession itself was to have no voice in the governing body. This was the more strange, as it was acknowledged that the General Medical Council was not popular with the profession. Dr. Burrows (lately President of the Medical Council), in an opening address, had declared that it was hardly to be expected that the Council could remain undisturbed. Mr. Bowman, in his address on Surgery delivered at the annual meeting, alluded to the institution of the Medical Council as a transitional step in the process of unification. In fact, the majority of the Council, he believed (at any rate, many of them), had expressed their opinion that its composition must be modified. His Lordship would easily imagine the surprise and disappointment occasioned when, notwithstanding these statements within the Council and the unanimous opinion throughout the profession outside, it was found that in his Lordship's Bill that happy and contented family was to remain absolutely undisturbed, and to be entrusted with higher powers. He regretted to say that the General Medical Council no longer demanded his confidence. It distrusted the profession; and the profession reciprocated the feeling; and no governing body, whether autocratic or democratic, was otherwise than on the brink of destruction when those whom it ruled declared themselves against it. When the profession, through the British Medical Association, asked the General Medical Council to accede to the principle of direct representation, after promising an answer it gave none. The Council voted that the time for considering the proposition was inopportune. They had never considered it since, though a memorial was presented to them, and it was clear the General Medical Council, as at present constituted, would never discover the opportune moment for inquiring into its imperfect fabric. The character of the last debate, as he trusted, of the present Council, had culminated in completing their distrust. It was stated that throughout the debate the good of the profession and the views of the profession were almost entirely disregarded, except when a representative of Corporations had succeeded in discovering that the professional welfare demanded that primary attention should be paid to corporate interests. In one of the daily papers it was said that obviously the Council was not a very likely authority to keep the Examining Boards in check. "Although the seventeen gentlemen from the colleges and institutions may be unconscious of any bias in their minds, it is scarcely possible that they can avoid watching over the interests of the bodies they represent, instead of exercising a supreme regard for the broader claims of the profession at large. These seventeen gentlemen are practically the delegates of the Universities, the Medical Cor-

porations, and the Licensing Bodies; and it is too much to expect that, with the aid of only six Crown nominees and the President, they should be able to turn round and control the authorities by whom they have been elected. Another singular fact is this—that the whole of the ordinary funds of the Council are derived from fees paid by the registered medical practitioners, who, nevertheless, enjoy no direct representation in the Council." In conclusion, Dr. Waters said that the British Medical Association had no hope from the General Medical Council of suggestions for its own improvement, but they trusted that his Lordship would effect in the Bill such modifications as would meet their views. They required no undue preponderance of the English representatives over those of Ireland or Scotland; and he would suggest that the General Medical Council should, after the passing of the Act, contain four representatives of the medical profession in England and Wales, two for Ireland, and two for Scotland.

Dr. CHADWICK suggested that power should be given to the minority to re-introduce questions which had been considered by the Council itself. They felt, however, in the ordinary course of things that if the Council were properly constituted they would be able, with the simple approval of the Government, to manage their own affairs.

Mr. HUSBAND said that the direct representation of the profession had been thrown out of Sir James Graham's Bill, because there was no settled constituency. In this instance, the Association hoped not to go against the Government; but it would be their duty, if their request were not considered, to test the House of Commons; and he could not help thinking that the representatives of the people would expect that a more plausible representation should be given to the profession than it now had. Suppose, for instance, that the House of Commons was composed of borough-mongering members and one-third nominees of the Crown, it would be absurd to say that that was a representation of the people, and yet the profession, as regarded the Medical Council, would go to represent the Medical Council elected by a few individuals, and it had not the confidence of the profession at large. He trusted his Lordship would introduce some clause into the Bill which would give the general practitioners a perfect representation, and would see that justice was done to all parties at large.

Earl DE GREY said he could not state more than this, that he would carefully consider the representations that had been made to him. Of course there were various questions to be considered irrespective of what had been placed before him that day—there was, for instance, the abstract question of whether the change they advocated was in itself desirable or not; and there was a question, too, whether it was desirable that any change should be made in the present Bill. He was not sanguine enough to think that that or any other Bill would last for ever [a laugh], or that it would never be changed. No legislation would be so permanent as that. He did not think the illustration put forward by Mr. Husband as to the House of Commons was one that would hold water, because the question was as to what were the functions of the Medical Council, and how far those functions ought to be discharged by a body of a medical character. Of course, whether Council or not, they were a body; and whether they were direct representatives of the public, must depend upon the functions which they had to discharge. All he could say was, that he was prepared to give weight to the suggestions that had been placed before him, and would take care that they were properly considered.

The deputation then retired.

#### MEDICAL REFORM UNION.

A GENERAL Meeting of members of the Medical Profession, summoned by the Provisional Executive of the Medical Reform Union, was held at the Freemasons' Tavern, Great Queen Street, on Saturday, May 7th. The chair was taken by J. SAMPSON GANGE, Esq., of Birmingham, Vice-President of the Union. The attendance was scanty, the number present not exceeding 50 or 60. The object of the meeting, as stated in the notices convening it, was "To receive the Report of the Provisional Executive of the Medical Reform Union, and to discuss Earl De Grey's Bill, which fails to give effect to the prayer of the 9,724 legally qualified practitioners who signed the Birmingham Memorial."

Mr. GANGE, on taking the Chair, delivered an opening address. He referred to the Report of the proceedings of the Union, which had been printed; and said that on its being received, and, if the meeting pleased, adopted, the Provisional Executive would resign, and he would ask the meeting to appoint a Chairman to carry on the business. Speaking of the action of the Union with regard to amendment of the

Medical Acts, he said:—"As an affirmation of principles subscribed to by a clear majority of the practising profession in the three Kingdoms, the Birmingham Memorial has a definite value, from which it has been the careful study of my colleagues and myself in no way to detract. I cannot say I am struck with admiration for the candour of those who seek to represent the friends of progress in our ranks as insensate levelers. It is because the mass of the profession has no voice in its own government, or in the management of its colleges, that we pray for a reform which shall give us the position to which we feel we are entitled. The traditions of the profession are enlightened and progressive, and it is eminently to the interest of the State that the right of self-government should be conceded. However little the Bill might yield to the prayer of the memorialists, I should be personally disposed to accept it, provided it recognised the principle of self-government, and allowed the profession a representative voice in the General Medical Council. It is because the Bill enacts important changes to the exclusion of the essential one, that it finds little favour with us. It cripples the Corporations without giving vigour to the profession; it reduces to submission those who have certainly not dealt generously by the profession, without giving the latter the right to administer its own affairs. I take for granted that the majority of us freely recognise the exceptional distinction of the present adviser of the Government in these matters; but it does not seem desirable to allow personal considerations any weight in the decision of a question pre-eminently of a public character. Doubtless the present state of things is eminently unsatisfactory; but I do think the time is close at hand, when the few who wield power in some of the most important Corporations, will learn that their natural allies are in the ranks of the profession—men who cherish no resentment while deeply anxious for just and moderate reforms—men who would knowingly do nothing to detract from the glorious inheritance of past ages, but strive, so far as practicable, to strengthen and adorn them with all that is most just and useful in our own time. Depend upon it, for the Corporations and for us, so far as independence is concerned, the Government portal bears Dante's famous line—

"Lasciate ogui speranza, O voi ch' entrate."

Once we enter the fortress for protection, the drawbridge will go up. We may be cared for, indeed, with the care and forethought of a paternal government after the best type; but I have no hope of ever after winning from the cold strong hand of official tenacity the independence we so much need. The leading idea of the Provisional Executive of the Medical Reform Union has been to promote and cement the union of the profession. It is for you to determine how these ends can be best secured in the present great crisis. As a profession, we have a good cause to plead before Parliament. The memorial is a basis—the Medical Reform Union an engine; upon the manner in which the former is built upon, and the latter is worked, the result depends. He concluded by moving—"That the Report of the Provisional Executive of the Medical Reform Union be received and adopted."

Dr. DAVEY (Northwoods, Bristol) seconded the resolution, which was carried.

Mr. GAMGEE having left the chair, was, on the proposal of Dr. DAVEY, seconded by Dr. GEORGE HARLEY, appointed Chairman to preside over the remaining business of the meeting.

Dr. EDWARDS CRISP was appointed Secretary *pro tem*.

The following were the resolutions which were, after discussion, adopted by the meeting.

1. Moved by Dr. GEORGE HARLEY, and seconded by Dr. JOSEPH ROGERS—"That this meeting greatly regrets the omission in the proposed Medical Acts Amendment Bill of a clause to secure the Direct Representation of the Registered Members of the Medical Profession on the Medical Council; and suggests that a clause, giving Direct Representation to the whole of the Registered Members of the Profession be inserted in the proposed Bill."

2. Moved by Dr. DUDFIELD, and seconded by Dr. DAVEY—"That, in this meeting, the Senates, Councils, or Governing Bodies, of the several Universities and Medical Corporations should be elected by the entire body of Graduates, Fellows, Licentiates, and Members, respectively belonging to these Universities and Corporations."

3. Moved by Dr. FELCE, and seconded by Dr. ALLEN—"That this meeting disapproves of the power proposed to be conferred upon the Privy Council by the Medical Bill now before Parliament."

4. Moved by Dr. DUDFIELD, and seconded by Dr. JOSEPH ROGERS—"That the foregoing resolutions be forwarded to the Lord President of the Privy Council, the President of the General Medical Council, and the Presidents of the several Medical and Surgical Corporations."

## ASSOCIATION INTELLIGENCE.

### EAST YORK AND NORTH LINCOLN BRANCH.

THE fourth annual meeting of the above Branch will be held at the Hull Infirmary, on Wednesday, May 25th, 1870, at 1 o'clock: KEL-BURNE KING, M.D., President, in the Chair.

The dinner will be held at Glover's Hotel, at 4 P.M. punctually. Tickets for dinner and dessert, 5s. 6d. each.

ROBERT H. B. NICHOLSON, *Honorary Secretary*.

### BATH AND BRISTOL BRANCH.

THE sixth ordinary meeting of the session will be held at the Royal Hotel, Bristol, on Thursday evening, May 26th, at 7 o'clock: C. H. COLLINS, Esq., President.

Papers are promised by Mr. Gaine, Dr. Spender, Mr. W. Smith, and Mr. Prichard.

CHARLES STEELE, } *Honorary Secretaries*.  
R. S. FOWLER, }

Clifton, May 11th, 1870.

### BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

THE annual meeting of the above Branch will be held at the Great Western Hotel, Birmingham, on June 17th, at 3 P.M.; THOMAS UNDERHILL, Esq., President, in the Chair.

The annual dinner will take place after the meeting, and at the Great Western Hotel, at 5 o'clock punctually. Dinner Tickets, including waiters and dessert, 7s. 6d. each.

T. H. BARTLETT, *Honorary Secretary*.

### METROPOLITAN COUNTIES BRANCH: ORDINARY MEETING.

AN ordinary meeting of this Branch was held at the rooms of the Medical Society of London, George Street, Hanover Square, on Friday, April 29th, at 8 P.M.; GEORGE JOHNSON, M.D., President in the Chair.

*The Medical Acts Amendment Bill*.—Dr. HENRY, one of the Honorary Secretaries, brought forward a petition in favour of the direct representation of the Profession in the General Medical Council, and moved that the Branch give authority to the President and Secretaries to sign it.

Dr. J. MURRAY seconded the motion, which was carried.

*Superannuation of Poor-law Medical Officers*.—Mr. LORD proposed, Dr. STEWART seconded, and it was resolved, that the President and Secretaries be authorised to sign a petition in favour of the Bill introduced into Parliament by Mr. Brady, to provide for the superannuation of Poor-law Medical Officers in England and Wales.

*Provident Dispensaries*.—Dr. J. FORD ANDERSON read a paper on Provident Dispensaries, their Object and Practical Working. The paper is published at page 516.

Dr. JOSEPH ROGERS asked what rate of wages would justify the exaction of a contribution to a Provident Dispensary. He had found that the average of earnings throughout the country was 12s. 6d. per week; and he thought that the principle of Provident Dispensaries, though admirable and worthy of encouragement, must be limited to large towns, where men could earn 25 or 30 shillings weekly. The labouring classes probably amounted to about 44 millions of the population; and of these about one-half were ill every year. In 1854, some medical men, in giving evidence before a Select Committee on Medical Relief, had advocated an extension of this beyond those generally regarded as paupers; such, for instance, as artisans, on whom an illness of five or six weeks' duration might press seriously. Unless larger weekly wages could be secured to the labouring classes, he did not see how to overcome the difficulty of their setting aside money for the purpose of contributing to Provident Dispensaries. Under the present Poor-law system, medical relief was most imperfect; if the medical officer did his duty well, he was crushed by it; if not, the distress of the poor was increased. If the employers of labour could be induced to raise the wages paid by them, much distress would be removed. He believed that much evil arose from the hospital out-patient system; and alluded to the fact that many persons became Governors of hospitals specially for the purpose of being able to send their servants as patients. Our physicians and surgeons, in their desire to obtain position and *reputa-*



had brought on the general practitioners much discomfort by freely giving their services to the public.

Mr. W. SEDGWICK had been for some time connected with dispensaries; and he agreed with the author of the paper that those who made payments were more considerate towards the medical officers than those who received attendance on the ground of mere charity. The institution with which he was connected strictly limited the amount of earning which should entitle to the membership. No doubt, statistics would bear out what Dr. Rogers had said; but statistics were fallible; and at any rate, they could not affect the question of the efficient working of Provident Dispensaries in the neighbourhood of large towns. There was without doubt a large portion of the working community quite capable of paying moderately for medical relief. In the Dispensary of which he was medical officer, the midwifery fee was one half of that stated in the paper; there was no independent fund from which it might be increased. He thought, however, that it ought to be a guinea. For the admission of members during sickness, the rule was that a fine of half-a-crown and a month's contribution in advance should be paid; and this plan worked well. In large towns, the usefulness of Provident Dispensaries was liable to be limited by the free hospitals and dispensaries; where patients could get advice for nothing.

Dr. DRYSDALE had seconded the motion lately proposed by Dr. Stewart at the meeting held at the rooms of the Royal Medical and Chirurgical Society, and he had done this more on theoretical than on practical grounds. He had always had the idea that there must be some way out of the difficulty attending the present hospital system, which interfered much with general practice. It had been proposed at the Metropolitan Free Hospital, that the medical officers should be remunerated; but they were told that it was their business to attend to the poor. He hoped to see a combination of the provident system with payment to hospitals. Provident Dispensaries would do good by giving the poor a lesson of foresight and thus preventing them from becoming exceedingly poor; and, at the same time, good would be done to the medical profession.

Mr. LORD said that this paper was a very comprehensive one on an important subject. There was an old quotation—"Suo sibi gladio hunc jugulo"; and he thought that those who were so eager to gain appointment in public institutions would find themselves in this state—they would become sufferers in the end. Dr. Anderson had said that the Provident System would gain £100 a year for each of 679 doctors; and no doubt it would retrieve a great deal of professional pay which at present was lost. He strongly denounced the prevalent pseudo-philanthropy and sentimentality, and urged the meeting to approve the plan embodied in Dr. Anderson's paper, though he thought that his views on some points were rather utopian.

Mr. P. H. HOLLAND said that a great change of opinion had taken place on the subject of Provident Dispensaries. Thirty years ago, he had been nearly turned out of a Medical Society in the country for advocating institutions of the kind; they were said to be derogatory and "bad in principle"—a general term which people used when they did not know what were their grounds for objecting. It was now, however, a general opinion that the Provident System was fair and just, and that medical men ought to be paid for their services. He was rather disposed to agree with the opinion that gratuitous service was worth what it cost; and he would ask whether the ordinary Dispensary System was not more injurious than useful. He thought that the Provident System gave all the advantages of the Dispensary System, without its evils; and it presented advantages, especially to medical men commencing practice, who ought not to be competed with by those who could afford to give medicine for nothing. Many young men fell into dissipation because they were hindered from getting on in practice. As to the patients, there was a large class capable of making payments during health, but not during illness; and these ought, while in health, to provide against sickness. The cause of the difficulty in inducing them to make provision, is the existence of free dispensaries; and these ought to be gradually put down. The circumstances of all persons applying as patients should be inquired into; and those who were not fit objects of charity should be excluded. The money spent on dispensaries might be more usefully applied in the establishment of houses of recovery in the country for those who had been ill; but to those also the patients should be invited to make contributions. If free dispensaries could be cut off, and a large class of the poor could be induced to provide for themselves, the power to remove and prevent disease would be increased by the better previous knowledge of the patients which would be obtained.

Dr. STEWART said that the Branch might congratulate itself on having so very able, clear, and comprehensive a paper brought before it. There could be no manner of doubt as to the prosperity of Provident Dispensaries; the experience of nearly thirty years had proved it. In 1849 he (Dr. Stewart) had written on the subject; and he had seen no

reason to change his views. It was necessary to keep in mind the class of persons for whom Provident Dispensaries were intended. It was not intended that the very poor should be included in this class; but it might be here asked, whether there were not many persons designated as poor who ought not to be so, and who had been brought down by *improvident habits*. What was wanted was to educate people up to a higher point—to make them provide for a necessary eventuality of life. It was a strong point in regard to Provident Dispensaries, that in advocating them people would be attacked on a point which most closely came home to them, and regarding which they were most amenable to reason. He thought that Provident Dispensaries afforded a means of escaping from the poor class to those who ought not to be in that class; at all events, it tended to keep people from falling into the category of poor. The hospital or dispensary was, he believed, often the first step downwards to pauperism; the Provident Dispensary the first step upwards towards the savings bank and independence. As to what Dr. Rogers had said regarding wages, no conclusions could be drawn from the statistics given. The statements as to the amount of wages did not shew the actual amount of receipts. It had been shewn that labourers received many additions in the form of payment in kind, amounting, perhaps, to 30 or 40 per cent. Hence it might be expected that even in the agricultural districts the Provident System might be made to meet the wants of the labouring population. But what was now complained of was the pauperising effect produced by the present hospital system on those who were just above, or sometimes even considerably above, the poor. It would seem as if the system had been devised to push them down. Many hovered just above the slight line separating them from pauperism; and if anything could be done to keep them above this, it would be a great good to the community. The difficulty in working Provident Dispensaries was not, how low they should go, but as to the upper limit of persons who might be admitted. The answer to the question, whether men having 40s. to 50s. a week should be allowed to become members, would depend very much on the size of their families. The difficulty, however, would disappear in the practical working. He had received a letter from Dr. Bryan of Northampton, who had advised caution, and had stated the opinion of some of the medical men of that town (including himself) that the Provident Dispensary had proved injurious to them. Dr. Bryan had recommended that all the medical practitioners in a town where a Provident Dispensary was established should be its medical officers. As to the establishment of houses of recovery, he (Dr. Stewart) had made this suggestion in 1849.

Dr. WATKINS said that he had had ten years' experience at the St. Pancras Provident Dispensary; and the paper embodied his views. The midwifery fee was half a guinea; he had tried, but without success, to have it raised to a guinea. One difficulty was, how to treat with children when a family was large. They were sometimes taken at a lower rate than adults; but it must be remembered that they often required more medical attendance than their parents.

Dr. JOHN MURRAY said that the payment of the medical officers, however desirable, would not of itself encourage provident habits among the patients. He did not see why the provident principle should not be adopted in some way, even for persons having several hundreds a year. It was a fact that the upper and lower classes were enabled to obtain what was called the best medical advice; the former by the payment of high fees, and the latter at the hospitals; while, on the other hand, the middle classes were unable to secure such advantages unless obtaining hospital relief under false pretences. Some of the medical men in Northampton might have been losers through the Provident Dispensary; but he would ask how many medical men around the hospitals in London had not lost practice, probably to a much greater degree, through these institutions.

Mr. H. T. H. CHAPMAN also made some remarks.

Dr. ANDERSON, in replying, repeated what he had pointed out in the paper—that, when wages were small, the Provident System would lead to their being raised. Medical men unconnected with Provident Dispensaries might lose money; but, he would ask, from what class of patients? Certainly not from those who could pay at the usual rate for prolonged attendance. With regard to the charge of being utopian, he had to say that the Government control at which he had hinted was not an essential part of the scheme.

On the motion of Dr. STEWART, seconded by Dr. A. MEADOWS, Dr. Anderson was requested to allow his paper to be published in the JOURNAL.

#### NORTHERN BRANCH: SPECIAL MEETING.

A SPECIAL general meeting of the members of this Branch was held in the Library of the Newcastle-upon-Tyne Infirmary, on Saturday, May 14th, to consider the Medical Bill now before Parliament. In the un-



avoidable absence of DENNIS EMBLETON, M.D., President of the Branch, the Chair was occupied by EDWARD CHARLTON, M.D., President-elect of the Association. There were also present twenty-four members.

The communication from the Committee of Council and the report from the Direct Representation Committee having been read by Dr. PHILIPSON, Honorary Secretary, it was moved by Dr. GIBSON (Newcastle), seconded by S. W. BROADBENT, Esq. (South Hetton), and carried unanimously—"That the Northern Branch of the British Medical Association regards with satisfaction the clauses of the Medical Act (1858) Amendment Bill which concern the establishment of single Examining Boards in each of the three kingdoms; but considers that there is cause for just apprehension as to the power which is proposed to be given to the Privy Council over the resolutions of the General Medical Council, in regard to medical education."

Dr. ARNISON (Newcastle) moved, and Dr. DENHAM (South Shields) seconded—"That the Northern Branch of the British Medical Association deeply regrets the omission from the proposed Bill of all provision to improve the method of electing the members of the General Medical Council, and is of opinion that provision should be made in the Bill not only for such, but also for the direct representation of the profession in the General Medical Council, in the following proportion; viz.: four representatives to be elected by the registered members of the profession residing in England and Wales; two representatives to be elected by the registered members of the profession residing in Scotland; and two representatives to be elected by the registered members of the profession residing in Ireland."

Dr. TESSIER (Tynemouth) moved as an amendment, and Dr. PYLE (Sunderland) seconded—"That the resolution end, 'General Medical Council.'"

The amendment was put to the meeting, and was negatived. The resolution was carried.

It was moved by Dr. DIXON (Sunderland), seconded by EDWARD HEFFERNAN, Esq. (Spenny Moor), and carried by acclamation—"That petitions embodying the resolutions, and signed by the President-elect of the Association and the President and Honorary Secretary of the Northern Branch, be forwarded to the Right Hon. Lord Ravensworth for presentation to the House of Lords; and to the Right Hon. T. E. Headlam, M.P., for presentation to the House of Commons."

On the motion of Dr. MACAULAY (Newcastle), seconded by Dr. LYLE (Newcastle), a vote of thanks to the Chairman was carried by acclamation.

#### BIRMINGHAM AND MIDLAND COUNTIES BRANCH: GENERAL AND SPECIAL MEETINGS.

THE sixth general meeting of the session was held on March 10th. Present: J. V. SOLOMON, Esq., President, in the Chair; and forty-seven members and visitors.

*Communications.*—Specimens and cases were brought before the Branch by Dr. De la Cour, Dr. Russell, and Mr. E. Roberts Smith.

Dr. MALINS read a paper on the more Frequent Use of Forceps in Obstetric Practice. An animated discussion followed, in which Dr. Hickinbotham, Messrs. Bassett, Thomas Underhill, Turton, Sainsbury, Garman, George Yates, and H. Morgan, took part. The last named gentleman showed an impromptu fillet which he had lately used.

Dr. PERCY LESLIE addressed the Branch on a scheme for adjusting the Relations of the Profession with the Medical Charities, and the Charities one with another. It was resolved: "That the discussion on Dr. Leslie's paper be adjourned to an extra meeting to be held next month; and that Dr. Leslie be requested to give a *résumé* of his paper at that meeting."

An extra meeting was held on April 14th. Present: J. V. SOLOMON, Esq., President, in the Chair; and thirty-seven members and visitors.

*Communications.*—Dr. MILLER showed a specimen of Encysted Hydrocele of the Cord, removed from a patient who had died of some acute disease.

Mr. FRANK UNDERHILL brought forward a Specimen of Aneurism of the Aorta.

Mr. ERNEST ELKINGTON exhibited the Neck of a Femur removed from a woman aged 102, who had died from burns at the General Hospital.

Mr. ELKINGTON also showed a specimen of Acute Necrosis of the Tibia opening into the Knee-joint.

Dr. PERCY LESLIE gave a *résumé* of his paper read at the last meeting.

It was proposed and carried, after an animated discussion, in which

Messrs. G. Yates, Furneaux Jordan, Manley, Pearce, Gamgee, Garman, Turton, T. H. Bartlett, Solomon, and Drs. W. Hinds and Russell, took part—"That the members of the Birmingham and Midland Counties Branch of the British Medical Association, convinced of the great and ever increasing anomalies of the present system for administration of gratuitous medical relief, both as regards the public and the profession, hereby propose to form a Board of Inquiry, which, without committing itself to any particular line of action, shall by all legitimate means seek to obtain information as to the causes of complaint, and direct by public discussion, publication of statistics, and correspondence with governing bodies, the best course to be taken to obtain redress."

The following gentlemen were nominated to form a Committee: Dr. Leslie, Dr. Robinson, Dr. Scurrah, Mr. Manley, and Mr. Lloyd Owen.

A special general meeting was held, at the request of the Committee of Council, on May 12th—present, J. V. SOLOMON, Esq., President, in the Chair, and twenty-four members—to consider the Medical Bill now before the House of Lords, which was read a second time on May 5th; and to petition against the objectionable clauses of the Bill, more especially that which will give the control of medical education to the Privy Council; and, further, to obtain the direct representation of the registered members of the medical profession in the General Medical Council.

It was proposed by the PRESIDENT, seconded by Mr. CLAYTON, and carried—"That the General Medical Council shall, after the passing of this Act, always contain four representatives elected by the registered members of the medical profession residing in England and Wales; two representatives elected by the registered members of the profession residing in Scotland; and two representatives elected by the registered members of the profession residing in Ireland."

It was also resolved: "That a petition embodying this resolution be prepared, signed by the President and Secretary on behalf of the Branch, and forwarded to Lord Cairns for presentation to the House of Lords."

#### CAMBRIDGE AND HUNTINGDON BRANCH: SPECIAL MEETING.

A SPECIAL meeting of the above Branch was held in Cambridge on Monday last, G. E. PAGET, M.D., in the Chair, to consider the Medical Act now before Parliament.

The following resolutions (referring to the Act with the proposed amendments) were passed unanimously.

1. That, instead of the present mode of electing members of the Medical Council, each member of the profession should have a vote for returning a Member of Council for the medical authority to which he belongs, and that the Crown should cease to appoint members of the Council.

2. That it is neither reasonable nor just that the Medical Council should have the power (proposed to be given in Clause XX of the Bill as amended on Report) to allow the privilege of registration to foreign and colonial graduates who have not passed one of the common examinations, by Clauses III and XIII of the Bill, while the graduates of all British Universities are deprived of this very privilege, although their course of education is under the control and supervision of the Medical Council.

3. That the preceding resolutions, together with an expression of approval of the other details of the Bill, be embodied in the form of a petition to the House of Lords, which the President and Secretary of the Branch be authorised to sign on behalf of the Branch.

4. That a copy of the resolutions be also forwarded to Earl De Grey and Ripon, and that the Secretary convey to his Lordship the cordial thanks of the members of the Branch for the great trouble and attention he had given to the Bill—the details of which, excepting the points referred to in the resolutions, meet with their hearty approval.

A vote of thanks to the Chairman concluded the business of the meeting.

#### WEST SOMERSET BRANCH: SPECIAL MEETING.

A SPECIAL meeting of the above Branch, to consider the Medical Bill then before the House of Lords, was held at the Market House, Taunton, on Saturday, May 14th, 1870, at 3 P.M. H. J. ALFORD, Esq., M.B., President, took the Chair; and fourteen members were present.

A circular letter from the General Secretary, Mr. T. W. Williams, addressed to the Branch Secretary, Dr. Kelly, was read.

The following resolutions were passed.

It was proposed by Mr. W. H. AXFORD, seconded by Dr. CORN-

WENT, and carried unanimously—"That this Branch considers it to be most essential that the Medical Bill now before the House of Lords should contain a provision for insuring that a certain number of representatives elected by the registered members of the medical profession shall have seats in the General Medical Council, and that the following amendment to be added on going into Committee of the House, has the approval of this Branch.

"The General Medical Council shall, after the passing of this Act, always contain four representatives elected by the registered members of the medical profession residing in England and Wales; two representatives elected by the registered members of the profession residing in Scotland; and two representatives elected by the registered members of the profession residing in Ireland."

It was proposed by Dr. CORDWENT, seconded by Mr. ALFORD, and carried unanimously—"That this further amendment be made in the Bill when in Committee—

"That the word 'who' be omitted from clause 22, line 35, page 9; and that the words 'or not being so registered' be introduced into the same clause in line 38 before the word 'takes'."

It was proposed by Mr. G. GILLET, seconded by Mr. H. W. RANDOLPH, and carried unanimously—"That this Branch desires to express the opinion, that the powers which the Bill originally proposed to give to the Privy Council would be most detrimental to the profession."

It was proposed by Mr. CORNWALL, seconded by Mr. PRANKERD, and carried unanimously—"That the Secretary send a copy of the above resolutions to the General Secretary, requesting he will present it to the Chairman of the general meeting to be held at Willis's Rooms, St. James's, London, on Wednesday next, the 18th instant, to be read at that meeting."

Votes of thanks to the Chairman and to the Honorary Secretary were passed, and the meeting then broke up.

#### BATH AND BRISTOL BRANCH: SPECIAL MEETING.

A special meeting of this Branch was held on May 16th, at the Theosophical Institution, Bristol, to consider the Medical Act: C. II. COLLINS, Esq., President, in the Chair.

After considerable discussion, the following resolutions were agreed upon.

Proposed by Mr. MICHELL CLARKE, and seconded by Mr. TIBBITTS—"That, in the opinion of this meeting, any Medical Bill will be unsatisfactory that does not provide for the Direct Representation of all Registered Practitioners in the Medical Council."

Proposed by Mr. ATCHLEY, and seconded by Dr. MARSHALL—"That this meeting highly approve of the provision in the proposed Bill for the construction of a single Examining Board for each kingdom (these being uniform), which shall be the only portal of entrance into the body of Registered Medical Practitioners."

## REPORTS OF SOCIETIES.

### PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, APRIL FOUR, 1870.

RICHARD QUAIN, M.D., President, in the Chair.

REPORTS BY MR. ARNOTT and Dr. FAGGE were read on Dr. PAYNE'S and Mr. MORRIS'S Specimens of Syphilitic Liver.

A report was also read by Mr. BARWELL on Mr. WILLIAM ADAMS'S cases of United Tendons after Operation for Talipes.

A report on Dr. MORELL MACKENZIE'S case of Tumour of the Cricoid Cartilage was presented by Mr. Marsh, with drawings by Dr. Moxon. The case was considered one of papilloma.

Mr. MAUNDER exhibited a Myeloid Tumour of the Lower Jaw of two years' growth which he had removed, together with the portion of the jaw to which it was adherent, from a girl ten years of age.

Dr. KELLY showed a specimen of Congenital Mitral Disease from a female, aged 33, who had died of cardiac dropsy in King's College Hospital. There was a narrowing of the orifice, and during life a præ-systolic murmur was present.—Dr. FAGGE had generally found that in cases of præ-systolic mitral murmur there was no history of acute rheumatism.

Dr. KELLY also brought forward a specimen of Congenital Malformation of the Heart.

Dr. THOMAS WILLIAMS exhibited Diseased Aortic and Mitral Valves, with extensive vegetations on both. There were distinct evidences of friction caused by the aortic vegetations. The mitral valve

showed a small aneurismal sac, of the size of a pea, connected with vegetations on the valve. The specimens were from a female, thirty-four years of age, under the care of Dr. Quain, who had enjoyed good health until her last confinement, eleven months previously.—Dr. C. J. B. WILLIAMS (who was warmly received by the meeting) considered the case one of acute aortic valvular disease; and that the broken down valve had produced abrasions in the anterior laminae of the mitral valve, where vegetations had formed.

Dr. HILTON FAGGE brought forward a case of Hepatic Abscess from ulceration and sloughing of the large intestine, taken from a man who had never been abroad, and who was supposed by his medical attendant to have had typhoid fever.

Dr. FAGGE also showed a specimen of Cancer of the Left Kidney from a child four and a half years old. It weighed four and a half pounds, was rounded and elastic, and bulged out on the left side. The pelvis and calyces of the kidney were dilated. Microscopically the tumour was found to consist of large round oval cells, with nuclei nearly filling up their cavities. The history extended over a period of four or five months.

Dr. FAGGE next exhibited a Cyst in the Lung at the edge of the lower lobe, which contained a clot of blood in its interior, and opened into a vein of the size of a goose-quill, which, after passing through the pulmonary tissue, opened into the left auricle.

Dr. THOMPSON DICKSON presented some Ricketty Bones from an Insane Patient, aged 40, who died, after an epileptiform seizure, in St. Luke's Hospital with general paralysis. The bones were all loaded with fat, and were soft and exceedingly fragile. The brain was somewhat atrophied. All the cases of broken ribs in lunatic asylums, which had lately engaged attention, had occurred in patients with general paralysis; and he brought these specimens forward to show how easily bones in such patients might be fractured, and that cases of broken ribs must occur occasionally in keeping general paralytics quiet.

Dr. MORELL MACKENZIE exhibited two cases of Aneurism of the Aorta causing pressure on the left recurrent laryngeal nerve, with consequent paralysis of the muscles on the left side of the larynx. The symptoms in the first patient (a man aged 37) existed for at least eighteen months. The laryngoscope showed paralysis of the adductors and abductor of the left vocal cord. The man died very suddenly: tracheotomy was instantly performed, but without any result. After death, an aneurism as large as a hen's egg was found at the descending portion of the arch of the aorta. It lay between the trachea and oesophagus, and formed a slight projection on the posterior wall of the trachea, about an inch above its bifurcation. The left recurrent nerve wound round the aneurism, and was much smaller than the right. The muscles on the left side were markedly atrophied. In the second case (a man aged 40), the symptoms had existed only four months. The laryngoscopic signs of paralysis of the muscles on the left side of the larynx were exactly similar to the last case. The patient died ten days after he was first seen. An aneurism, about the same size as that in the former case, was found about an inch above the arch of the aorta and to the right of the innominate artery. It abutted on the trachea near its bifurcation, but did not diminish its canal. In this case, much more recent, there was no atrophy of the muscles affected. Dr. Mackenzie observed that the important practical question often arose in cases of intrathoracic tumours, accompanied with dyspnoea, whether tracheotomy should or should not be performed. He considered that the laryngoscope afforded crucial evidence on this point; for, if the pressure were due to implication of the recurrent nerve, the immobile vocal cord was at once seen. In these cases, tracheotomy would be of the greatest advantage; but where the tumour caused direct pressure on the lower part of the trachea, opening of the windpipe was of course useless.

Dr. C. J. B. WILLIAMS thought that the information gained by the laryngoscope may be derived by other means. Temporary benefit is derived by tracheotomy when there is pressure on the recurrent laryngeal nerve and when there is no direct pressure on the trachea. In the case of the late Earl St. Maur, both were present. The sound from pressure on the trachea is of a stridulous character. He had been able to make a diagnosis from this alone; it does not extinguish but accompanies the voice. Where the paroxysms in the intervals are not accompanied by this stridulous breathing, tracheotomy may afford relief; where the recurrent laryngeal alone is pressed upon, relief may be obtained. The laryngoscope was of use in chronic cases of tumour.—Dr. SIBSON stated that in a case of his, one of aneurism of the descending aorta, published in the Society's *Transactions*, the adductor muscle was atrophied.—Dr. MACKENZIE replied that, though physicians of great experience in diseases of the chest might be able to discriminate the kind of pressure without the laryngoscope, he thought that to the large mass of the profession this instrument would prove a most important aid to diagnosis of these very difficult cases.

Mr. CHRISTOPHER HEATH exhibited the parts from a case in which he had tied the Right Subclavian Artery in the third part of its course, and also the Carotid, in 1865, for what was supposed to be Innominate Aneurism, and which caused dysphagia. The patient was a woman. She left the hospital convalescent within three months after the operation. She was in the habit of getting drunk, and had attacks of syncope. In one of these fits of intoxication, emetics were administered, and the tumour became active again, and ultimately proved fatal. The aneurism was found to be aortic, and the root of the innominate was dilated. There were symptoms of repair, laminated fibrine having been deposited in the sac. With reference to the possibility of treating aneurisms of the aorta surgically, he thought relief could be, and had been, often given. Mr. HEATH referred to several cases on record which made perfect recoveries. Both arteries must be tied, the subclavian and the carotid on the right side, and the carotid on the left.—Mr. MAUNDER remarked that if physicians could tell us that the size of the orifice between the sac and the artery was not larger say than a shilling, surgeons might do good. In the case in which he had operated, the clot had passed downwards.—Dr. SIBSON had seen Mr. Heath's case. It was a sacculated aneurism of the arch of the aorta. If the ligature be between the sac and the heart in these cases, then good may be done, but if the reverse, then a greater stream of blood will result.—Dr. C. J. B. WILLIAMS considered these cases very unfavourable; but he knew of one case, that of a gentleman, who had an aneurism thirty years before, who was now living. He lived a quiet regular life, and now the existence of the aneurism can hardly be discovered. There is merely slight impulse.—Mr. HOLMES thought that dyspnoea and dysphagia had been relieved by distal ligature, but without much relief to the aneurism. He would take the symptom of much dyspnoea as the rule for operation.

Mr. DE MORGAN shewed a Fibrous Tumour of the breast, from a lady. It grew rapidly to the size of a fetal head, returning to its original size, that of an orange, after the disappearance of an attack of gout.

Mr. DE MORGAN showed, also a Calculus of a very large size, from a man of advanced age, who died at Canterbury, with symptoms of stone, which had been present for years. He had been supposed to be a malingering.

#### HARVEIAN SOCIETY OF LONDON.

THURSDAY, MARCH 3RD, 1870.

W. F. CLEVELAND, M.D., President, in the Chair.

Dr. GIBBON exhibited a specimen of Chronic Perforating Ulcer of the Stomach taken from a coal-whipper, aged 62, who had been ailing two years, but continued at his work up to the time when perforation occurred, *i.e.*, twenty-four hours before death. The ulcer measured two inches by one, and extended across, and at right angles to, the lesser curvature, at a distance of three inches from the pylorus. Its edges were much thickened and elevated above the surface of the ulcer; under the anterior edge was a sharply defined circular opening, a quarter of an inch in diameter. The anterior surface of the stomach at the site of this opening was adherent to the under surface of the left lobe of the liver. The body was very muscular, but had little adipose tissue about it. All the internal organs were healthy except the lungs, which were very emphysematous, especially the right. There was no conclusive evidence to show that the disease arose from defective nutrition, or starvation, reasoning from its structure and functions.—Dr. Gibbon thought that the mucous membrane of the stomach, unlike the cornea, ought to be last rather than first to slough from defective nutrition. The liability of chlorotic females to the disease, and of persons suffering from extensive destruction of the skin by burns, to similar ulcers in the duodenum, seemed to point to some dyscrasia or impurity of the blood as a possible cause.

On some of the Functional Derangement of the Male Genital Organs. By W. F. Teevan, Esq., B.A., F.R.C.S.—Mr. TEEVAN commenced by referring to—1. The abnormal erections occurring in children, which might take place in extreme infancy, and were caused by some local irritation, as very acid urine, gravel, calculus, ascariæ, cutaneous eruptions, phymosis, etc. A tight foreskin was a cause of much evil, and ought always to be remedied. Children who were forced to lie much on their backs, as in hip-joint disease, suffered from daily erections through the pressure of the urine on the most sensitive part of the bladder. 2. Too frequent nocturnal emissions greatly alarmed young men, but the great depression was the result of mental anxiety rather than the seminal loss. Drachm doses of tincture of sesquichloride of iron would entirely keep in check such emissions. 3. Emissions in married men were of common occurrence, and were

caused by irritation and debility, the results of marital excesses. Local application of mild solutions of the nitrate of silver would be necessary to effect a cure. 4. Discharges during defecation occurred to most men at some period of their lives. When through indigestion, the semen became attenuated or the bowels constipated; a certain amount of semen and prostatic fluid would be forced out by the powerful contraction of the levator ani muscle. Laxatives would cure these cases. 5. Diurnal emissions were of serious import, and would in certain conditions be brought on by the slightest mental or physical excitement. Suppositories of camphor, opium, and belladonna were of great value in these cases, but the local application of a strong solution of the nitrate of silver would be necessary. 6. True lethargy of the sexual organs sometimes presented itself in strong young men who had led continent lives. Ergot of rye, cantharides, strychnia, and phosphorus were useful in these cases.—Dr. POLLOCK thought that nothing certain could be predicated regarding the actions of drugs in a certain case, as the functions of the organs were so influenced by moral causes.—Mr. HICKMAN confirmed Mr. Teevan's statement regarding the great value of iron in the cases referred to.—Dr. WILLIAMS thought incontinence of urine was always caused by some local irritation.—Dr. GIBBON wanted to know whether the occasional passage of a bougie was useful in certain cases.—Mr. CLEVELAND thanked Mr. Teevan for bringing the subject before the meeting, and considered that sufficient consideration was not given to the diseases of the generative organs.—Mr. TEEVAN then replied.

#### PATHOLOGICAL SOCIETY OF DUBLIN.

SATURDAY, APRIL 9TH.

JAMES S. HUGHES, M.D., Vice-President, in the Chair.

Mr. J. HAMILTON presented a drawing of an Aneurism of the Arch of the Aorta, which had resulted from an accident in a man aged 39. During life, the case simulated aneurism of the common carotid, as a pulsating tumour, of the size of a hen's egg, was found on the right side of the neck just above the sterno-clavicular articulation. In this tumour, a distinct double sound was audible, without *bruit*. The diagnosis was made by a process of exclusion in the following way. That the carotid artery was not the seat of the affection, appeared evident for these reasons: that the vessel in question was healthy in every respect, even just above the tumour; that that tumour evidently penetrated into the thorax; and that the double sound was audible in the upper sternal region. Again, the arteria innominata was judged to be free from disease, as there was no dulness on percussion over the situation of this vessel, as the carotid and subclavian arteries presented no abnormal signs, and as there was no evidence of pressure on the right bronchus. On *post mortem* examination, the aneurismal tumour was found to spring by a constricted neck from the arch of the aorta between the arteria innominata and the left common carotid. The heart was healthy, but an embolus was discovered in the right ventricle, and projecting into the pulmonary artery.

Dr. LAW exhibited a marked case of Atheromatous Deposit in the Aorta, accompanied by considerable hypertrophy of the left ventricle. The chief interest attaching to this case arose from the existence, during life, of most of the physical signs of aortic valve disease. Thus, there was a double murmur at the base of the heart, a *jerking* pulse, and visible pulsation in the carotids. Extreme dyspnoea was likewise present, and the patient was liable to severe paroxysms of angina. Death occurred rather suddenly, after extreme and uncontrollable hemoptysis. The dyspnoea was explained by the necroscopic appearances of the lungs. The apices were emphysematous to a large extent, and patches of pulmonary apoplexy were found at the base of both organs. Dr. Law suggested that the angina in this case may have been due to aortitis, consequent on which the ossific deposit had probably taken place. As regarded the differential diagnosis between atheromatous degeneration and aortic insufficiency, he alluded to Dr. Bellingham's view that, in the former case, the double murmur is not carried down to the apex of the heart, while it is heard more extensively in a transverse direction.

Dr. HAYDEN showed a striking example of Pulmonary Emphysema, the patient having been a man aged 33, of intemperate habits, and strumous diathesis. At the base of the right lung, posteriorly, abnormal resonance was noticed, and *metallic tinkling* was occasionally plainly audible. In no situation was there dulness on percussion. The apices of both lungs were studded with tubercle, and several small abscesses were found at the base of the right lung.

Dr. FOOT presented two specimens of comparative pathology. The first was an Epithelial Growth, which he had some days before removed from the side of the head of a Golden Eagle. The disease had resulted from a rat's bite at the junction of the cere with the gape. The



second specimen was the foot of the Peregrine Falcon, which had spontaneously separated by mortification, the result of pressure caused by a too tight strap.

Dr. FOOT also presented a large Cretified Bronchial Gland, removed from the thorax of a young girl. When recent, the specimen weighed 2½ ounces.

Dr. HENRY KENNEDY exhibited a small Polypus, which had been spontaneously expelled from the Rectum.

## MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in anatomy and physiology, at a meeting of the Court of Examiners, on May 10th; and, when eligible, will be admitted to the pass examination:—

Messrs. George W. Whittingham, Walter Needham, Richard T. Morris, Abraham M. Edge, Thomas Cooke, P. Lancashire Booth, Robert Hartley, E. Stannum Bishop, Henry Kirke White Russen, and W. Millar Shearman (Students of the Manchester School); Alfred Hill and W. Edward Fulford (London); Albert B. Rice, and J. Lawson Johnstone (Liverpool); William Bates (Birmingham); Gerald Bonford (King's College); Alfred P. Boon (St. Mary's); Arthur H. Savory (Charing Cross); Frederick G. Blake (Bristol); John H. Baker (St. George's); R. F. Stopford Taylor (Sheffield); Charles Randolph (Bristol); Aubrey Wilkinson (Newcastle); W. Newman Walker (University College); C. J. Hislop Warden (St. George's); and G. James Selby (Guy's).

The following gentlemen passed on May 11th:—

Messrs. Morgan P. O'Leary, J. Batley Bradbury, Charles A. Bestall, J. Harrison Ellis, and J. Lucius Davoren, B.A. Trin. Coll. Dub. (Students of the Dublin School); David Price, William Wallis, and E. Sheedon Robson (Guy's); Arthur H. W. Ayling and C. F. Whistley (Middlesex); W. Crawshaw Head and George Bland (St. Bartholomew's); Walter Arthur (Westminster); John Snell (Leeds); J. Osdon Smith (Manchester); R. Goodwin Breeze (University College); Hugh L. Peregrine (St. George's); Antonio José Amades (Philadelphia and Paris); Albert Morton (London); Kristo Dian Ghose (Calcutta); and William Lloyd (Dublin and Middlesex).

The following gentlemen passed on May 12th:—

Messrs. Robert Harry Hughes, Edwin Tipler, and Joseph Kinden (Guy's); Algeon Archibald Payne (Sheffield); John Henry Osborne (University College); Edward Mark Scales (Dublin); and Charles Edward Armand Scamper, E.A. Cantab. (Middlesex).

Out of the 87 candidates examined, 32 were referred to their anatomical and physiological studies for three months.

*New Fellows.*—At a meeting of the Council of the Royal College of Surgeons on May 12th, the following members of the College, having been elected Fellows at previous meetings of the Council, were admitted as such.

Rass, Daniel, Commercial Place East: diploma of membership dated February 24, 1869.  
Rudderforth, E. H., L.R.C.P. Lond., Air Street, Piccadilly: August 8th, 1856.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH: DOUBLE QUALIFICATION.—The following gentlemen passed their first professional examinations during the April and May sittings of the examinations.

Robert Wilson, Blackburn; Lawrence Storax M'Kenzie, Liverpool; Wesley Hayes Thompson, Cradley; George Fraser Henry, Aylth; Thomas Spowart, Fifehire; Michael John Fox, St. Helens; John Henry Reid, Kilmek; Daniel Sutherland, Wick; William Pearson, Mid Lothian; Joseph Dixon, Cumberland; Robert Evans; Joseph Matthews, Shropshire.

The following gentlemen passed their final examinations, and were admitted L.R.C.P. Edinburg and L.R.C.S. Edinburg.

Thomas James Ollerhead, Wrexham; William Somerville Limerick, Cork; Paul Edward Limerick, Cork; William Richardson, Northumberland; James Wistar Vance, South Carolina; Charles Adams Simpson, South Carolina; John W. Elliott, East Indies; David James Hamilton, Falkirk; James Peacock Myles, Limerick; Wm. Derham, County Down; William Watkin Evans, Montgomeryshire; John Somerville, Dumfriesshire; Theodore Henry Ford, Hong Kong; Joseph Matthews, Shropshire; Charles William Hill Vray, County Antrim; Samuel Johnston, County Antrim; Joseph Lawton, Leeds; Annespence, Belfast; John Murray, Deany; Robert Stine, Edinburgh; Henry Boyes, Muggilston, Essex; Andrew Blair, Dunfermline; Christopher Harvey, Cornwall.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—The following gentlemen passed their final examinations, and were admitted Licentiates of the College, during the April and May sittings of the Board of Examiners.

William Cherry, Canada West; James Henry Hammond, Dundee; William Wylie, Paisley; Thomas Evans, Cardiganshire; William Frederick Sweeney, County Cavan; William Cameron Grant, King's County; James Miller, Paisley; Thomas Hunter, Kirkcubrightshire; Samuel Peacock, Antrim; Robert Archibald, Canada; Alexander Gannon, Ross-shire; Matthew Black Mackenzie, Belfast; Josiah William Walker, Peterborough; David Huston, Portrush; John Broom, Chesham; Leonard Archibald Manning, Wicklow; Florence M'Carthy, Dublin; John Drysdale, Linlithgowshire.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, May 12th, 1870.

Bryant, John Henry, Sussex Square, W.  
Hunt, Thomas Henry, Huime, Manchester  
Morris, John Edward, Cosberton, Lincolnshire  
Toyne, Henry William, Bradford, Manchester

The following gentlemen also on the same day passed their first professional examination.

Drew, William Thomas, St. Mary's Hospital  
Garton, William, St. Thomas's Hospital

## MEDICAL VACANCIES.

The following vacancies are declared:—

ARDWICK and ANCOATS DISPENSARY, Manchester.—Junior House-Surgeon. BETHLEM ROYAL HOSPITAL FOR LUNATICS.—Assistant Medical Officer. NORTH STAFFORDSHIRE GENERAL HOSPITAL.—Medical Officer and Public Vaccinator for the Whiston District: applications, June 4th; election, 6th. CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, applications, 26th.

CORNWALL LUNATIC ASYLUM, Bodmin.—Assistant Medical Officer: applications, 28th.

DROITWICH UNION, Worcesterhire.—Medical Officer for the Workhouse; Medical Officer and Public Vaccinator for the Droitwich District: applications, 28th.

FORDEN UNION (newly formed), Montgomeryshire.—Medical Officer for the Welshpool District.

INFIRMARY FOR CONSUMPTION AND DISEASES OF THE CHEST, Margaret Street, Visiting Physician: applications, June 8th.

KIRKABRECK, Kirkcubrightshire.—Parochial Medical Officer: applications, 24th.

KIRKCALD, Ayrshire.—Tactical Medical Officer: applications, 31st.

KNIGHTON UNION, Radnorshire.—Medical Officer for the Brompton Brian District.

LIVERPOOL, Parish of.—Medical Officer for District No. 5: applications, 26th.

LIVERPOOL DISPENSARY FOR SKIN DISEASES.—Assistant-Surgeon: applications, 29th.

LIVERPOOL ROYAL INFIRMARY.—Junior House-Surgeon: applications, 28th.

LIVERPOOL ROYAL INFIRMARY SCHOOL OF MEDICINE.—Professor of Descriptive and Surgical Anatomy: applications, 28th.

LONDON FEVER HOSPITAL.—Assistant Physician: applications, June 7th.

LUNESDALE UNION, Lancashire.—Medical Officer for District No. 2.

MULD, Flintshire.—Surgeon to New County Prison.

NORTH LINDING LUNATIC ASYLUM, Clifton, Yorkshire.—Medical Superintendent.

NORTH WITCHFORD UNION, Cambridgeshire.—Medical Officer for District No. 1.

NOTTINGHAM DISPENSARY.—Assistant Resident Surgeon: applications, 30th; election, June 13th.

RIPON DISPENSARY.—House-Surgeon and Resident Dispenser.

SEVENOAKS UNION, Kent.—Medical Officer for District No. 2.

SOUTH STAFFORDSHIRE GENERAL HOSPITAL and WOLVERHAMPTON DISPENSARY.—applications, 28th; election, June 14th.

SPALDING INFIRMARY and DISPENSARY.—Surgeon.

STRATFORD-ON-AVON UNION.—Medical Officer for the Workhouse: applications, June 21st; election, 30th; duties, 24th.

SUNDERLAND GENERAL INFIRMARY.—Two House-Surgeons: applications, June 17th; election, July 8th.

TIPPERARY COUNTY INFIRMARY, Cashel.—Resident Apothecary: applications, June 1st.

VICTORIA HOSPITAL FOR SICK CHILDREN, Chelsea.—Assistant Physician: Assistant-Surgeon: applications, 31st.

WEST LONDON HOSPITAL, Hammersmith.—Assistant House-Surgeon: applications, 25th.

WEST RIDING LUNATIC ASYLUM, Wakefield.—Clinical Clerk: applications, 26th.

WESTON-UPPER-MARE HOSPITAL and DISPENSARY.—House-Surgeon: applications, 31st; election, June 2nd; vacancy, June 24th.

## MEDICAL APPOINTMENTS.

*Names marked with an asterisk are those of Members of the Association.*

\*HARRISON, Reginald, Esq., appointed Lecturer on the Principles and Practice of Surgery at the Liverpool Royal Infirmary School of Medicine.

\*WALKER, Alfred, M.D., appointed Physician to the St. Pancras and Northern Dispensary.

## DEATH.

\*WILKINSON, William K., Esq., Surgeon, at Spalding, aged 69, on May 14th.

THE DERBY BOARD OF GUARDIANS have increased the salary of Mr. Copstake, one of their medical officers, from £80 to £100 per annum.

THE PROPOSED CONVALESCENT HOSPITAL AT EXETER.—Mr. Arthur Kempe, of Exeter, recently offered to build and furnish a Convalescent Hospital, if the Governors of the Devon and Exeter Hospital would accept and maintain it; but the Committee have felt obliged to decline the offer for want of the necessary means. A local newspaper expresses a hope that it is not too late to re-consider the question; and thinks that before so munificent an offer is finally rejected, an appeal should be made to the public for the necessary aid.

## OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.  
 TUESDAY.....Guy's, 1.30 P.M.—Westminster, 2 P.M.—National Ophthalmic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.  
 WEDNESDAY.....St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.15 P.M.—Middlesex—London, 2 P.M.—University College, 2 P.M.—St. Thomas's, 1.30 P.M.—Northern, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Sanmar Free Hospital, Westminster, 2 P.M.—Children, 2.30 P.M.—Cancer Hospital, Brompton, 3 P.M.—King's College, 2 P.M.  
 THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 11 A.M.—Royal Ophthalmic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.  
 FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.  
 SATURDAY.....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.—East London Hospital for Children, 2 P.M.—Hospital for Women, 9.30 A.M.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

TUESDAY.—Royal Medical and Chirurgical Society, Dr. P.W. Dr. Stokes, "On Supra-condylar Amputation of the Thigh"; Dr. Bowles, "On the Pathology and Treatment of Stertor."—Linnæan Society.  
 THURSDAY.—Royal Society.  
 FRIDAY.—Clinical Society of London, 8.30 P.M. (Last Meeting of the Session.) Mr. Paget, "Case of Necrosis of the Femur without External Inflammation"; Mr. Barwell, "Reports of Four more Cases in which Concentrated Solution of Strychia was used by Rectal, Mr. Callender and Mr. Kendall, "Report on the Action of Copper on the System"; Drs. Bäumer and Duffin, and Mr. Berkeley Hill, "Report on Oscillations of Temperature in Syphilis";—Quekett Microscopical Club (University College, Gower Street, 8 P.M. Mr. Waller, "On the Conjugation of Actinophrys Sol".

## NOTICES TO CORRESPONDENTS.

ALL Letters and Communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen Street, Lincoln's Inn Fields, W.C.

CORRESPONDENTS not answered, are requested to look to the Notices to Correspondents of the following week.

TO PURCHASERS.—To insure attention, it is requested that all orders sent to the Office for extra copies of the JOURNAL, be accompanied with stamps for the amount.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

## A MEDICAL PUNCH.

A CORRESPONDENT, who writes by no means in complimentary terms of the recent meeting of the Medical Council, suggests that a "Medical Punch" ought to be issued—"at any rate, during the sittings of our House of Lords." We extract the following.

"Were it allowable to take such liberties with the magnates of our Medical Parliament, as a cotemporary habitually does with our leading politicians, it would be easy to sketch the chief event of its recent session. A posse of old gentlemen attempt to rush across a street in front of an omnibus, gesticulate vigorously, and flourish umbrellas; and then, in dire fear of being run over, rush back. To be serious, however, the profession is much indebted to the Medical Council for its willingness to get out of the way. We should have much regretted had any harm come either to the omnibus or to the venerable foot-passengers."

"Nor was this, indeed, the only comic incident of the week. A skilful artist might have made something out of the proposal of the famous motion in defence of the Corporation, which two representatives, in breathless haste, simultaneously seconded. Next, we have the helpless appeal of one member to his colleagues to know whether the Bill was likely to affect the Corporation for which he sat, and the cruel rejoinder of a colleague, 'Affect you! it will extinguish you!' The zeal with which Mr. Cooper, thus enlightened, rose at once to the height of his great argument, and proceeded to denounce a measure which could by any possibility reflect injuriously on the Worshipful Company of Apothecaries, had also in it quite as much of the comic as the dignified."

## HYDRATE OF CHLORAL.

SIR,—I see an inquiry made in the JOURNAL of April 30th, as to the best form of solution of chloral hydrate. In two cases in which it has been employed here, in the strength of twenty grains to one drachm of water, it has produced effects, distinct and circumscribed, precisely similar to those produced by chloride of zinc. I am, Sir, very respectfully,  
 THOS. L. ROGERS.

County Asylum, Rainhill, near Prescot, May 14th, 1876.

SIR,—Having recently had a case of puerperal ptyhia in which the hydrosis was too profuse to allow of sleep, I gave chloral hydrate in 15-grain doses every hour, till the case was induced to sleep. The sweating became less after the first dose. The patient has steadily improved since, and is now convalescing. I might mention that the case is distinctly due to nervous impression. The patient lost a favourite sister from puerperal pyemia eleven months ago; and for three months before her delivery, she had made up her mind to have the same disease. She succeeded, and had every symptom that her sister had in turn; but fortunately has recovered.  
 I am, etc.,  
 G. H. S.

## MUTUAL MEDICAL AID ASSOCIATION.

The Royal Leamington Spa Courier of May 14th says:—It was hardly to be expected that the scheme, propounded under the above title, should excite so much interest. There is an opinion expressed in the medical journals that if these schemes are not thoroughly discussed and carefully considered, professional honour will suffer. The BRITISH MEDICAL JOURNAL, for instance, in speaking of the scheme, says they believe that it has been established in one sort of self-deception against the working of a Provident Dispensary." With respect to the latter, our contemporary ventures an opinion which exactly coincides with the opinion we have repeatedly expressed with reference to this useful institution. "We take it for granted," says the BRITISH MEDICAL JOURNAL, "that there is one thing clear in reference to Provident Dispensaries and the like; viz., that their rules should admit all medical men in the district to come upon the staff if they wish. To establish a Dispensary upon other terms, and to proportion to its success, to inflict injustice on those who have no other means of relief, is a thing which no medical man who has any sense, and who is very likely to lead to reprisals." This has happened in Leamington; and we trust that the managers of the Dispensary will see the necessity of removing this unseemly opposition, by placing the Institution on a broad and liberal basis. The basis of the Dispensary is the clinical committee of the Metropolitan Mutual Medical Aid Society; and indeed it is scarcely possible to give these institutions a fair trial without enlarging their usefulness and popularity by throwing them open to the profession.

ROYAL COLLEGE OF SURGEONS.—The following were the questions in Anatomy and Physiology submitted to the candidates at the last primary examination for the diploma of membership:—1. Describe the course and relative position of the brachial artery. Name the branches it gives off, and trace the profunda branch to its termination. 2. Mention the different sections which imbue the food in the mouth, and in the stomach, and describe the nature of the chemical composition of each section, and its physiological purpose. 3. Describe the structure of the uterus; and mention the changes which take place in the organ during gestation. 4. Describe the fifth pair of nerves within the cranium, and mention the organs to which they supply the nerves. 5. Describe the distribution, and function of the third division of the fifth pair. 6. Describe the position, attachments (origin and insertion), and the precise action of the pterygoid externus muscle. 6. Describe the coverings of the testicle. Mention the different structures which compose the spermatic cord; and state whence they are derived, and where they terminate.

THE following questions in Surgical Anatomy and the Principles and Practice of Surgery, were submitted to the candidates at the recent examination for the diploma of membership:—1. Describe the anatomy of the hand. Mention the other structures which become affected during the progress of the disease. State the treatment which may be employed, and the probable result. 2. Mention the circumstances attending a compound dislocation at the ankle-joint which would render it necessary to amputate. 3. Describe the relative position of the subclavian artery in the third part of its course; and the different steps of the operation by which the vessel may be exposed. 4. Mention the kind of accident which might produce fracture of the base of the skull; and describe the symptoms which indicate such an injury. State the treatment to be adopted, and the probable or possible result. 5. Describe all the symptoms which indicate a fracture of the clavicle in the middle of the bone. State the position of the broken ends of the bone, and the cause of the deformity produced. Describe the treatment. 6. Describe the local appearance and the symptoms of myeloid disease. Mention its microscopic character. State the treatment, and the probable result.—At the examination on Bandages, etc., each candidate was subjected to a searching ordeal of twenty minutes at the end of which, instead of only ten at one, as heretofore. This is a great improvement, and will be followed by a clinical test as soon as the arrangements can be made.

## MEDICAL TESTS.

SIR,—Can you inform me what the medical man of the future will call himself, if content with the simple necessary title? Physician, Surgeon, or Apothecary, he cannot do so. He will be obliged to get a supplementary title in order to be able to style himself something shorter than "medical practitioner." If the Birmingham Reform Union will agitate for the new title to be Doctor in Medicine and Surgery, instead of Licentiate, I venture to say that they would receive subscriptions as well as signatures; and medical men in England would be able to take the title that they have in nearly all other countries. This is what you suggested some months ago, and I hope you will give the proposal your entire support.  
 May 18th. I am, etc.,  
 AN ASSOCIATE.

We are indebted to correspondents for the following periodicals, containing news relevant to other matters of medical interest:—The Indian Medical Gazette, April 15th; The New York Medical Gazette, April 30th; The Parochial Critic, May 18th; The New York Medical Record, May 5th; The Boston Medical and Surgical Journal, May 5th; The Madras Mail, March 7th; The Gardeners' Chronicle, May 14th; The Lancet, May 14th; The Academy, May 14th; The Edinburgh Daily Review, May 7th and 14th; etc.

## COMMUNICATIONS, LETTERS, ETC., have been received from:—

Dr. E. Waters, Chester; Dr. R. W. Gowers, London; Mr. J. Sampson Gamgee, Birmingham; J. A. S., M.D.; G. H. S.; Dr. H. Barber, Ulverston; Mr. J. Vose Solomon, Birmingham; Mr. St. George Mivart, London; Mr. R. H. Meade, Bradford, Yorkshire; Dr. R. Thorne Thorne, London; An Edinburgh Medical Student; Dr. Struthers, Aberdeen; The Secretary of the Quekett Microscopical Club; Mr. R. H. Nicholson, Hull; etc.

## LETTERS, ETC. (with enclosures) from:—

Dr. James Russell, Birmingham; Dr. Lionel S. Beale, London; Mr. R. Angus Smith, Manchester; Dr. Joseph Bell, Edinburgh; Dr. G. H. Philipson, Newcastle-upon-Tyne; Dr. J. Ford Anderson, London; Mr. T. H. Bartlett, Birmingham; The Secretary of the Clinical Society; The Secretary of the Royal Medical and Chirurgical Society; Dr. C. Holman, Reigate; Dr. G. F. Hodgson, Brighton; Dr. W. Procter, York; The Secretary of the Obstetrical Society; The Registrar-General of England; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; Mr. T. H. St. John, London; The Secretary of the Medical Society of London; Dr. Reid, Newbiggin-by-Sea; Mr. J. Robson, London; The Secretary of the Society for the Relief of Widows and Orphans of Medical Men; Dr. Mercer, Lancaster; Dr. J. M. Duncan, Edinburgh; Dr. W. Kelly, Taunton; Dr. W. Smith, Dublin; Dr. J. A. Smith, Clifton; Dr. Bristol; Dr. J. Thompson Dickson, London; Mr. Callender, London; etc.

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## LUMLEIAN LECTURES

ON THE

NATURAL HISTORY AND DIAGNOSIS OF  
INTRATHORACIC CANCER.*Delivered before the Royal College of Physicians, 1870.*

By JAMES RISDON BENNETT, M.D.,

Fellow of the College.

In the admirable work *On Diseases of the Chest*, by Dr. Stokes, published thirty years ago, that accomplished physician observes, in reference to cancer of the lungs, "that as yet almost nothing has been done in establishing the diagnosis of this disease"; that "Laennec gives no case in which auscultation was employed, and that authors are silent on the subject." This certainly can no longer be said. A considerable number of carefully observed facts have now been recorded; and Dr. Stokes himself has enriched our literature by a valuable contribution since the date at which his classical work appeared. The clinical history of intrathoracic cancer is still, however, very imperfect, and fraught with interest to the practical physician; and the diagnosis is still so frequently beset with almost insuperable difficulties, that I have ventured to make it the topic of the Lumleian Lectures which I have the honour this year to give before the Royal College of Physicians.

Cancerous disease occurring primarily within the chest is not so rare as was at one time supposed, although there are probably many physicians who have never seen a case. Three cases of primary cancer involving the root of the lung, which Dr. Budd has recorded in the *Medico-Chirurgical Transactions*, are, he says, the only ones that had fallen under his observation at King's College Hospital during a period of nineteen years. I am not, however, able to give any precise information as to the relative frequency of cancer and other diseases of the chest in this country. Exclusive of a few cases of secondary cancer and of cancerous affections of the larynx and œsophagus, I find 23 cases recorded in the *Transactions of the Pathological Society of London*. I have myself met with upwards of 20 cases, and have notes more or less complete of 16. Without, therefore, seeking for any further evidence, it is manifest that intrathoracic cancer is of sufficiently frequent occurrence to render its natural history and diagnosis a study—not merely of curious interest, but of practical importance to the physician. My remarks will be based chiefly on my own cases—16 in number, and 23 others taken from the *Transactions of the Pathological Society* (in all 39), the latter not having, as far as I know, been made the subject of any general analysis or examination. There is reason to believe that cancerous disease in general is steadily on the increase in this country. Mr. Moore has shown, by reference to the Registrar-General's returns, that the increase in deaths from cancer in London, coincident with the increase of wealth and the well-being of the population, amounts to 200 per annum.

I have not been able to collect and compare the records of a sufficient number of cases of intrathoracic cancer, so as to make them available for any trustworthy statistics. But a brief comparison of the 39 cases, which have afforded me the principal facts for these lectures, does not accord with such statistics as I have met with in books. Thus it has been supposed that the right lung is far more frequently affected than the left. But of my 39 cases, the left was the principal seat in 14, the right in 9 only; whilst of the remainder, either both lungs were affected, or the disease was confined almost entirely to the mediastinum. As regards sex, 19 were females and 20 males. The age of the oldest patient was 72, and of the youngest 11. Four were between the ages of 20 and 30, 8 between 30 and 40, 3 between 40 and 50, and 7 between 50 and 60. The middle periods of life are therefore those in which the disease is most frequently met with.

Respectively of mediastinal tumours, or such as originate in the bronchial glands, all the various pulmonary tissues may be the seat of cancerous disease—the investing serous membranes, the substance of the lungs, and the bronchi; so that the leading symptoms may present the characters either of pleuritic, pneumonic, or bronchial diseases, and their results. It is true that primary intrathoracic cancer is of much rarer occurrence in certain tissues than in others; but the records of cases that have fallen under my own observation show that it may originate in, or at least may early implicate, any of the intrathoracic tissues. As a secondary affection, succeeding to surgical operations for the removal

of cancerous growths in other parts of the body, there is much less variety, both as regards the symptoms and the course of the disease, within the chest. The pleural membrane is, in the secondary form, much more frequently and more early involved, and the signs of irritation and inflammatory action are much more prominent, as well as earlier developed. The diagnosis of these cases is, therefore, more easy; not that there is any thing distinctive in such signs of inflammation, but because, from our knowledge of the natural history of such cases, the occurrence of the phenomena in question may be assumed inferentially, but with confidence, in a large majority of cases, to depend on the presence of cancerous deposits.

The similarity in many of these cases to tubercular disease on the one hand, or simple bronchial irritation on the other, is no doubt very great; and the diagnosis, apart from the history of the case, would often be extremely difficult, if not impossible. I do not, however, propose to touch, except it be incidentally, on the diagnosis of cancerous disease within the thorax following on the removal of the disease in other parts.

But the aid to diagnosis which the previous history of the case affords us in the secondary forms of the disease is no less important in the primary. Indeed, in every case of obscure thoracic disease, a careful investigation and study of the anamnesis is of the utmost importance. This, by way of exclusion, if not directly, will often lead us to a correct diagnosis, where it would be impossible from a consideration of the existing physical signs and symptoms alone. The diagnosis must, therefore, be studied in connection with the natural history. In proportion as our experience enables us to accumulate materials for a more complete natural history of the disease, we may expect to render the diagnosis easier; and however great the difficulty in individual cases may be—and no doubt it still is very great—it may with confidence be asserted that it is far less than it was at the time when Dr. Stokes' work appeared.

Of the various species of cancerous disease, the encephaloid is the one which is by far the most frequently met with within the thorax, and next to this the scirrhus variety. I have myself met with but one case of scirrhus.

Cancerous deposits on the lungs may present analogous forms to all the varieties of tubercular deposits, and these forms may give rise to analogous changes, whether as regards the deposits themselves or the effects produced on the surrounding tissues. Thus we occasionally find cancer in the form of minute granular bodies closely resembling miliary tubercle, as well as in masses varying in size from that of ordinary grey tubercle to that of large growths equalling in magnitude a whole lung. Like tubercular deposits, cancer may be infiltrated through all the tissues, but usually it maintains the character of isolated masses, pressing on the pulmonary vessels and the surrounding textures without invading them. Rokitsansky thinks that, when infiltrated, it is the result of pneumonic inflammation arising in the course of cancerous dyscrasia. The tendency of these disseminated masses, whether large or small, to excite inflammation in the surrounding tissues, varies much. They usually remain apparently for an indefinite time (as is sometimes, though rarely, the case with tubercle) without exciting inflammation, or giving any indication, from deranged function, of their existence. The difference, however, in this respect between cancer and tubercle is considerable. It is seldom that we meet with any extensive diffusion of tubercular deposits through the lungs without evidence of more or less inflammation and its consequence in some parts. But it is common to meet with numerous cancerous masses equally distributed throughout even both lungs, and the intervening lung-tissue remain perfectly healthy, to all appearance. This remarkable and important fact no doubt goes far towards explaining the difficulty of detecting the existence, during life, of certain forms of pulmonary cancer; for it is not only the ordinary physical signs of irritation and inflammatory changes of which we are thus deprived, but also the corresponding constitutional disturbances.

In other cases, however, ulterior changes do take place in the lung and simulate very closely those which result from the progress of tubercular disease. There are various ways and means in which such degenerative changes are brought about. In some instances the cancerous deposit breaks down, and a certain amount of the surrounding lung-tissue is destroyed, and we have small cavities or vomice formed, as in the ordinary progress of tubercle. But true ulceration of cancer of the lung, it is generally believed, is very rare; destruction of lung-tissue and consequent gangrene is, however, less rare. Of such cases I have seen several, and shall have an opportunity of giving illustrations. But when extensive gangrenous destruction of the lung has been met with in connection with cancer, it has often been merely the result of progressive increase of a cancerous mass, entailing either obliteration of blood-vessels or destruction of nervous influence. But, whatever may be the true nature of the pathological processes by which all these changes are brought about, the result is that we have a variety of structural altera-

tions which are in no way distinguishable by their physical signs, during life, from those which characterise tubercle; and it is from the consideration of other circumstances, or from the progress of the case, that we must arrive at our diagnosis. This, however, will be best illustrated by adducing examples of the several forms of cancerous deposits that have been presented to my observation. For clinical purposes, the various forms of intrathoracic cancer may be conveniently arranged in three classes.

1. Those in which cancerous masses varying in size are disseminated through the lungs, having more or less analogy with disseminated tubercle, but without inducing any change in the intervening lung.
2. Those in which the cancerous growth is more localised and leads to important ulterior changes, such as ulceration and gangrene.
3. Mediastinal tumours, inducing pressure on the tubes and vessels and veins, and all its important and very various consequences.

Cancerous deposits in the form of minute tubercular bodies scattered over the pleura or through the lungs are not infrequently met with, associated with other forms in some other part of the chest. Less often, however, do we meet with military cancer either as a primary disease of the lungs or unassociated with some other form of intrathoracic cancer. Where the cancerous cachexia is strong, and especially where the disease has already existed some time in one or more localities as a local affection, we occasionally find it developed by a rapid and almost simultaneous deposit throughout the system in the form of minute cancerous granules scattered over the most varied surfaces and through almost all the tissues of the body. And many of these cases have been characterised by all the symptoms of acute febrile disturbance, such as we find in connection with general acute tuberculosis. But, although as a strictly primary affection of either lungs or pleura, military cancer may be rare, it is not infrequently met with, associated with the earliest and sometimes the only symptoms of thoracic disease, and sometimes proves to be really the only form of cancerous disease within the chest. The following case will illustrate this remark.

A. L., a servant girl, 15 years of age, was admitted into St. Thomas's Hospital under my care on the 25th April, 1865. The history that was obtained of her previous health was that till three months previously she had been quite well. She had then suffered from debility and swelling of the hands and lower extremities. These symptoms were relieved by rest and medical treatment; but she had never regained her usual health and strength. The catamenia had not yet appeared. On her admission, she was febrile, and had a hectic flush on her face; the pulse was quick, and she complained of thirst. The right leg was a little swollen, and there was a line of redness and tenderness extending from the knee to the groin. The respiration was quickened, and she had some cough with slight mucous expectoration; but she had had no hæmoptysis. On examining the chest, the respiration appeared to be somewhat harsh in both apices, but the percussion-note was normal. There was a good deal of dry rhonchus heard in various parts. After slight respiratory suppuration over the right knee, the swelling and inflammatory blush of the thigh disappeared, and the constitutional disturbance subsided. Her tongue became clean and the appetite good. On the 22nd May, it was observed that the hepatic region was enlarged, and both lobes of the liver could be distinctly felt some way below the ribs. On the right side, where the enlargement was greatest, there was pain and tenderness on pressure, and the superficial veins more enlarged. The bowels were loose, and there was no icterus. Her appetite was tolerable, pulse 80, and no general constitutional disturbance existed, nor any cough. The hepatic enlargement continued steadily to increase; and on the 2nd of June had extended to the umbilicus. The pulse was then 120, and the tongue dry, with anorexia and looseness of bowels. The thoracic symptoms had returned; the cough became very troublesome, and was attended by more or less of simple mucous expectoration. The respiration was hurried and shallow, and she complained of dyspnoea. There was, however, no dulness on percussion of the chest to be detected anywhere, but a good deal of diffused rhonchus and loose mucus expectoration. She died on the 17th June, having complained much of dyspnoea for some days before death, as well as of uneasiness of the abdomen. She had become much emaciated, having had much diarrhoea and entire anorexia.

*Post Mortem Examination.*—Both lungs were congested, and contained scattered throughout numerous small round whitish bodies closely resembling military tubercles. At the anterior edge of the right lung there was also a mass of yellow tissue, somewhat soft, about the size of a cherry. The right lung contained a patch of pulmonary apoplexy. The heart and its valves were healthy. The peritoneum contained some serous fluid and some shreds and filaments of partly organised lymph. The liver was greatly enlarged, weighing 7 lbs. 12 ounces. Its tissue was very fatty, and the anterior part of the right lobe which projected beyond the ribs presented an irregular rounded protuberance.

There was also a large tumour attached to the posterior and inferior part of the right lobe, which pushed the greater part of the liver forwards. Upon cutting into the liver, other tumours were found in its substance, which were either of a pale yellow colour or stained greenish from bile, or in other instances blood-stained. They were rather softer than the ordinary liver consistence, but nowhere pulpy or exuding milky juice. There was an enlarged gland about the size of a walnut adhering to the posterior part of the liver, presenting the same physical characters as the liver-tumours; also similar enlarged glands in front of the lumbar vertebrae. The spleen was rather large, and contained a few small yellowish nodules similar to the liver-tumours. The stomach and intestines were healthy. The kidneys presented several small white masses in their cortical substance, like military tubercles; they were otherwise healthy; the bladder was healthy; the uterus and ovaries small as in infancy. Portions of the tumours in the liver, the enlarged glands, the small masses in the lungs and kidneys, were examined microscopically, and were all found to present similar appearances; consisting mainly of a cell-growth, the cells being tolerably large, with a clear well-developed outline, varying greatly in shape, many presenting angular forms, some fusiform, and like broken fibres. They were mostly nucleated, the nuclei not being very large, but distinct, and often containing a nucleolus. These cells for the most part did not contain any fat-globules, whereas the ordinary liver-structure was loaded with oil. The appearances here described were most distinctly seen in the lymphatic glands, but were also sufficiently characteristic in the other parts to justify the conclusion that the various deposits were all of the same nature.

When first seen, there was every reason for supposing that in this young girl the symptoms referable to the chest depended on the presence of scattered tubercles. The age, the previous history of ill-health, and the non-appearance of the catamenia and hectic aspect, together with the general febrile disturbance, all seemed to point to tubercular disease. All this, however, was probably due in great measure to the constitutional disturbance excited by the local inflammation of the knee and thigh, as all the main symptoms disappeared on the subsidence of the local inflammation. There was no return of the thoracic symptoms till after the manifestation of extensive hepatic disease. That this was malignant in its nature, no doubt was entertained during life; but when, as the hepatic enlargement increased, the constitutional derangement became increasingly severe, and the thoracic symptoms returned, there was nothing in their character to distinguish them from the like symptoms which had formerly existed, and had entirely disappeared. Nor was there anything in the physical signs at all distinctive. It is, however, worthy of note, that the hurried respiration and the dyspnoea were much more marked symptoms in the latter stage than in the earlier. But these are among the most characteristic symptoms of acute military tubercle; and in the present instance much of the dyspnoea was in all probability due to the pressure exercised by the enlarged liver and its encroachment on the thoracic cavity. Viewing also the general state of constitutional exhaustion, there does not appear anything that could with confidence be considered as in any way specially referable to the presence of the military cancerous deposits in the lungs. These, however, were very numerous and scattered throughout both lungs; and their microscopic characters and identity of structure, with the deposits in the liver and elsewhere, leave no doubt as to their true nature.

Recurrent signs of bronchial irritation without any sufficient assignable cause, Dr. Stokes thinks, are characteristic of disseminated cancer, and may often form sufficient ground for the diagnosis. This is a point to which I shall probably have occasion again to revert, because I have seen reason to believe that such signs of bronchial irritation may attend any form of cancer within the thorax.

A very interesting case of primary military cancer of the lungs is recorded by Dr. Hilton Fagge in the eighteenth volume of the *Transactions of the Pathological Society*. The subject was a man 50 years of age, who was admitted into Guy's Hospital under the care of Dr. Wilks. He had been liable to winter-cough for some years, and had been obliged to leave work for seven weeks before his admission, owing to debility and shortness of breath. He was a fine, well-built man, with a well-formed chest. When first examined in the Hospital, he was sitting propped up in bed, quite unable to lie down, and had some dyspnoea. The heart's sounds were perfectly normal, and the anterior surface of the chest fairly resonant; but there was dulness over each posterior base. The expiratory murmur was prolonged and loud at each apex, where slight sibilant râles were heard. Posteriorly, at the bases, sibilant and subcrepant râles were heard, with slight bronchophony, especially on the left side. The legs were cedematous and the urine exalbuminous.

The case was regarded as one of capillary bronchitis, with more or less of pneumonia, and he was cupped and took a saline mixture with



small doses of antimony. The following day he appeared to be relieved, but his face was dusky and his heart irregular. The subsequent day he died suddenly, after passing a very restless night.

Each pleural cavity was found to contain a large quantity of clear transparent fluid of a brownish colour. In the pleural membrane were found a few minute plates, the cancerous nature of which was doubtful. The lungs were studded with small cancerous deposits, looking very like tubercles, but larger than the ordinary kind of tubercle. The two lungs were affected in exactly the same way and to the same degree. The apices were nearly free, containing only a very few of these deposits. The lungs themselves felt bulky and firm, and resisted section more than lungs affected with pneumonic consolidation or military tubercle. The appearance of the cut surface was peculiar. A few of the cancerous masses were as large as hemp-seeds, and looked quite white and like small tumours; but most of them were much smaller and closely set together. Similar small tubercle-like deposits were found in the heart and pericardium, and a few in the liver.

In this instance, as in my own case already given, we see how remarkably little tendency there appears to be to pneumonic inflammation as the direct result of cancerous deposits in the lungs. The symptoms, indeed, were those of capillary bronchitis, with more or less of pneumonia; but the immediate cause of death appears to have been passive effusion in the pleura, as the result of the general debility and cachexia and the actual condition of the lungs—not such as characterises inflammation resulting from military tubercle.

There can be no doubt, as the reporter observes, that the lungs were the primary seat of the cancer; and that a point of great interest in the case is, that the apices were much less thickly studded with the cancerous deposits than other parts of the lungs. Other instances, however, of disseminated cancer, afford no evidence for believing that the apices are less liable to cancerous deposits than other parts of the lungs. Thus, in a well marked instance of primary cancer of the lung recorded by Dr. Quain, both lungs throughout were studded with small hard masses, varying from the size of a pea to that of a walnut; and such pleuritic adhesions as existed were connected with the lower lobes. The symptoms during life were those of tubercular disease, with pleuritic effusion of the right side, which, after death, was found distended by three pints of sanguineo-serous fluid. On the other hand, Dr. Sieveking reports a case of cancer of the stomach with secondary melanotic deposits confined to the apices of the lungs. In this instance, the only positive sign elicited by percussion was dulness of the left subclavicular region; and the chief symptoms referable to the lungs, urgent dyspnoea, rather than to present local affinity. The mode of development and growth appears to be essentially different; but, as regards the priority of cancer for one part of the lungs rather than another, there is nothing, I think, to show that in this respect it stands in any antagonism to tubercle.

I have not myself met with any example of the coexistence of tubercle and cancer. There is sufficient evidence that the two may coexist; but none, I think, to prove that this coexistence is anything more than a coincidence. It may not always be easy to distinguish the two from their microscopic characters alone; but there can be no reasonable doubt as to many of the cases cited in proof of the coexistence. Lebert states that he has never met with the supervention of cancer in the course of phthisis, and believes that it must be very rare; whilst Rokitsky thinks it more usual for cancer to follow tubercle, than the reverse. He, however, thinks that the two have no real relation beyond that of coincidence. Dr. Quain's case, related to the Pathological Society, and recorded in the third volume of the *Transactions* of that Society, appears to be an unquestionable instance. A large firm carcinomatous tumour occupied the mediastinum, and encroached on the right lung. It extended deep into the structure of the lung, but did not reach as high as the clavicle. The upper lobe was studded with tubercles, the left lung being healthy. On examining by the microscope the encephaloid mass and the tubercular deposit, the distinctions appeared to be well marked and decisive. This, however (with the exception, perhaps, of Pollock's case), appears to be the only unquestionable example among the thirty-nine which form the basis of my remarks. There are two others in which the real nature of the so-called tubercles was doubtful.

Another of the rarer forms of diffused cancerous deposit in the lungs that I am able to illustrate from my own practice offers an example of primary cancer in which the growths had in most instances undergone more or less disintegration and consequent contraction of the central portions, so as to afford a close resemblance to the appearances presented by obsolescent tubercle or a hob-nailed liver. The details of the *post mortem* examination, and the microscopic appearances of the deposits, are given by Dr. Bristowe.

Eliz. Wilkinson, aged 36, a servant, was admitted June 1st, 1858. She stated that for six months she had had cough, but no hæmoptysis; that the catamenia had been absent three months; and that since then she had had leucorrhœa. Although much emaciated, she had never been laid up till her admission. Three months previously, while drawing a heavy cart, she felt a sharp pain in the left side; and to this she attributed her illness, having had shortness of breath ever since. She had not had any palpitation, nor any swelling of the extremities. There was considerable lateral curvature of the spine. There was dulness on percussion under the right clavicle, with large and fine crepitation. Respiration was harsh under the left clavicle. She had some mucous expectoration. Vocal resonance was not much increased. She had slight febrile disturbance and fleeting pains in the limbs. The treatment consisted of tonics, with expectorants, sedatives at night, and cod-liver oil; subsequently, antispasmodics, and liquor vesicatorius to the side (left), which became very painful. She had much irritability of the stomach before death, which took place on July 10th, 1858, apparently from exhaustion.

*Post Mortem Examination*, July 12th.—The heart and pericardium were healthy. Both pleurae presented numerous firm cellular adhesions. The right lung was large; the left was small and misshapen, to accommodate itself to the distorted spine and contracted side. The whole surface of both lungs was remarkably fissured; and often the fissures were so deep as to give the lung a hob-nailed appearance. On section, the lungs were found studded with patches of greyish-white material, rather firm, but yielding, on pressure, large quantities of creamy juices. The sectional surface of these patches varied from an inch and less in extent, differing in shape, and for the most part distinctly margined, but giving clear indications that the material had infiltrated rather than displaced the lung-tissue. The fissures in the lung corresponded to the centres of these deposits. In some parts, the cancer, instead of forming distinct masses, infiltrated the lung-tissue without destroying it, giving the appearance of purulent infiltration. The lung-tissue between the masses was crepitant and tolerably healthy. The bronchial tubes contained a good deal of muco-purulent fluid. The pulmonary arteries and veins, and the bronchial glands, were healthy. The liver was large, pale, and for the most part healthy. It presented, however, three or four masses of cancer, of about the size of a horse-bean, two of which reached the surface. The left kidney was increased in size, and congested, but healthy; of the right, no trace could be found. The left Fallopian tube formed an elongated cyst, the interior of which was sacculated and rugous, and contained clear fluid. The microscopic appearances were those of cancer. Where degeneration had occurred, numerous compound granular cells were seen. Pearly patches, seen here and there, contained earthy matter, which, when acted on by acetic acid, evolved bubbles of gas.

Here, again, notwithstanding the extent to which the lungs were implicated by the cancerous growths, we have it stated that the intermediate lung-tissue was healthy. Nor can we, I think, refer the old firm pleuritic bands to the consequences of the cancerous disease. They were more probably due to former pleuritic attacks, associated with the abnormal state of the thoracic organs from distorted spine. But the abundant muco-purulent secretion in the bronchi shows how generally, not to say invariably, the pulmonary mucous membrane is affected by all other morbid conditions of the lungs. As regards the diagnosis, I must confess that I was unable to refer the pulmonary symptoms during life to any other cause than tubercle and the deranged circulation consequent on the spinal disease. I was not, however, fully satisfied as to the existence of tubercle. The constitutional condition did not harmonise with this view of the case.

The bronchial tubes, although very frequently implicated in the progress of cancer originating in other parts of the lung, especially in the mediastinum and bronchial glands, are believed to be very rarely, if ever, the original seat of the disease. It would, however, appear that the bronchial tubes may be the channels by which cancerous germs are transmitted to distant parts of the lungs. Dr. Moxon has related an interesting example of this, in which the germs of epithelial cancer affecting the trachea were carried along the bronchi, and deposited in the centre of the lobules of the lung, where they gave rise to small rounded firm growths, which presented in very characteristic form the "bird's-nest" capsules of the epithelial cancer of the œsophagus and trachea, whence they appeared to have come.

My notes afford me an example of the scirrhus variety of cancer implicating mainly the bronchial tubes and their investing tissue, running along their course, and encroaching on and diminishing their calibre. The interlobular septa and the investing pleural membrane were also the seat of similar disease. In this case, the pulmonary disease was unquestionably secondary to cancer of the stomach. All the symptoms were such as might fairly be referred either directly to the disease of



the stomach and allied organs, or to the constitutional derangement and exhaustion resulting from the general dyscrasia. The chronic cough of which the man had for some years been the subject presented nothing unusual in its character, was not a prominent symptom during the time that he was in the hospital, and was not associated with any physical signs leading to the suspicion that the lungs were the seat of the very remarkable kind and amount of disease discovered after death. Especially it is to be observed, that there was no marked dyspnoea, and no true febrile disturbance.

W. H., a gardener, sixty-eight years of age, was admitted into hospital on June 16th, 1859. He stated that he had been ill six months; that previously he had had good health, with the exception of a chronic cough that he had had for some years. He complained chiefly of epigastric pain and distension, increased by taking food. For some time his appetite had been poor, and he had lost flesh rapidly. Only within the last day or two had there been any vomiting. The urine was abundant, and free from albumen; bowels regular; no febrile disturbance. His aspect was anæmic and somewhat cachectic; the tongue red and furred in patches. On examining the abdomen, several tumours were observed in the abdominal integuments, one immediately above the umbilicus, which, he affirmed, had been there for many years, and which appeared to be attached to the sheath of the rectus muscle. He emaciated rapidly after his admission, having frequent vomiting and much epigastric pain, and subsequently jaundice.

The *post mortem* examination was made by Dr. Bristowe, and the following is his detailed description of the appearances presented by the lungs. The body was extremely emaciated and deeply jaundiced. There was a milk-patch on the front of the heart, otherwise the pericardium was healthy. The heart was healthy, but flabby. The valves were competent; but there was a little earthy deposit in the right angle of the mitral valve, and a little along the attached margin of the aortic, but sufficient, in connexion with one curtain, to render it somewhat rigid generally. The pleurae were free from adhesions, and their parietal portions were generally healthy; the diaphragmatic surface of each was studded here and there with projecting lenticular patches of white cancer from a quarter of an inch in diameter downwards; and a group of similar formations, in an area equal to that of a five-shilling-piece, was seated over the central portion of the left seventh rib, which in this situation, and for about an inch of its length, was destroyed by cancerous infiltration. The lungs were somewhat large and heavy, and presented a very remarkable appearance. The general surface was congested, but thinly covered by what looked at first sight like a leprous eruption. This consisted of flat whitish circular patches, from half an inch in diameter downwards, which had coalesced in many places, and formed sinuous bands of various extent. The patches were pretty equally diffused over the entire surface of both lungs, and were so flat and little elevated as scarcely to be perceptible to the touch, or even the sight, except by their whiteness and opacity. It frequently seemed, too, that the edges were a little better defined than the central portions. In a very few instances, the central portion of a patch was elevated into a hemispherical tubercle. On cutting into the lungs, they were found generally but sparsely crepitant; but, on close examination, they were clearly ascertained to be studded rather thickly with cancerous material, which, however, was variously and somewhat peculiarly arranged. 1. In many parts, but by no means uniformly so, it existed in the form of scirrhous infiltration running along the bronchial tubes and vessels of the lung, surrounding them, apparently, in the first instance; then incorporating their parietes; and finally encroaching on and diminishing their calibre, though in no case distinctly obliterating them. The larger trunks were generally unaffected, or affected only in an early stage; the tertiary and subsequent divisions were those most obviously diseased. Constrictions arising in the manner indicated were discovered in both arteries and veins, but no nodulated or papillary growths into their channels. In those tubes in which the disease was most marked, the mucous membrane was opaque, thick, and wrinkled. 2. Numerous very distinct but thin bands (from half a line in thickness downwards) of scirrhous were found intersecting the lung-tissue in various directions. By tracing and examining them, it was rendered obvious that they were the result of cancerous growth along the septa separating the lobules from one another; and that they were, therefore, of the same nature as, and had originated in similar tissues to, the patches upon the surface of the lung. Besides the above, there were numerous spots, from the size of a lobule downwards, in which the tissue of the lung was more or less solid, and infiltrated with malignant growth. But it seemed clear that all these were secondary to the formations previously described, and due, as it were, to their outgrowth into neighbouring tissues. Many of them were subject to the superficial patches, and had obviously sprung from them. The relations of those seated in the substance of the lung were necessarily less distinct; but there was suffi-

cient reason to regard them as having a similar dependence on more central scirrhous tracts. A few of the bronchial glands were the seat of scirrhous infiltration. There was extensive ulcerated scirrhous of the stomach, with peritoneal cancer extending along the capsule of Glisson into the liver, and causing obstruction of the bile-ducts; but all other organs, as well thoracic as abdominal, were healthy.

Although, as has been stated, cancer affecting the bronchi, either primarily or independently of other parts of the thoracic organs, is, to say the least, extremely rare, if it ever occurs, cancerous vegetations from the inner surface of the tubes occur sufficiently often to give special aspects to the case, and sometimes to facilitate the diagnosis. In a case related by Dr. Pencock, considerable portions of cancerous matter, taking the form of bronchial casts, were from time to time expectorated; and in other instances expectorated matters have shown evidence of the cancerous nature of the disease. But the amount and character of expectorated matters vary greatly in different cases. Mostly, the expectoration is simply thin frothy mucus. Viscid, glairy, redurcent jelly-like matter is by no means so common or diagnostic a sign as has been supposed. The sputa not unfrequently are muco-purulent, but never, I believe, of the peculiar nummular character frequently seen in phthisis. Microscopic examination would probably, in many cases, give direct evidence of the cancerous nature of the disease.

## CASES OF LONG-CONTINUED ABSTINENCE FROM FOOD.

By HENRY BARBER, M.D., Ulverston.

MANY conflicting opinions are held upon the possibility of the human subject abstaining from food for any lengthened period; and evidence of a positive nature is very much needed to establish the claims of genuine fasting cases.

Hufeland describes the case of a merchant who committed suicide by starvation, in consequence of having suffered from some serious losses. This unfortunate individual was found, after an abstinence of eighteen days, in a grave which he had dugged for himself in a wood. He still breathed, but expired immediately after a little soup had been forced down his throat. A diary was found upon him, in which he had daily recorded in pencil all his sensations, from which it is evident he suffered greatly from exposure to cold and mental disquietude, as well as from the pangs of hunger.

Under more favourable circumstances, where external warmth and perfect repose of body and mind can be secured, or in such cases as lethargy or certain conditions of hysteria, where animation seems all but suspended, it is not difficult to conceive that the time may be greatly extended beyond that which sufficed to destroy the poor suicide just referred to.

The two following cases have come under my observation, and are introduced as concisely as possible, but with a careful attention to essential details. The first occurred about ten years ago.

*Hysterical Vomiting and Abstinence.*—M. B., aged 16, an intelligent and delicately constructed, but otherwise healthy girl, was seized with violent bleeding of the nose, and so weakened thereby as to be compelled to keep her bed. Shortly afterwards she began to vomit every description of food offered to her—solids at first, and then fluids. The rapidity with which everything was rejected—even cold water—made it necessary for her to have a basin in the left hand while she was drinking from a glass held in the right. A lump of ice was often kept in the mouth to relieve thirst; but if the water from it were swallowed, it was immediately brought up. Every remedy that could be devised was tried, without effect; and for a few weeks the patient was supported by nutrient enemata, until the bowels would not retain the smallest quantity, so that they had to be discontinued. The poor girl lay for eleven months in this condition, suffering no pain whatever beyond the pangs of hunger and thirst, and eventually died from sheer inanition. Her body was wasted to such a degree that she resembled a living skeleton; and her bowels were acted upon very slightly once in about eight weeks by means of hot fomentations over the abdomen. A *post mortem* examination was not permitted; but there was no evidence of organic disease of the stomach, the vomited matter never being anything more than the fluid taken. No tumour could be detected externally, and there was no pain anywhere. In this case I can rely fully upon the statements of the parents and friends, that whatever was administered was rejected in every instance in the same way as when I was an eye-witness. Beyond rubbing with cod-liver oil occasionally, nothing could be done to keep life going, but draughts of cold water or a lump of ice

given when asked for. She was sponged with tepid water at intervals; and although she occupied the supine position for so long a period, there were no bed-sores at the last.

*Case of Lethargy and Abstinence.*—Eleanor Addison, aged 11, is the daughter of a carpenter residing at "The Hill," Millom. I visited the child, at the request of her uncle, first on the 10th March, 1869, and saw her a few times in consultation with Dr. Robinson of this town. Her case had attracted much attention; and, being noticed in the local papers, the paragraph was copied into many other journals until it acquired great notoriety as "the sleeping girl of Ulverston." The history of the case, as obtained from the mother, was obscure; all she seemed to know was, that the child had something like croup and a "low fever" during the spring and summer of 1868, for which she was attended by Dr. Astles, at that time residing at Millom, at whose recommendation she was removed to Ulverston for change of air on October 28th, 1868. At this time she was very weak, quite conscious, and able to speak. A fortnight after her arrival in Ulverston she ceased to take food entirely, in consequence of a state of insensibility following convulsions, in which state of "trance" as it was called, she had remained, fasting, for fourteen weeks. She then awoke, talked, and had some wine and cod-liver oil, but no food proper. This lasted one month; and when she "came round" she stated to her astonished relatives that she had been in heaven, and had angels about her (her little brother among them), and she was so happy in their company that she desired to return to them. I made the following notes of her appearance and condition after my attendance upon her.

"The girl is lying as if asleep, but so very quietly that her breathing is scarcely perceptible. The pulse at the wrist is very feeble, almost absent, but distinct enough at the temples. The stethoscope, applied over the cardiac region, reveals only one slight regular sound; the second seems lost, just as it sometimes is in severe cases of typhus fever, with great debility. The extremities are cold, and the skin in every part dry and harsh. The limbs are wasted, the abdomen sunken, the ribs and bones of the pelvis very prominent; and, with the exception of the face, the whole body is emaciated, apparently to the last degree. The face appears to have the ruddy hue of health, and there is no sensation anywhere but in the eyes, which are closed. On touching the eyelashes, the eyelids quivers very little, as may be seen in the case of a sleeping infant. The pupils cannot be perceived, as the eyes are turned up towards the roof of the orbit. The countenance is very happy, and the expression, ineffable pleasure being firmly depicted upon the features, as if they were moulded into that form. Tickling, pinching, or tapping with the finger, neither excites reflex action in any part of the body, nor disturbs the serenity of the face. There has been no action either by the skin, kidneys, or bowels, for many weeks. The breath occasionally is very peculiarly offensive. The patient lies motionless, but there is no catalepsy. The back part and sides of the head and face are cold; but the upper portion, ascribed by phrenologists to veneration, hope, spirituality, sublimity, and ideality, is hot, and unmistakably supplied more largely with blood than any other part of the body. This fact, taken into consideration with the extraordinary visions related by the child during her temporary recovery, is a remarkable psychological phenomenon. The only sign of consciousness is the slight inclination forward of the head in answer to questions about angels, heaven, or her present happy state of mind. She does not make the least sign when interrogated upon any other subject. As the patient cannot swallow, the lips are moistened occasionally with water, or weak wine-and-water."

I came to the conclusion that this was a clear illustration of the lethargic state sometimes induced by the non-elimination of urea. The peculiar dry, harsh state of the skin, and the history of the case furnished by the friends, seemed to point to suppressed scarlatina and desquamative nephritis having occurred previously to the child's removal from home. I gave this opinion to Dr. Robinson, and subsequently to Dr. Astles, when we all met to consider the case, but Dr. Astles attributed all the symptoms to tuberculous deposit in the brain. The matter was referred to the Local Branch of the British Medical Association at Carlisle afterwards, by Dr. Robinson, but I was prevented from attending the meeting, which, I learned, leaned to the opinion of Dr. Astles.

The mother objected to nutritive enemata, so I suggested inunction of the whole body daily with warm olive oil, and hot applications (bottles and flannels) to the feet and legs and to the nape of the neck, for the purpose of promoting the action of the skin, and nourishing the body by absorption, and deriving the blood from the head. This treatment did not restore consciousness; but the hot applications to the feet, etc., had the effect of diminishing the heat in the coronal region, and, oddly enough, of removing the strong spiritual impressions previously existing; consequently, the serene expression of the face was changed to one of sadness and despondency, and the angles of the mouth were

drawn as if the patient were suffering acute anguish of mind. This feeling at times increased until, as on one occasion when I was present, tears ran down the face, and faint sounds of suppressed sobbing showed the alteration in the mental vision, and the removal of the "angels ever bright and fair" from the world in which the poor creature existed. She no longer replied to any questions; and, as might be expected, this unpleasant change greatly disappointed the relatives and the numbers of persons of all classes who constantly visited her. Hundreds of people had crowded to see the child from the first, as many as half-a-dozen being admitted to the room at a time; and as every one had long concluded she must die, this strange treatment of mine was looked upon as a cruel and unwarrantable interference. The possibility of saving the life of the girl was never thought of; the only idea with most of the visitors being that she ought to be allowed to die happily. Some intelligent persons—to their honour be it spoken—insisted that proper measures should be used, and aided greatly by endeavouring to reason with the ignorant. I did not visit the house again; but, under Dr. Robinson's care, the inunction was partially carried out, and at length, after twelve weeks had passed, she awoke one Sunday from this second trance, and asked for porridge, which she ate freely. At this time there was a little action by the kidneys. She recovered gradually her strength, and was removed to her own home June 5th, 1869, where she is at the present time in tolerable health. Thus, without reckoning the interval of one month, this girl was without food for twenty-six weeks, unless a very clever piece of deception has been practised, to accomplish which both the child and her mother must be very much more sophisticated and artful than I gave them credit for.

## AVULSION OF THE ARM AND SCAPULA: RECOVERY.

By THOMAS EVANS JONES, Esq., Llanasa.

On November 1869, Joseph Parry, aged 11, met with an accident at Trelogan Lead Mine. Early that day, when he went to work, he found a piece of loose rope, and threw it over a cog, or rather a hook, which was in position. His coat and arm became entangled in the rope, and he was dragged between an iron rod and a wooden frame six inches apart. The machine, being worked by steam, could not be stopped immediately; consequently, his right arm with the scapula attached was clearly drawn off. The median and ulnar nerves remained hanging down his side like two white strings. The humerus was fractured in two places—at the middle and at the surgical neck. There was also a wound skin-deep seven inches long in the left groin, which healed by the first intention. He lost some blood, fainted, and fell into a heap of gravel, which filled the wound. When I saw him between 8 and 9 A.M., he was in a state of collapse; his pulse was scarcely perceptible; his feet, hands, and face were cold and livid. Warm bottles were applied to the feet and body, and brandy and water was given every fifteen minutes. It was 3 P.M. before reaction was fairly established. I then cleaned the wound of the stones, removed the median and ulnar nerves, and, after some difficulty, secured the axillary artery, which was surrounded by the brachial plexus. Two other small arteries were also tied. I next removed a piece of the clavicle two inches long to enable me to bring the parts together, which were kept *in situ* by metallic sutures. The wound was dressed every four hours with solution of carbolic acid. A fourth of a grain of opium was given twice and morning, and continued for a fortnight. Brandy, beef-tea, and milk were given frequently.

On November 30th, he had passed a restless night, and was sick and feverish; pulse 120, tongue furred. He was ordered to take every third hour a tablespoonful of a mixture containing a drachm of chlorate of potash and half an ounce of liquor ammoniac acetatis in four ounces of water.

On December 1st, he had had a good night, and was less feverish; pulse 90. He passed no urine since the previous evening, and his bowels were not moved. He was ordered to have a semina draught immediately. Warm fomentations, by means of wet flannels, were applied to the abdomen.

December 2nd.—He had passed a good night, and voided urine freely; pulse 80, tongue clean. The bowels were not moved. He was ordered to have immediately two grains of calomel and a scruple of jalap. In a few hours after taking the powder, the bowels acted.

December 5th.—The wound was looking healthy. Three of the sutures were removed.

December 6th.—The remaining sutures were removed. The wound was dressed with long narrow strips of plaster an inch apart, and solu-

tion of carbolic acid was applied as before. This treatment was continued for about three weeks, when the wound was healed, except where the ligatures were. One of the ligatures came off on the seventh, and the other two on the eighth week; and the lad was perfectly well, and running about.

I found the opium and carbolic acid most useful in this case.

## REPORTS

OF

### MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

#### A REPORT ON HYDROA AND ALLIED DISEASES.

(Continued from page 443.)

It is to be hoped that the time is passing when anyone will attempt to define a skin-disease merely by the appearance of the eruption presented.

We shall never arrive at any useful conceptions of the true nature and relationship of these maladies, unless we are careful to take into consideration their clinical history as well as their local appearances. The disease which we are now considering is vesicular, or in some forms almost bullous; yet it is very different from both eczema and pemphigus. A glance at its clinical history will prove this. Eczema is of indefinite duration, usually waiting to be cured and not unfrequently waiting a long time; hydroa goes away of itself. Eczema may occur on any part of the body, and may be either irregular or symmetrical; hydroa is always symmetrical, and although it may affect the whole of the body never allows the backs of the hands to escape, and scarcely ever the face. Nearly the same points of contrast might be mentioned in reference to pemphigus; and respecting both it would be very easy to describe, were it necessary, certain features of difference in the characters of the rash. Hydroa is, if another name for it be wanted, a vesicating form of erythema papulatum (*see* multiforme). It may be convenient here to devote a few paragraphs to the consideration of its allies.

*Erythema Nodosum*.—This disease is one which is well known, and which is usually considered to be well characterised and unmistakable. Its common forms, in which it is met with only on the leg, undoubtedly are so; but in addition to these there are less frequent ones in which the eruption occurs on the upper extremities also, and even over the whole surface of the body. Hebra has figured it (Heft VI, Tafel 4, Plates 2 and 3) covering the backs of the hands, and the New Sydenham Society's plate, an original one, also shows it on the backs of the arms and hands. We shall publish next week a case illustrating yet further deviations from the common standard of this disease, and showing that with erythema nodosum on the legs there may be a general rash over the whole body, characterised by patches of abortive vesicles and with phlyctenule on the mucous membranes. This case, possibly unique, is invaluable as a connecting link between erythema nodosum, erythema circinatum, and hydroa.

*Erythema Multiforme*.—Under this name Hebra has very judiciously included all the forms of specific erythema, excepting *nodosum*. It takes in erythema circinatum, erythema papulatum, erythema iris, erythema tuberculatum, erythema annulare, and erythema gyratum. He counts as the distinctive features of a specific erythema that it shall occur symmetrically, and shall never exempt the dorsal surfaces of the hands or feet; in severe cases the rash may come out on other parts, but it never omits the backs of the hands. He adds that these maladies always disappear after a short duration, within a month at most, and that nothing whatever is known as to the causes which produce them.

It does great violence to old-fashioned notions of what is meant by "erythema" to admit that it may be attended by vesication; yet there can be no clinical doubt that these eruptions, which in the great majority of cases are congestive only, do in some cases result in fluid effusion. This, Hebra has recognised; and although he still unfortunately, we think, uses the names "herpes iris" and "herpes circinatus" for the vesicating forms of erythema, he distinctly asserts the fact that such "herpes" is only a modification of erythema multiforme. The reader will find our statements verified by reference to p. 288 of vol. i of the New Sydenham Society's Translation, and to plates iii, iv, v, and vi of the 6th fasciculus of his *Atlas*. We cannot find any evidence of the Vienna professor's knowledge of M. Bazin's views. Several of the portraits which we have mentioned are, we feel certain, illustrative of what Bazin would have called *hydroa*.

Let us repeat that hydroa is essentially a vesicular form of erythema multiforme, and that it should include probably most of the cases which

have been called herpes iris, which latter have almost certainly no real relation with the other true forms of herpes.

*Connection between Hydroa and Rheumatism*.—Some writers, and especially, we believe, the late Dr. Begbie of Edinburgh, have argued in favour of the belief that erythema nodosum is a rheumatic malady, and there can be no doubt that it is frequently associated with more or less of articular inflammation. The French authorities, who, as is well known, devote great attention to the study of the diatheses, also count erythema as arthritic. Hebra, who ridicules speculations as to cause which are not susceptible of positive proof, prefers to admit absolute ignorance in reference to the constitutional conditions implied by the occurrence of an attack of erythema.

We will now proceed to cite other cases bearing upon our subject, and shall conclude with a brief review of the principal points which appear to be established.

CASE VII.—*Vascular Hydroa affecting the Face, Backs of Hands, and Arms.—First Attack in a Middle-aged Man.—Spontaneous Recovery after a short duration*.—A man, aged 54, was admitted into the London Hospital on March 4th, 1869, under the care of Mr. Hutchinson. The following notes were taken at the time. About thirty-three years ago, he had syphilis, followed by iritis of the right eye, and by ulcers on the legs. He was treated with mercury, got perfectly well, and has remained so till the present time. His present illness began last Sunday. For a day or two before he had felt bilious. On Sunday and Monday he felt ill, but he went to his work on the latter day. On Tuesday the rash began to come out, and he had sores on the mouth. He had no pain in the back, and although the chills occasionally, he had no definite rigor. He is now covered with a rash which consists of vesicles, about the base of which there is much thickening. Some of the vesicles are depressed in the centre. In some places there are a number of vesicles at the apex of an inflamed patch, the vesicles having become confluent. In others, however, a single vesicle occurs at the apex of a papule. The eruption occurs very freely on the fronts of his arms, on his neck, shoulders, and fronts of his thighs and legs. It also covers his face, and there are a few vesicles on the vertex of his head, where he is nearly bald. There are a number on his penis. The lining membrane of his lips and the mucous membrane of his soft palate are inflamed and excoriated, and his uvea and eyelids are cedematous. His tongue is furled, and he has no appetite, but there is not much feverish disturbance. The vesicles are quite clear in the early stage, but soon become abraded. His urine is light coloured, very slightly acid indeed; specific gravity 1.010; no trace of albumen; temperature 101; pulse 109.

March 10th.—The eruption is disappearing very fast. On the face there are very few traces of it.

CASE IX.—*First Attack of Hydroa in a Middle-aged Woman; Hands and Face the only parts affected.—Disappearance after about a Month's duration*.—Anyone wishing to realise the condition presented by the eruption in the following case should inspect portrait No. III of Hebra's *Atlas*, Fasciculus VI, which it very closely resembled. A coloured portrait of the woman herself was taken, and is preserved in the collection of the Hospital for Skin-Diseases. The case is a very peculiar and interesting one, and so closely simulated a syphilitic rash that it was diagnosed as such by several who saw it. We may note that the rash showed itself copiously on the backs of the hands and on the face, and on these parts only, a fact which is almost conclusive against the diagnosis of syphilis.

After the last note the man rapidly recovered, and he left the hospital quite well about a fortnight after his admission. The treatment has been expectant only. He has remained without any relapse of the eruption up to the present date (14 months), and is now in excellent health. At the time of his illness, no one else in his family suffered. With the exception of a doubtful attack ten years before, he had never himself had any similar eruption. Good portraits showing the characters of the eruption on his face and arms have been preserved, and will be exhibited at the Newcastle meeting of the Association.

Elizabeth Morgan, a married woman, aged 37, was admitted into the London Hospital on May 18th, 1869, under the care of Dr. Ramskill. She was the subject of disease of the heart, and had aortic and mitral *bruits*. She stated that she had never had rheumatic fever, and that on the whole she had enjoyed good health until three months ago, when she began to lose strength and flesh.

*The Eruption*.—On the backs of the hands there were numerous papules, which were pointed and tending to vesicate. Her face also was covered with similar ones. On May 24th, when the eruption was further developed, the pustules were described as much resembling those of small-pox, excepting that they were larger. None of them were confluent. They were very tender to the touch. There were no papules on the body nor on the lower extremities. The woman had neither sore throat nor hoarseness, but there were some doubtful ap-



pearances on the tongue. At a later date, when the sketch was taken, the eruption had become considerably altered, and consisted of rings of the size of sixpences, at the margins of which were vesications of considerable size, whilst the centres had shrivelled up. These patches were numerous, almost covering her face and the backs of the hands, producing a condition much resembling some forms of syphilitic ruga. The absence, however, of any tendency to ulcerate or form scabs was conspicuous. She had no eruption on any other parts than the hands and face. The eruption was at this date already fading, and it subsequently entirely disappeared. She left the hospital quite well, as regarded her skin, on July 12th. Iodide of potassium had been given. We have been unable to trace her subsequent history.

CASE X. *Case of Relapsing Bullous Eruption which resembled Hydroa or Herpes Iris of Hebra.*—Several Relapses during Four Months.—*Synovitis of one Knee-joint.*—*Suspicion of Syphilis not confirmed.*—*Diagnosis doubtful.*—Florence S., aged 20, was admitted as an out-patient at the Hospital for Diseases of the Skin, Blackfriars, November 24th, 1868. She gave the following history. She had been married about nine months, but had not conceived. About three months before her admission, she had gone to Brighton for six weeks for change of air. After she returned to London, on the second day, "an eruption of blisters came out", first on her elbows and then over the greater part of her body. The rash remained out about ten days, during which time she was confined to her bed. It gradually disappeared.

November 24th.—At her first visit numerous symmetrical scars of the eruption were visible. They were most numerous on the backs of the limbs. The aspect of the scars was suggestive of a syphilitic taint.

December 1st.—She returned with a copious rash which had been out for four days. She seemed very weak, and almost fainted while being examined. She was admitted into the hospital. On all the extremities, chiefly on their posterior aspect, were numerous bullae looking dull and opaque, and most of them filled with a purulent-looking fluid. Some of them were of dark colour, as if they contained blood. In size they varied from that of a pin's head to that of a three-penny-piece. In addition to those on the limbs there were some on the nose, lips, and ears. They also occurred beneath the nails, and were of a dark, sanguineous colour. On the lower extremities the larger blebs appeared to be made up of smaller ones run together, but on the other parts all the blebs were distinct. The smallest vesicles were quite opaque and very tense, and in aspect resembled drops of tallow. In some places the epidermis covering the bullae had given way, and a raw surface was left. On the chest were patches of itinea versicolor, and there were no vesicles. There seemed to be very little congestion around the bases of the bullae, for they appeared to be placed on healthy-looking skin.

December 4th.—The spots had assumed the characters of those shown in Hebra's plate of Herpes Iris, Heft vi, Tafel ii, Fig. 2. There was much more inflammation at the bases of the bullae. The fluid contents had either escaped or been absorbed, and the epidermis had again fallen into contact with the skin, producing a large depressed centre and an elevated almost vesicular edge. The edges of many of them appeared to be still spreading. The characters of the eruption were best marked on the hands. At some places the bullae had dried up, leaving only the remains of blood, but nearly all of them corresponded exactly with the appearances delineated by Hebra. She was much less feverish than three days before, and no fresh bullae had appeared.

December 20th.—The bullae gradually and spontaneously shrivelled up and disappeared while she was taking alkaline mixture. Free effusion, it is to be noted, had occurred into the right knee-joint, but she did not complain of much pain. Hot fomentations were applied. At this date, the effusion had not quite disappeared, but as she was anxious to leave the hospital she was allowed to do so. She had kept her bed whilst in the hospital.

Towards the end of January she attended again. The eruption had never been quite well, but had latterly somewhat returned. The scars left by the first outbreak were dusky and looked somewhat like those of a syphilide. She had pustules of large size on the tips of the elbows. They were almost like those of frambœsia. Her nates were covered with small pustules.

As regarded syphilis, she denied having ever had any sore or discharge. The vagina was carefully examined, and no trace of either was found. She had hemorrhoids and a small fissure at the anus, but there was nothing in the least like condyloma. The eruption avoided the positions commonly affected in syphilis. She had none on the abdomen, chest, fronts of the arms, or inner sides of the thighs, and at the first visit none could be seen on the face, though she said that formerly she had had a few. She had had no sore throat. Her husband had been

quite well, and had had no eruption of any sort. The eruption when last seen was of its original form, partly vesicating, partly tubercles and pustules. Her legs were covered with coppery stains. The knee was better, and nearly all the fluid had disappeared.

This case excited great attention whilst under care, and the diagnosis was frequently discussed, the main doubt being as to whether or not it was syphilitic. Against the diagnosis of syphilis were the history, the regions affected, the sudden outbreaks, and the severe febrile disturbance. In most of these points, and in the fact of the occurrence of synovitis, it resembled the hydroa of Bazin and the herpes iris of Hebra. We may note also that it improved repeatedly without specific treatment. The patient unfortunately ceased to attend before she was quite well, and subsequent endeavours to find her have failed. That her case is essentially the same as those figured by Hebra there could be no doubt (the portraits and the patient were repeatedly compared before the class); and that both are close allies to the disease described by Bazin, seems highly probable.

CASE XI.—*Vesicating Erythema Marginatum (Multiforme) on the Face.*—*Sudden Outbreak and Symmetrical Arrangement.*—*Spontaneous and Rapid Disappearance.*—*Recurrence Ten Days Later.*—This case very closely resembled one which we shall describe next week; the chief feature of difference being, that in the present one the eruption did not show itself on the hands.

J. McCarthy, aged 19, was admitted into the London Hospital on January 21st, 1869. He was a stout healthy lad. The following notes were taken at the time. The eruption is limited to the eyelids, forehead, cheeks, and right side of the neck below and behind the ear. There is one oval patch above the left eye, with a well-marked border consisting of small vesicles. The margin is decidedly raised, and can be distinctly felt by the finger. The centre of the patch does not much differ from healthy skin. Around the right eye, and involving the upper and lower eyelids, is another patch of the same character; the margin being defined, raised, and vesicular. Below this patch, on a level with the nostril, is a smaller one, of the size of a three-penny-piece. The margin is as well-marked as the others, but the surface of the patch is also vesicular. The patch is fitted like a piece of orange peel, as if effusion occurred around the orifices of sebaceous follicles. On the left side there are two patches above the eye adjoining one another, but not amalgamating. Just where they meet, the margin has slightly larger vesicles. There is a patch around the left eye, which extends further on to the nose than on the right side; and there are two small patches below and to the outer side of the eye. On each side, the outer margin of the patch above the eye becomes continuous with that below the eye. He stated that he first noticed the rash three days before. No cause could be assigned. His tongue was covered with a white fur, but he was not out of health. The eruption quickly faded, and his fever passed off. In three days he was nearly well. The patches desquamated. His tongue remained foul when he was sent out.

On January 28th, he returned with a slight relapse, from which he quickly recovered.

[To be continued.]

## INFIRMARY FOR EPILEPSY AND PARALYSIS.

IDIOPATHIC GENERAL PERITONITIS IN A CHILD: DEATH ON THE THIRD DAY: AUTOPSY.

(Under the care of Dr. ALTHAUS.)

A MALE child, aged 3, was admitted into the Infirmary in February 1870, for infantile paralysis of the left leg, under the care of Dr. Althaus. The general health of the little patient was, and always had been, satisfactory. The treatment consisted of a liberal diet, small doses of phosphorus twice daily, and the application of the continuous galvanic current to the cord and the suffering limb. The child went on well in every respect, and the leg became much stronger. On the afternoon of March 22nd, there was a sudden and intense fall of temperature, the morning having been very warm, with a south-westerly breeze, which was about 2 p.m., followed by a sudden storm of sleet, with a keen north-easterly wind. It is supposed that the patient caught cold at that time, although he was in-doors all day, and appeared much as usual. Early on Wednesday morning he was, after breakfast, taken ill with vomiting and pain in the abdomen, for the relief of which diluted hydrocyanic acid with spirit of chloroform was given. The patient, however, kept on vomiting at short intervals, and could retain nothing on the stomach. Next morning his state was most unsatisfactory; there were rapid jerking respiration, anxious expression, severe pain in the abdomen, and a pulse of 150. He was ordered calomel and Dover's powder of two grains, an effervescent draught, ice internally, and hot poultices to the abdomen. The patient continued to vomit everything

that was given, including the medicines, and died exhausted early in the morning of March 25th, 1870.

The *post mortem* examination was made, twelve hours after death, by Dr. John Harley, when the following appearances were noticed. The body was fat; the chest and abdomen distended; the pupils were equal and widely dilated. On opening the abdomen, thick yellow pus was observed on the surface of the reddened omentum, in the epigastric region; and, on further exploration, the signs of general peritonitis appeared, viz., pink injection of the peritoneal surface of the intestines and of the abdominal walls as far back as the attachment of the mesocolon on each side, and the attachment of the great omentum on the left side. The coils of small intestine were slightly adherent by a thin varnish of recent lymph; they were moderately distended, sero-pus flowed from between the coils, and a thin yellow pus occupied the rectal pouch and the depressions on each side of the colon, ascending and descending. The inflammation extended upwards on the left side over the diaphragmatic surface of the liver, which was injected and covered by a thin, semi-transparent, yellowish, friable layer of recent lymph. The stomach contained about six ounces of a brownish clear fluid; its mucous membrane was pale and healthy. There was no enteritis, but the Peyerian glands near the ileo-cæcal valve were raised and flabby, not injected. The fecal matter which remained in the intestines was soft and mucous. The gall-bladder was full of rich bile. The urinary bladder was firmly contracted and empty.

### BIRMINGHAM GENERAL HOSPITAL.

#### ENTERIC FEVER FATAL BY STRANGULATION OF THE INTESTINE DURING THE PROGRESS OF LATENT PERITONITIS.

(Under the care of Dr. RUSSELL.)

A VERY unusual termination to enteric fever occurred in the subject of the following case. Peritonitis had been set up by the ulcerated bowels at an early period of the disease, and ended by strangulating a fold of intestine which had unfortunately become engaged among the adherent coils. It will be observed that two attacks of peritonitis had happened; the former one corresponded in its position with the seat of the ulcers in the lower part of the ileum; the adhesions to which it gave rise were completed by the time of death, though they were very easily torn. The second attack, corresponding to the period of strangulation, was indicated by purulent lymph low down in the basin of the pelvis lying near the incarcerated portion of bowel.

The peritoneal inflammation was entirely unsuspected during life; the abdomen was repeatedly examined, and caused surprise by the entire absence of even the distension usual in enteric fever. As for tenderness there was absolutely none. One sign, however, was present, which I can now connect with the abdominal inflammation—a peculiar strain or grunt at the commencement of each expiration, together with accelerated rate of respiration, varying between 26 and 36, occasionally even attaining 40, whilst the pulse was rarely above 104, generally below 100. This peculiarity in the breathing drew our attention repeatedly to the chest, but without our obtaining any adequate explanation.

The effect of the peritoneal inflammation upon the temperature of the patient had special interest in this particular case; for by changing the score from that which is usual in enteric fever—especially by extinguishing for a time the morning and evening variations, and giving rise to unexpected irregularity in the daily temperature—it threw additional doubt upon the diagnosis, which was otherwise rendered obscure by the non-appearance (probably concealment) of the characteristic rash, the absence of diarrhoea, and the natural condition of the abdomen.

The fatal attack was of course supposed to be occasioned by perforation of the bowel, though the period of the case was late for such an accident.

CASE.—W. W., aged 21, was admitted March 21st. He had no friends in town, and all the information we could obtain respecting him was that he had been ill a fortnight. I have already referred to the exceptional phenomena in his case. The abdomen, as stated, was natural up to the fatal attack; the bowels were constipated; on one occasion a week elapsed without a stool, as no indication was afforded for interference; an enema then produced full relief. One stool which I saw was solid and clay-coloured. The urine contained one-sixth of albumen at his admission, but this proportion rapidly sank to a mere trace. No characteristic eruption could be discovered, but the back was thickly set with acne; on the chest and abdomen the sole eruption discoverable, by very careful examination, were a few papules (acne) twice the size of the ordinary rose spot (one-quarter of an inch in diameter), very prominent, and much more lasting—one or two for nine days. The condition of pulse and respiration have been already reported. For the first seven days (to the 27th) there was entire absence of the usual mor-

ing and evening changes in the temperature and in the pulse. The temperature kept for three days at 104, but through the fourth day gradually fell to 102 on the morning of the fifth day, again to reach its former standard by the seventh day. Thence normal variations, morning and evening, of three degrees, prevailed for seven days, the highest point being 103 degrees. Then the temperature was for two days about 100, then rose in one day to 103, again to sink to 99.4 on the next day (April 6th). From this date it underwent a steady, though gradual, rise, morning and evening, with a remission each morning of one degree, till in six days it was again at 104 (April 12th). Two days after the first symptoms of the fatal attack it began to fall, and in the course of the next day sank four degrees, to 100.4. It subsequently rose a little, but steadily declined through the four days preceding death. The fatal attack began on the 19th with acute pain in the hypogastric region, incessant vomiting, pallor, and great depression. Death took place on the 28th. The vomiting never remitted; it was bilious, and on the last day was stercoraceous. The patient was kept throughout the final seizure under the influence of opium.

On *post mortem* examination, the only appearances necessary to report were, that the lower four feet of the ileum were connected together, in the hypogastric region, and were attached to the cæcum and colon by adhesions partially organised, but easily ruptured; deep in the pelvic cavity lay some fresh purulent lymph, in the neighbourhood of the incarcerated fold. The latter was situated near the cæcal valve, and dipped beneath a superficial fold, which had compressed it so as to close its cavity, or nearly so. The adherent intestines were of a slate or purplish colour, and almost empty, but the upper portion of the ileum and the jejunum were free, of normal colour, much distended, and contained a large quantity of soft pulpy matter of a yellow colour. The lower three feet of the ileum contained the usual ulcers in abundance. Their edges were soft and sharp cut; the floor of three or four was formed by little besides peritoneum, so that they gave way in removing the bowel; but none had yielded during life, having been perfectly deflected by the adhesions: no attempt at repair was visible in the ulcers notwithstanding the advanced period of the case. The stomach was greatly distended; the colon was free from ulcers, and was not distended; the mesenteric glands were rather large, and of a deep pink colour, but not softened. The spleen weighed six ounces; it was firm, rather anemic. Liver, sixty-four ounces; kidneys, nine ounces. There were no important changes in any of these organs. The organs of the chest were perfectly healthy.

### LEEDS INFIRMARY.

#### CASE OF PARAPLEGIA.\*

(Under the care of Dr. HEATON.)

Reported by his Clinical Clerk, Mr. JAMES CROCKER.

WILLIAM HAWARD, aged 35, a dyer, residing in Burley Road, Leeds, was admitted into the Leeds Infirmary, under the care of Dr. Heaton, on December 3rd, 1869. With the exception of gonorrhoea, the patient said that he never felt anything till three years previously, when, during a flood that then occurred in the lowest parts of the town, he caught cold. He had no cough nor spitting, but hoarseness, and some other catarrhal symptoms, with pains in various parts. He continued working at his trade, which obliged him to be much in a hot steamy atmosphere, and exposed to great changes of temperature. The catarrhal symptoms left him in a fortnight; but he still felt a weakness in his back, extending to the legs. For this he had no medical advice till about a year from the commencement of the attack, when he was treated by blisters, leeches, and liniments, to the spine, with some internal remedies. This treatment was pursued, with some intervals, for nearly two years, without any very marked success. In August 1868, he was obliged to cease work entirely. He went to Ilkley, and afterwards to Redcar, to try sea and other bathing, but with no benefit, as he was then losing the use of his legs, and the right arm was beginning to waste. The patient never had fits nor convulsions, and he never had the catheter passed. His family history was good.

On admission, he was seen to be a dark-complexioned, tall, well-formed man; his body was well-nourished generally, but the muscles of the extremities were soft and wanting in tone. The skin was sallow and pale; there was a damp perspiration about the neck and chest. He had a somewhat vacant expression, except when spoken to. Hearing, speech, and memory were unimpaired. His sight was defective; he could see better about eighteen inches distant than nearer; but could not see to read at any distance, letters appearing to run together.

\* This is one of the reports of medical cases for which the Hardwick Medical Prize of £10 is awarded at the close of the last session in the Leeds Medical School.



There was paralysis of motion in both legs—worse in the right; there was very imperfect sensibility; no pain; he had formication in the feet and in the legs below the knees. There was no exaltation of reflex action. He felt a sense of tightness across the body. He could use both arms; but the right arm and hand were considerably wasted, with loss of power in grasping as compared with the left; there was no formication, nor loss of sensation. There was no distortion of the spine, but considerable tenderness over the sacrum and lower lumbar vertebrae, with sensation of heat. He could raise himself in bed and get out to the commode; but was quite unable to walk, or even to stand without support. He had had seminal emissions occasionally, but none the last six months, nor any erections. He had no difficulty of breathing, cough, nor other chest-symptoms. The respiratory murmur was not distinct under the clavicles; but no abnormal sounds were heard either on percussion or on auscultation. The sounds and position of the heart were normal. The pulse was 76; soft, moderately full, and regular. Respirations, 17; easy and regular. Temperature, 98.6 in the axilla; 97 in the feet; but he complained of their feeling cold occasionally. His appetite was good; the tongue was clean, and was put straight out. The bowels were constipated; the urine was of specific gravity 1020, slightly acid; there was no albumen nor sugar. The power over the bladder varied; some days he lost no urine at all. He was ordered a blister to the sacrum, five grains of iodide of potassium three times a day, and a pill with podophyllin.

The bowels still being confined, he was ordered, on December 9th, the following pill to be taken occasionally.

R. Ext. nucis vomice gr. i; ol. crotonis gtt. i; hydrarg. subchlorid. gr.  $\frac{1}{2}$ ; pil. colocyth. comp. gr. iiij. M.

December 11th. The bowels were relieved; and he had less tenderness over the sacrum. He was ordered to have a grainy extract of belladonna with each dose of the iodide of potassium mixture.

December 18th. He had been much purged, but had complete control of the sphincter ani. The reflex action was increased in the legs; it was very troublesome to him at night. The urine had become ammoniacal; and the microscope showed truncated prismatic crystals of the triple phosphate, and an amorphous sediment as well; there was no albumen nor sugar. He was ordered to take an ounce of the following mixture three times a day.

R. Acid nitric diluti  $\mathfrak{ss}$ ; extr. belladonnæ gr. iiij; infusi calumbæ  $\mathfrak{ss}$ ij. M.

December 30th. The daily notes (since last date) showed no material alteration. Increased formication was sometimes complained of. The urine was slightly acid; it was not so copious, and was retained rather better. He was ordered to have Faradisation to the loins and legs, and an infusion of nux vomica instead of calumba.

January 5th, 1870. The urine was again alkaline. He was often awakened at night by increased reflex action in the legs. He complained of difficulty in swallowing, especially solids.

January 12th. No particular change had been noted during the past few days. Deglutition troubled him; he felt a choking sensation sometimes when trying to swallow saliva, and was obliged to raise himself in bed immediately. The uvula was seen to be flabby and pendulous, resting on the base of the tongue; reflex action was excited easily in the palato-glossal and pharyngeal muscles. The left eyelid fell more over the eyeball than the right did. The urine was highly ammoniacal and phosphatic.

January 19th. The thermic results of Faradisation were not very marked. He said that his legs felt warmer and more comfortable. The temperature of the right leg, taken in the popliteal region, was 97; of the left, 96.2. The urine was of specific gravity 1030; it contained a considerable phosphatic deposit, with much mucus. He was ordered to have an ounce of the following mixture three times a day.

R. Creasoti gtt. xx; liquoris potassæ  $\mathfrak{ss}$ ; syrupi papaveris albi  $\mathfrak{ss}$ ; decocti pareira  $\mathfrak{ss}$ ij. M.

January 27th. He said that his sight seemed clearer, and his legs felt warmer. There was very little muscular response to Faradisation. On subjecting the muscles to the direct interrupted current for two or three minutes, there was slight twitching of the hamstrings and quadriceps extensor, but none in the muscles below the knee; both legs felt alike. He had no power to move up either leg without the help of his hands, although the Faradisation caused great heat. The temperature of the right leg was 97.6; of the left, 97.2; in the axilla, 98.4. The condition of the urine was not altered. He was ordered to take three times a day an ounce of a mixture containing 2 drachms of dilute nitric acid in 8 ounces of compound infusion of gentian.

February 2nd. He had no difficulty in deglutition, but did not feel so well generally. There was less muscular power; the upper extremities had wasted since his admission. Sensation in the legs was very imperfect. Two points placed three-and-a-half inches apart felt as one;

one of the two being removed, he could place his finger (the eyes being closed) on the one touching him—no matter to what part of the leg the point was applied. When the points were placed five inches apart, he could feel but one; on raising one and then replacing it, he could feel the two. One point being placed on the upper part of the tibia, the other four inches lower, he felt but one—the lower. Once, when neither point touched him, he said "I can feel two this time." The sense of abdominal constriction was much less than when he was admitted; on some days it was not felt at all. He was made an outpatient.

REMARKS.—The principal points to determine in this case are the cause and the nature of the lesions producing the paralytic condition. There was no history of syphilis, nor of injury. There was no distortion of the spine; and (regarding the urinary symptoms as an effect, rather than a cause) the morbid condition of the spine must exclude reflex paraplegia, in which there is not such marked alteration in sensation in the paralysed parts; nor tenderness over the spine; nor such wasting of the muscles; and no exalted reflex action—all which were prominent symptoms in this case. Exposed to wet and cold, he complained of weakness in the back and legs, unnoticed much at first, but persisting; and, after a time, of pain localising itself in the back.

Passing over the succession of remedial means employed, and their failure to arrest the disease, we speak of him as found on admission, three years after his first attack. There was pain on pressure over the lumbosacral region, particularly in a spot about two inches in extent over the lumbar vertebrae. This, with the loss of motion and sensation, and the cause of the first appearance of it—exposure to wet and cold, often succeeding to great heat, in a steamy atmosphere, in his work as a dyer—point to a chronic inflammation of the lumbar enlargement of the spinal cord; not so much the membranes of it, as when these are affected, there is usually more muscular rigidity and spinal pain and tenderness than in this case. The usual pathological changes in the tissues consequent on inflammation took place. The hyperemic condition of the cord subjected its tissue to undue pressure; its functions began to be arrested; it no longer conveyed messages with precision as from the brain; its structure became altered, until softening, more or less of its whole thickness, resulted, with all the attendant consequences. The extreme symptoms had not set in; there were no bed-sores; the urine did not constantly dribble away; the bladder was not wholly paralysed; and the cord still held its power over the sphincter ani.

One point is worthy of remark in relation to the statement advanced by some observers; viz., that in degeneration of the cord there is paralysis of the vaso-motor nerves, so that the paralysed parts have increase of temperature by the relaxed state of the capillaries. In this case, the temperature of the extremities was lower than that indicated by the thermometer in the axilla. This may be explained by the supposition of a continuance of a subinflammatory condition of the affected portion of the cord, causing such irritation of the vaso-motor nerves as to throw the small vessels into a state of contraction, and diminish the supply of nutrient blood, and reduce the temperature of the part. The increased reflex action, coming on after the patient had been in the Infirmary some time, was probably due to an exacerbation of the local disease; as was also the difficulty in swallowing. The velum palati and pharyngeal muscles appeared to be affected; but the symptoms passed off in a few days. The defective sight no doubt depended on a slight hyperemic condition of the optic nerve and retina—in fact, a chronic neuritis, frequently occurring in degeneration of the cord. Whether the cause of this was the implication of the sympathetic nerve, or whether it were due to an extension of disease along the posterior columns to the encephalon, is perhaps uncertain; but in this case the latter hypothesis appears the more likely, for his peculiar look, and seemingly purposeless movements of head, hands, and arms, suggested the idea of want of coordinating power; and the "creeping up" theory may also account for the difficult deglutition and wasting of the upper extremities.

As to the treatment of the case, the therapeutics of spinal diseases seem to be very much in the shade. On the theory of causing absorption of effused matter into and around the cord, iodide of potassium was given. To lessen the blood-supply to the congested structures, belladonna was used. The indications afforded by the urine were treated according to circumstances: alkali at one time, acid at another; pareira brava and creasote to mitigate the irritation of the lining membrane of the bladder; aperients for the torpid bowels; and electricity to maintain and promote the enfeebled muscular contractility. The benefit from any and all of these means was very small—scarcely any improvement in the patient's general condition; and very little, it is to be feared, may be looked for in the future.



## RICHMOND HOSPITAL, DUBLIN.

## NEW OPERATION FOR THE CURE OF VARICOSE VEINS.

MR. STOKES has been recently treating varicose veins on a plan which was suggested to him by Sir Dominic Corrigan. It occurred to Sir Dominic that, as hemorrhoidal tumours are, as a rule, so successfully treated by the application of strong nitric acid, the application of this acid to varicose veins in other situations would probably be attended with equally good results. In a case which is still under observation in the Richmond Hospital, this plan of treatment has been attended with the happiest results. The patient is a young man aged 21, and was admitted into hospital on the 15th of last month. He had a varicose tumour, of the size of a small orange, on the inner aspect of the middle third of the right leg. It had existed for seven years. He suffered also from a large varicose ulcer which existed over the inner ankle of the same leg; and there was also a second tumour, formed of a cluster of varicose veins, in the right groin. Mr. Stokes performed the operation in the following way. Pressure having been made above and below the tumour, the integuments were raised from the tumour, and an incision by transfexion was made over the veins. The *fuming nitric acid* was then applied to the external coats of the veins. No pain attended this application. On the following day, the contents of the tumour appeared solidified at the base; and the acid was again applied. The process of solidification then went on rapidly, the tumour at the same time decreasing in size. A week after the operation, some coagulated blood appeared at the site of the operation; and the following day a portion of the vein came away. This was followed by a slight local inflammation; which, however, after a few days, quite subsided. The wound was then for some days dressed with tinct. benzoin co. and glycerine; and it rapidly healed, as did also the ulcer; and the large varicose tumour in the groin entirely disappeared. Sir Dominic Corrigan recently visited the patient in company with Mr. Stokes, and expressed himself much gratified with the result of the operation. We hope to publish a fuller report in an early number.

# PROFESSOR FLOWER'S HUNTERIAN LECTURES ON THE COMPARATIVE ANATOMY OF THE MAMMALIA.

*Delivered at the Royal College of Surgeons of England.*

## LECTURE XII.—Friday, March 11th.

THE mastoid process, which in the Dog was seen to be merely a small elongated piece between the squamosal and exoccipital bones, is in Man large and much developed. The petrosal bone on the inner side is much as in the Dog; but, in the adult human skull, the fossa which in other animal lodges the flocculus of the cerebellum, and which is present in the fetus, becomes filled up within the first two or three years of life. The tympanic bone in Man is ring-shaped at birth; soon, however, the external auditory meatus is developed from the outer part. There is no great growth on the inner side; no bulla. The carotid canal has about the same relative position as in the Dog; it commences at the lower part of the petriotic bone, and runs forward at the part where the inner wall of the tympanic bulla would lie if present as in the Dog. The squamosal bone is largely developed in Man, and has a large share in forming the wall of the cranium. It sends forward the zygomatic process, and has on its under surface the genioleoid fossa.

The hyoid arch differs much from that of the Dog. The basihyal portion is deeper and more hollowed out; and the posterior cornua present no special characters. The anterior cornua are formed of two small bones to the outer side of the basihyals, representing a part of the keratohyals; then there is an interval, the epihyals being absent; and next is the stylohyal, ankylotised with the temporal bone. A little before birth, the stylohyal, partially ossified, is attached by a ligamentous tissue to a slightly bent cartilaginous rod, which can be traced up to the hinder wall of the tympanic cavity, close to the origin of the stapedius muscle. This rod may be called the tympano-hyal element. As the tympanic ring grows, the tympano-hyal is closed in. A portion of it may always be found in Mammalia to the front and inner side of the stylo-mastoid foramen.

In the lower jaw, the principal distinctive characters in Man are the comparative shortness of the ~~ramus~~ and the development of the anterior portion into the chin.

The cranium of the Simiina is formed much on the same type as in Man. The cavity has very much the same form, but is generally flatter from above downwards. The plane of the occipital foramen, instead of being perpendicular to the cranio-facial axis, as in the Dog, has generally the same direction as in Man. In a few Monkeys, however, the hinder part of the cranium is nearly vertical, as in the Dog. There is no regular scale of degradation. The Gibbon has the occipital foramen very vertically placed; while in the Baboon it is very horizontal. The cribiform plate of the ethmoid is not vertical as in the Dog, but horizontal as in Man; it is very small in most Monkeys. In many of the Simiina, the frontal bones meet on the middle line so as to overlap the ethmoid. The facial portion of the skull is more elongated than in Man. It is perhaps most so in the Baboons; while in some South American Monkeys it is very small. The premaxillae are always quite distinct. The nasal bones have a great tendency to unite in the middle line. The orbit is generally constructed as in Man, but is considerably closed in by ridges of bone. It is separated from the temporal fossa by a plate of the malar bone. The os planum of the ethmoid enters into the formation of the orbit as in Man. The mastoid portion of the skull is large; but neither the mastoid nor the prootic process is developed. The tympanic ring forms a bony superior wall to the auditory meatus in the old-world Monkeys; but in the American Monkeys it retains nearly its primitive condition, never deepening the meatus, so that the membrana tympani lies at the surface. The stylohyal portion of the hyoid bone is never ossified in Monkeys; the tympanohyal is always present; and the thyrohyal is well developed. In some American Monkeys there is ossification in the situation of the keratohyals and epihyals. In the Howling Monkeys, there is an extraordinary modification; the basihyal is dilated into a large bony capsule communicating with the larynx. In the Lemurs, the skull is very dog-like; the face is elongated, and the occipital plane and the ethmoid plate are almost vertical. The orbit is surrounded by a complete ring; but it is not separated from the temporal fossa as in other Monkeys. There is a tympanic bulla as in Dogs; the os planum of the ethmoid bone is absent; and the hyoid bone is formed exactly on the carnivorous type. Some of the smaller Lemurs have shorter faces; and some of them have very large orbits.

Of the skull in the Carnivora, that of the Dog is a good example. There are several distinct types of the tympanic bone. In the Bears, the bone forms a very large process for the floor of the auditory meatus; but not a bulla. In the Lion and Cat, the bulla cannot be reached from the meatus, as it is separated by a septum from the proper tympanic cavity; this condition is also found in the Viverride. The nasal fossae in the Bear's skull are long; and the turbinal bones are much developed in relation with the organ of smell. In Seals, the olfactory fossae are very narrow; the upper turbinal bones are almost rudimentary, while the lower ones are very large—being intended, it is supposed, to give a surface by passing over which the air may be warmed in respiration. The mesethmoid septum is more ossified in Seals than in other Mammalia.

The skull of the Cetacea presents remarkable modifications. In the Toothed Whales, it is very high and short, as if compressed from before backwards in such a way as to force out the parietals from reaching the top. The frontal bone is very narrow. The nasal cavities are vertical, and extend somewhat backwards, so as to bring the opening of the nostrils to the top of the head. The nasal bones are rudimentary. There are no turbinal bones; the ethmoid plate is very rudimentary. The large rostrum is composed of the vomer, maxilla, and premaxilla; the anterior nares are formed partly by these bones. Very little of the palate is formed of the premaxilla, but much by the maxilla; the palate-bones are narrow. The pterygoid bones meet in the middle, and thus carry the nares further backwards. The orbital process of the frontal bone is nearly covered by the maxillary. The malar bone sends back a zygomatic process to meet the process from the squamosal bone. The orbit is nearly completed behind the postorbital process of the frontal bone. The temporal fossa is formed as usual. The tympanic and petriotic bones are joined, but remain distinct from the other bones, in a chamber separate from the remainder of the cranial wall. There is no mastoid process—only a small point projecting backwards. In the freshwater Dolphin (of the Ganges), the maxillary bones are greatly developed in front, forming large processes which nearly meet in the middle line. In the Sperm-Whale, the base of the cranial cavity is very concave above. Rising up posteriorly at the top of the skull is the compressed crest; and in front of this is the large cavity which contains spermaceti. The crest contains the occipital, frontal, and maxillary bones—the parietals being pressed down; and the cavity, formed of the premaxillae and nasal processes of the maxilla, is separated by a very thin wall from the brain. There is a slight want of symmetry in the Dolphin; but in the Sperm-Whale the left nostril is

much developed, while the right is small; and the bones are consequently much twisted. The lower jaw of the Dolphin consists of two rami and the symphysis; it is very straight behind, and has large openings for nerves and arteries. In the Sperm-Whale, the symphysis is elongated so as to lengthen the face. The Hyperodon presents the same character, but in a less degree. The hyoid bone in the Toothed Whales consists of the basihyal, thyrohyals, and strongly developed stylohyals. In the Sperm-Whale, the basihyal is very broad, and the thyrohyals are broad and flat.

## REVIEWS AND NOTICES.

DIE ENTHÜLLUNGEN DES HERREN PROF. DR. A. HANNOVER ÜBER DAS ENDESULTAT DER RESEKTIONEN DES SCHULTER- UND ELLENBOGEN-GELENKES. Von Dr. F. LÖFFLER, Prof. der Kriegsheilkunde. Berlin: 1870.

A NOTICE of the remarks of Professor Hannover of Copenhagen, on the final results of the resection of joints performed by German surgeons on Danish soldiers during the war of 1864, appeared in the *BRITISH MEDICAL JOURNAL*, No. 472, of the 15th of January last. Professor Hannover's strictures have excited considerable attention in Germany, as we anticipated; and the pamphlet, of which the title is given above, is published in reply to them. Dr. LÖFFLER, the author of the reply, holds a very high position in the Prussian medico-military service, and is the author of the *Sanitary Report of the Danish War of 1864*, in which the cases referred to by Dr. Hannover had all been previously described, so far as their condition up to the date of that publication enabled it to be done. Dr. Loeffler was also the operator in many of the cases cited. In the analysis which Dr. Loeffler now furnishes of the cases, and of Dr. Hannover's remarks upon them, Dr. Loeffler shows that in various instances Dr. Hannover has relied upon certificates furnished by surgeons in different parts of Denmark—not for scientific purposes, but with the object of showing the necessity for a continuance of the pensions to the invalided soldiers who had been the subjects of the wounds which led to the operation of resection. In two instances, Dr. Loeffler publishes statements by surgical observers, in which very great power and mobility are proved to have existed in the limbs operated upon close upon the time when the same limbs are represented in Dr. Hannover's pamphlet to have been dangling and useless. At the same time, Dr. Loeffler suggests that the same attention may not have been given to the after-treatment of these resected patients in Denmark as is usually given in Germany, and that the climate of Denmark is not a very favourable one for patients after resection. In Germany—especially in Prussia—Dr. Loeffler states, such patients are sent to watering-places, such as Warmbrunn, Teplitz, Gastein, etc., for the repeated application of local baths of different kinds; while the electric induction current, appropriate gymnastic exercise, and other remedial measures, are regularly employed, frequently leading to great increase in muscular power and general improvement of limbs in which resection operations have been performed. It is announced that Professor Langenbeck of Berlin is also preparing for publication an answer to Professor Hannover's condemnation of the operation of resection of joints for gunshot injuries.

FARADAY AS A DISCOVERER. By JOHN TYNDALL, LL.D., F.R.S. Second Edition. London: 1870.

PROFESSOR TYNDALL'S eloquent chapters deal with Faraday's discoveries rather than with his life, and are thus in some way complementary to the larger work of Dr. Bence Jones, rather than in competition with it. The work is a small octavo, and contains little more than two hundred pages. We cannot do better than give our readers a specimen of the author's style by quoting the concluding paragraphs of his book.

"The fairest traits of a character sketched by Paul found in Faraday perfect illustration; for he was 'blameless, vigilant, sober, of good behaviour, apt to teach, not given to filthy lucre'. He had not a trace of worldly ambition; he declared his duty to his Sovereign by going to the levée once a year, but beyond this he never sought contact with the great. The life of his spirit and of his intellect was so full, that the things which men most strive after were absolutely indifferent to him. 'Give me health and a day,' says the brave Emerson, 'and I will make the pomp of emperors ridiculous.' In an eminent degree Faraday could say the same. What to him was the splendour of a palace compared with a thunder-storm upon Brighton downs? What among all the appliances of royalty to compare with the setting sun? I refer to a thun-

der-storm and a sunset, because these things excited a kind of ecstasy in his mind; and to a mind open to such ecstasy, the pomps and pleasures of the world are usually of small account. Nature, not education, rendered Faraday strong and refined. A favourite experiment of his own was representative of himself. He loved to show that water, in crystallising, excluded all foreign ingredients, however intimately they might be mixed with it. Out of acids, alkalis, or saline solutions, the crystal came sweet and pure. By some such natural process in the formation of this man, beauty and nobleness coalesced, to the exclusion of every thing vulgar and low. He did not learn his gentleness in the world, for he withdrew himself from its culture; and still this land of England contained no truer gentleman than he. Not half his greatness was incorporate in his science, for science could not reveal the bravery and delicacy of his heart."

Many of our readers may probably think the author's style slightly stilted, and may prefer the quieter sentences of Dr. Bence Jones. On the whole, however, there can be no doubt that Professor Tyndall has well realised his wish of playing the part of Schiller to his Goethe.

ON THE CAUSES AND TREATMENT OF IMPERFECT DIGESTION. By ARTHUR LEARED, M.D. Dublin and Oxon. Fifth Edition, revised and enlarged. London: 1870.

A MEDICAL book, of which 5000 copies have been sold, needs but little help from the reviewer. We may say, however, of Dr. LEARED'S fifth edition, that it appears to have been carefully revised, and that some valuable new matter has been added. Amongst the latter are a chapter on Mineral Waters, and one on Sleep and Sleeplessness in relation to dyspepsia. The whole work, as probably most of our readers already know, is written in excellent English, and in a very interesting manner. It is one of those which can be taken up and read at any time, whilst in the main it will not be found disappointing to those who wish to employ it as a work of reference on special subjects. By the latter statement we do not, of course, intend to imply that it is exhaustive. It is a little book; and its details, of course, are restricted somewhat by its size.

## NOTES ON BOOKS.

*Phthisis and the Stethoscope; or, The Physical Signs of Consumption.* By RICHARD PAYNE COTTON, M.D. Fourth Edition. London: 1870. —We welcome a fourth edition of Dr. Cotton's little manual. It contains an excellent account of all that is necessary to be known in reference to the investigation of phthisis by means of the stethoscope. It is in very small compass, and is admirably adapted to the requirements both of students and practitioners.

*Clinical Notes on Diseases of the Larynx: Investigated and Treated by means of the Laryngoscope.* By WILLIAM MARCET, M.D., F.R.S. —As its title implies, this little book is chiefly a record of cases, and does not of course profess to be at all an exhaustive treatise on the subject. It contains an introductory chapter with some useful observations on the formation of the voice, and a chapter with introductory remarks and cases on each of the following classes of disease of the larynx, laryngitis, nervous affections of the larynx, laryngeal phthisis. It contains several good plates.

DR. WICKHAM LEGG'S *Guide to the Examination of the Urine*, the first edition of which we noticed about six months ago, has already reached a second edition—a sign, it may fairly be presumed, that it has been found useful. The author has taken the opportunity of carefully revising the work and adding new matter. A few additional engravings of urinary deposits have been added, and renal casts are more faithfully represented. The volume has been reduced to a more convenient size; although we confess that it is not, in our opinion, improved by the gaudy garb in which it now appears.

*Richmond Hospital Records.* By WILLIAM STOKES, Jun., Surgeon to the Richmond Surgical Hospital. (Reprinted from the *Dublin Quarterly Journal of Medical Science*). —Mr. Stokes's *Records* contain a number of interesting cases, and many very valuable observations and reflections on special points in each case. We would call particular attention to the case of amputation of the thigh, with remarks on the comparative merits of Teale's and Wharton's operations, and to the case of Burrow's plastic operation. Two cases of amputation were treated by Lister's antiseptic method. One, that of amputation of the forearm, is worthy of note; although the forearm and hand had been in a highly inflamed and unhealthy condition, there was very little suppuration after the operation.

## NOTICE.

THE ANNUAL SUBSCRIPTIONS TO THE BRITISH MEDICAL ASSOCIATION FOR THE YEAR 1870 ARE NOW DUE: and it is a matter of great convenience to the Association, and conduces to the efficiency of its working, that they should be paid promptly.—Members of Branches, and all others who usually receive circulars at the beginning of the year from the local Secretaries, will greatly oblige, and will prevent trouble, by PAYING THEIR SUBSCRIPTIONS TO THE LOCAL SECRETARIES, AND NOT TO THE GENERAL SECRETARY.—All other members should pay their Subscriptions without delay to the General Secretary, T. WATKIN WILLIAMS, Esq., 13, Newhall Street, Birmingham.

Members of the Association residing in the counties of Middlesex, Essex, and Hertfordshire (except those belonging to country Branches), should pay their Subscriptions to Dr. A. P. STEWART, 75, Grosvenor Street, W.; or Dr. ALEXANDER HENRY, 16, Great Cornam Street, W.C.

Gentlemen wishing to become members of the Association are requested to apply to the General Secretary, to the Branch Secretaries, or at the office of the JOURNAL, when forms of application and the rules of admission will be forwarded.

## BRITISH MEDICAL JOURNAL.

SATURDAY, MAY 28TH, 1870.

## LUNATICS AT HOME.

AN amusing suggestion was recently put forth in the columns of a contemporary for the almost total abolition of lunatic asylums, a general amnesty to chronic lunatics, and a distribution of them amongst the hamlets of this smiling land, as articles of public ornament or æsthetic contemplation. "Before the present overgrown asylums were in existence," says our enthusiastic *confère*, "almost every English hamlet had its harmless lunatic, whose pittance from the Poor-law was increased by the gifts of the kindly neighbours, to whom he could render many little services in return; who was a privileged and seldom an unhappy peripatetic, able to watch the beauties of the changing seasons, to visit the haunts familiar to him from childhood, and to worship in the church near which his bones would at length be laid." This picture would probably be touching, if it were only true. Unfortunately, however, the real circumstances of the lot of the "harmless lunatic" of the English hamlet, before asylums were created, as far as they have been carefully ascertained and recorded, did not in any particular agree with this glowing description. He was actually a drivelling and repulsive being, half-starving on his Poor-law pittance and the fruits of his begging, pelted and tortured by the village schoolboys, worked like a galley-slave by inhuman taskmasters, privileged only in the matter of kicks; mischievous and sometimes criminal in his propensities, liable to unstinted punishment, and glad to huddle his weary limbs in a kennel or an outhouse. And, unfortunately again for the rhetoric we have quoted, there appears to be no reason why this same harmless lunatic, when comfortably accommodated in the county asylum, should be unable "to watch the beauties of the changing seasons, or to worship in the church near which his bones would at length be laid."

It may be asked also whether it is true that our English hamlets have been deprived of their harmless lunatics, who ought, it appears, to be the chief incentives to charity amongst the inhabitants? There are at present 6,600 insane paupers who reside with their friends or are boarded out in England; and there are, besides, large numbers of lunatics in nearly the same class of life, but not in receipt of relief from the Poor-law, who are similarly distributed. Almost every hamlet may, therefore, still have its "harmless lunatic," if it covets such an addition to its population. Our contemporary, however, is not contented with any such limited supply. "We should be glad," it says, "to open the doors of the huge gaols now maintained in every county, and, under varying conditions of supervision, to restore about seven-tenths of the inmates to society and to some modified form of liberty." We sincerely trust that

this recommendation will not be adopted by the legislature without much ventilation. Rather than discharge seven-tenths of the present inmates of our asylums, we should have no objection to see one more unfortunate added to their number—to wit, the writer who could propound such mischievous nonsense as that which we have quoted.

It is probably true that a certain small proportion of the lunatics now shut up in our asylums might be judiciously entrusted to the care of their friends, or boarded out; and that, on the other hand, a certain considerable proportion of the lunatics now boarding out or residing with their friends might be judiciously placed in the county asylums. It is not to be lost sight of, in considering this matter, that all the lunatics in our county asylums have been sent to them in the first instance because it was found impossible to deal with them in private dwellings; that they have been strained through the workhouses, in which all those deemed moderately manageable are retained, amounting to a total of above ten thousand; and that constant efforts are apparently made, whenever they are thought worthy of trust, to restore them to their friends or to liberty. In some county asylums, as many as 15 per cent. of the admissions are readmissions, or consist of lunatics who have been discharged as recovered and who have relapsed, or who, supposed to be chronic and harmless cases, have been found subsequently unmanageable in their own homes.

The safety and well-being of the public and the safety and well-being of the lunatic must both secure attention in our deliberations upon this question of private dwellings *versus* asylums for the accommodation of the insane poor. As regards the first of these, it is to be noticed that under present arrangements, with 6,600 pauper lunatics at large, and these generally of the quietest and most harmless kind, we have at least a dozen murders annually perpetrated by this class, to say nothing of other crimes. It is only fair to conclude that, with an increased number of such persons at liberty, drawn from a less safe class, we should have a much richer harvest of murders, acts of violence, and legal transgressions, committed by lunatics. It is for the public to say whether, to gratify a whim, they are willing to incur such additional risks, together with others not so superficially obvious, but not less real, such as those dependent upon that moral contamination which chronic lunatics and idiots must inevitably spread around them in the homes into which they are introduced, and which can be shown to be infinitely deleterious to growing and even to full-grown minds.

As regards the safety and well-being of the lunatic himself, there can be no doubt whatever that they are more satisfactorily secured in a well ordered asylum. One thousand three hundred and fifty suicides take place in this country every year, and of these an alarming proportion is committed by lunatics at large. All authorities are agreed that the chances of recovery from insanity are much greater in an asylum than in the family circle or in private houses. No comparison can be drawn between these relative situations as to the comforts which they offer to the lunatic. We have heard a great deal about lunatics in private dwellings in Scotland, and the amenities which they enjoy; and a Gheel in the North has even been proposed, as the most desirable method of solving the difficult problem what to do with our lunatics. But the truth turns out to be, on impartial inquiry, that these Scotch lunatics in private dwellings, instead of enjoying that romantic and blissful existence which has been represented, are really in a state of unparalleled degradation and misery, and are subjected to deprivations and cruelties which are scarcely compensated by "free air" and "peripateticism". The highest lunacy official in Scotland has given a reliable account of the hardships and oppressions which these "single cases", as they are called, have to undergo. We have ourselves seen them chained and hobbled like ferocious or runaway animals, tied up naked to a bedpost, clothed in filthy rags, and bearing the marks of the stick and strap. Respecting the condition of the insane in single dwellings in England, we have, unluckily, little information; but what we do possess does not encourage us to believe that they are more happily circumstanced than their brethren in Scotland. Recent prosecutions have brought to light the details in a midland county of two cases



of lunatics boarded in private dwellings, and maintained at a weekly cost greater than that charged in a county asylum, who were found wallowing in filth, and treated with loathsome neglect. Only last year, our attention was called to an aged and infirm woman, a pauper lunatic, thus boarded out, who was lodged in a miserable hovel, and who had slept in a wheelbarrow for many years. There are good grounds for believing that the condition of insane paupers boarded out in this country is often deplorable in the highest degree, and more worthy of immediate consideration than the grievances of the incarcerated insane, to which such elaborate attention has recently been devoted.

#### THE PREVENTION OF CONTAGIOUS DISEASE: REDUCTIO AD ABSURDUM.

THE *Westminster Review* of the current month contains the concluding article on this subject. After having reviewed the whole subject in a series of articles at great length, with praiseworthy industry, and great earnestness, the writer comes, finally, to state his own plan. This, as developed in this article, is "to provide an abundance of hospital accommodation for these women," and to rely on "the voluntary system." To the objection that the voluntary system was tried under the Contagious Diseases Act, 1864, and failed so completely that its promoters felt obliged to ask for compulsory powers in 1866, he replies that neither time enough, nor enough of hospital accommodation, was then given to make the experiment satisfactory or complete.

To show that the voluntary system will work well, he appeals to the attested experience of two places, Dumfries and Winchester, concerning which he "is enabled to state the following important facts." In a report, for 1826, of the Dumfries Infirmary, it is stated that during that year twenty-six in-patients were treated for venereal disease. Sufferers of both sexes from those diseases have from that date been always freely admitted for treatment; but at the present moment, "not one in ten apply for admission who did so twenty years ago." At Winchester Hospital, similarly venereal cases have been from the first freely admitted, apparently since 1736. In the first instance twelve beds were allotted, but the number subsequently found necessary was reduced to eight. "In fact," writes our author, "though it was found necessary in the first instance to allot twelve beds for the use of venereal patients, the effect of freely receiving and treating such patients in the hospital was gradually to reduce venereal disease in and around Winchester to such an extent that, in 1839, eight beds sufficed for the reception of all patients suffering from that disease, notwithstanding the fact that during the previous ten years the population of the county had so increased as to cause an increase in the admissions to the hospitals of sufferers from other diseases to the extent of two hundred annually." It will be seen, that in this form of logical statement the disappearance of venereal disease is inferred from the non-occupation of the beds set apart under the voluntary system, and the sufficiency of the voluntary system, in its turn, inferred from the assumed disappearance of venereal disease. To make the argument complete, however, *totus torus atque rotundus*, the facts should be brought down as they may be to a later date. The result will be seen to be much more striking; and the inference capable of being drawn after the same logical fashion, is much more conclusive. Thus, two years ago it might have been observed, that of the eight beds set apart for venereal disease, not more than two or three were occupied; and that, finally, so little was the demand for this accommodation, that in the new hospital no beds at all were appropriated to this purpose. Venereal disease had then wholly disappeared from the population of Winchester under the influence of the voluntary system, and owing to the successful cultivation of the self-respect of the public women of Winchester. Is this so? The recent extension of the Contagious Diseases Act, and the introduction of the system of compulsory examinations of public women at Winchester, afforded the opportunity of obtaining facts by which these theories may be tested. The case then stands thus. Theory: the number of beds required for the accommodation of diseased women at Winchester has been progressively diminishing,

*ergo*, the amount of venereal disease has decreased in the same ratio. And the voluntary system has worked so well that first twelve, then eight, and, finally, two or three, beds were more than adequate to afford the accommodation necessary to combat the disease. Ultimately, beds and disease have alike vanished. Fact: at the last examination of the women in Winchester, in January 1870, under the Act, more than 40 per cent. were found to be diseased. At Devonport, where the Act has been in operation, the percentage was 17. It is not uninteresting to mention that at Liverpool, where the amount of venereal disease has been ascertained to be very large, difficulty is found in keeping sixty beds in use, which are provided for the use of venereal patients; and the same difficulty has been recently experienced, we are informed, at the London Hospital, where twenty-five beds had been set apart for this purpose, with a view to the benefit of the large, destitute, and poor population at the East end of the town, and in the neighbourhood of the docks. These are the facts; and, in the face of them, the *Westminster Review* proposes, as a sufficient remedy against the extension of venereal disease, to raise £30,000 a year in London, by public subscription, for the support of venereal beds, under a voluntary system; to reject State intervention, and abolish compulsory examinations of public women in Winchester, Devonport, and elsewhere, where the statute now empowers them to be made, and where they have already succeeded in effecting a marked diminution in the amount of venereal disease, an amelioration in its intensity, a decrease in the number of public women, and a largely increased proportion of cases of reformation.

#### THE DEBATE ON THE CONTAGIOUS DISEASES ACTS.

THE decision at which the Government has arrived in the matter of the Contagious Diseases Acts has the merit of discretion. In the opinion of Sir John Pakington, it is deficient in courage, but is certainly not wanting in the better part of that quality. There can be no harm in further and continued inquiry. The existence of a Commission before which the opponents of the Acts can bring their charges, and, if possible, prove them, will save us a great deal of very unpleasant and mischievous agitation. We cannot but regard the public and unrestrained discussions of this subject which have occurred of late as very mischievous. There will be no excuse for them while an impartial tribunal exists which is specially created to take cognisance of all that is important, and that can be urged for or against the measures. Dr. Playfair, who appears to have held the Government brief, laid before the House some very striking figures illustrative of the benefits of the Act. He also made the important statement that Dr. Balfour, one of the only official authorities disposed to regard these measures with distrust, had been converted to a conviction of their sanitary value by the figures brought under his notice as chief of the sanitary branch of the Army Medical Department. Dr. Playfair showed from the official returns that, while at the unprotected stations syphilis in the army had remained stationary, it had been gradually reduced in amount where the Acts were in operation, till now it had fallen from 22.8 to 11.2. When the Guards came from Windsor, where the Acts are in force, to London, where they are not, the ratio of disease rose from 30 to 108; so with the Fusiliers, on going from Aldershot to Glasgow. The average duration of treatment of cases at Devonport had been reduced from fifty-three days to thirty-seven days. At the Lock Hospital, the ordinary cases occupied an average of forty-five days per case; the cases from the protected districts, an average of twenty-eight days. As to the women, at Cheltenham, when the Act was first introduced, 70 per cent. were found to be suffering from disease; in the last quarter, only 6 per cent. were so. At Devonport, which is protected, only 14 per cent. were affected; at Winchester, which was unprotected, 43 per cent. were affected. He pointed out, moreover, that the Act expressly declares that all common-law prohibitions of immorality are left untouched by it; that it neither legalises nor sanctions the offence, but leaves it under the ban of the law, and adds to the restrictions which encompass it.

It is unnecessary to go over this ground again; and we are quite unwilling to open a discussion on the subject while the House of Commons has it in hand. We heartily hope that this Commission will set at rest the fears and doubts which have been expressed with so much earnestness. The measures are avowedly intended to promote health, economy, and morality; they will be defended and attacked on those grounds in the Committee; and there, for the present at least, let the question be fought out.

Dr. W. BATHURST WOODMAN has been elected Assistant-Physician to the London Hospital.

Dr. DALY, of Hull, has been made a Magistrate of the East Riding of Yorkshire.

The Poor-law Board have given their sanction to the erection of a new Infirmary at the Durham Union Workhouse at a cost of £3500.

The proceeds of the Bazaar held last week in aid of the North-Eastern Hospital for Children amounted to about £1000.

Mr. JOHN WHIPPLE, Surgeon to the South Devon and East Cornwall Hospital, has consented to be nominated for the office of President of the British Medical Association at the annual meeting which it is proposed to hold in Plymouth in 1871.

The medical class of Harvard University, Boston, have placed in the hall of the Medical College a tablet bearing the names of twenty-one graduates and members of the school who fell in the service of the United States during the late war.

The students of the Middlesex Hospital held a meeting on Monday, and unanimously resolved to petition parliament against the retrospective clauses of the Medical Acts Amendment Bill. The students at some of the other Hospitals are, we believe, also to hold meetings for the same object.

*Galignani* says: "M. le Dr. Riant of Paris has just issued, at Delahaye's, a French edition of Dr. Brinton's valuable treatise on the *Diseases of the Stomach*. Dr. Riant may be congratulated on his translation of Dr. Brinton's work, for which Professor Laségue has written an important introduction."

#### FAVOUR OF HOSPITALS.

A GENERAL opinion was expressed on Monday, at a public meeting in the Westminster Palace Hotel, in favour of exempting hospitals and other charitable institutions from local rates; and a resolution in favour of Mr. Muntz's Bill now before the House of Commons was passed. There was an influential meeting; Sir Thomas Tilson occupied the Chair.

#### DR. LIVINGSTONE AND THE GOVERNMENT.

At the last meeting of the Royal Geographical Society, the President, Sir Roderick Murchison, intimated that Government, in consequence of the representations of the Society, had agreed to authorise a further grant of £1000 to provide a fresh equipment and the means of conveying it into the interior of Africa, for the relief of Dr. Livingstone.

#### UNITED HOSPITALS ATHLETIC CLUB.

THE fourth annual meeting of athletic sports will be held at the Lillie Bridge Ground, West Brompton, on Thursday, June 9th, commencing at twelve o'clock. The band of the Grenadier Guards, under the direction of Mr. Dan Godfrey, will attend. If the weather be propitious, the admirable management and continued success of these meetings are likely to insure a large attendance.

#### FEMALE MEDICAL SOCIETY.

THE sixth annual meeting of this Society was held at Exeter Hall on Wednesday. The attendance was small. The Secretary (Dr. Edmunds) read the recommendations of the Committee in any attempt at medical legislation. One of the recommendations indicated a most retrograde policy.

#### THE ARMY AND NAVY MEDICAL DINNER.

THE annual dinner of the officers of Her Majesty's Army, Navy, and Indian Medical Services will take place at Willis's Rooms on Friday, June 3rd—the Director-General of the Army Medical Department in the Chair.

#### MR. ERASMUS WILSON AND THE ROYAL COLLEGE OF SURGEONS.

MR. ERASMUS WILSON has liberally declined to receive his *honorarium*: of £94:10 for the course of lectures on Dermatology recently delivered by him at the Royal College of Surgeons. He has requested that the sum may be applied towards liquidating the expense of fitting up cases in the Museum for the reception of the collection presented by him.

#### PARISIAN MEDICAL TOPICS.

THEIR aspects are very different, yet the medical topics of Paris are in themselves nearly the same as those which occupy the profession in England—for example, vaccination, medical reform, lady-doctors, professional parasites, and construction of hospitals. It will be seen by the letter of our correspondent, that for the last fortnight there has been an increase in the mortality from small-pox in Paris. It is very important to note that the 195 recorded deaths for the week are additional to those which have occurred in the hospitals.

#### ROYAL COMMISSION ON SCIENCE.

THE following have been appointed by the Queen to form the Royal Commission on scientific instruction and the advancement of science: The Duke of Devonshire as Chairman; the Marquis of Lansdowne; Sir J. Lubbock, Bart.; Sir J. P. Kay Shuttleworth, Bart.; B. Samuelson, Esq., M.P.; W. Sharpey, M.D., Sec. R.S.; T. H. Huxley, Esq., F.R.S.; and G. G. Stokes, Esq., M.A., Sec. R.S. The Commissioners are empowered to ascertain what aid to scientific instruction is derived from grants voted by Parliament or from endowments belonging to the several Universities and Colleges, and whether such aid can be rendered in a manner more effectual for the purpose.

#### THE VENTNOR CONSUMPTION HOSPITAL.

THE anniversary dinner of this Hospital was held on Wednesday evening in the Cannon Street Hotel. The Right Hon. Sir Lawrence Peel occupied the chair. The Hospital, which was founded by Dr. A. H. Hassall in 1868, is situated at the Undercliff near Ventnor, and consists of three pairs of houses on the cottage principle. One of these is finished and fully occupied; and the erection of the second pair, the foundation-stone of which was laid in July last by Her Royal Highness the Princess Louise, is very far advanced; the third pair has been commenced, and subscriptions amounting to upwards of £3,700 were intimated during the evening.

#### SAFEGUARDS AGAINST POISON.

ATTENTION has been repeatedly drawn of late years, and several times in the last few months, to the number of accidents arising from carelessness in dispensing, and from what we cannot but consider another phase of carelessness, the use of ordinary bottles for concentrated and poisonous mixtures and applications. "If I poison my chemist," says a French writer, "I am condemned to the guillotine; but if he poisons me, he is—perhaps fined." A lamentable instance of accidental death from error as to the nature of the contents of a medicine bottle is reported from Newbury. The wife of the Vicar of Shaw had for some few weeks been suffering severely from facial neuralgia. One night, she inadvertently took a mixture of chloroform with laudanum by mistake for sal-volatile, a bottle of which was on a table. We have so often adverted to the necessity of some general understanding amongst pharmaceutical chemists as to the use of a mechanical prevention in addition to that of labelling, that we see with pleasure that the Pharmaceutical Society is bending its serious attention to schemes for introducing some satisfactory method. We heartily hope that they will agree, and that their plan will be found useful in saving life.

## EAST LONDON HOSPITAL FOR CHILDREN.

A GRAND fancy bazaar in aid of the funds of this Charity will be held at the Queen's Concert Rooms, Hanover Square, on the 13th and 14th of June, under the special patronage of the Princess Christian and the Princess Mary of Teck. The annual meeting of the Governors of the Hospital was held on Wednesday; Lord Enfield, M.P., President, in the Chair. It was stated that 8879 out-patients and 796 in-patients had been relieved since the opening of the Hospital in 1868. In the course of the meeting, Mr. Heckford, the founder of the Hospital, handed a letter to the Treasurer, in which he announced his intention of transferring the freehold of the present premises, the estimated value of which is £1200, to the trustees of the Hospital, who now hold it from him at a nominal rent.

## GREAT ORMOND STREET HOSPITAL FOR CHILDREN.

His Royal Highness the Prince of Wales presided at Willis's Rooms on Wednesday evening at the Annual Festival in aid of the funds of the Hospital for Children, Great Ormond Street. In proposing the toast of the evening—"Prosperity to the Hospital for Sick Children"—the Prince stated that last year the number of in-patients was 709, and that of out-patients 15,780. In July, a convalescent establishment was opened at Highgate, which affords accommodation for fifty-six children. The subscriptions in aid of the Hospital last year amounted to £3,410. The royal chairman then stated that it had been decided to build a new hospital, which scheme we noticed some time since. During the evening subscriptions amounting to £4,560 were intimated, including an anonymous donation of £1,000.

## INTERNATIONAL HEALTH RECORDS.

CONTINUING in the cause of careful and liberal progress which has made his department one of the most eminently useful and popular in the State, the Registrar-General has presented us in this first quarterly Report of the year with a complete analysis of births and deaths, and a general view of the state of public health in the two thousand sub-districts of England, made up to the 31st of March last. The deaths from the principal zymotic diseases—small-pox, measles, scarlet fever, diphtheria, whooping-cough, fever, and diarrhoea—are analysed so as to show the local distribution; the deaths by violence and those in infancy and old age are similarly distributed. The Medical Department of the Privy Council and sanitarians generally may be congratulated on the increased facilities for early deliberation and well-grounded action which this promptitude will afford to them. The Registrar-General explains that he has hitherto hesitated to issue the returns thus rapidly in this form, because it precludes the possibility of their examination and accurate revision by the competent authorities at the central office. Such revision is undoubtedly necessary for the purpose of accurate classification, and to prevent many errors. Such errors, however, are rather of ultimate statistical than of immediate sanitary importance. Dr. Farr dwells with just emphasis on the importance of early and comprehensive reports such as this, giving a rapid and extended view of the diseases which attack the inhabitants of the kingdom, and photographing them "like the clouds that sweep over the skies". Once more, too, he urges, and once more we raise our voice in support of his demand, that other nations should emulate this example. Disease is international; it knows no territorial limits; it sails under every flag; it respects no favoured race; it crosses the sea and passes from people to people and from land to land. Nothing but a complete and world-wide system of vital statistics can afford the information needed by all. It will enable us to trace with accuracy the course of epidemic disease; the law of endemics; their relations to climate, soil, and meteorological change; the principles which govern them; the times of their increment and decrement; the soils and the seasons which they love or which they shun. A well-concerted series of weekly and quarterly reports of marriages, births, deaths, and diseases, throughout the civilised world would do much—no one can yet estimate how much—to advance our knowledge of the causation of disease, and to increase the power of preventive medi-

cine. We appeal to our brethren in science throughout Europe to urge this fact and these considerations—so well known to them, so trite, and yet so little observed—upon their respective governments. It is a great step to be made—one which is not more important than it is easy. Our patriotism is gratified by the reflection that the great contributions to preventive medicine in our time have been chiefly made by Englishmen, and to know that England is the only country in the world at the present time which publishes weekly and quarterly records of marriages, births, and deaths, on an extensive scale, in time to be available for administrative purposes. But we would fain sacrifice such patriotic feeling to the larger scientific and humanitarian gratification of seeing an European system of registration on the like scale of magnitude and exactness. It would be a source of real pleasure to be vanquished in such a contest; such a defeat would be a starting point for fresh effort and for new victories. The contest must be full of glory and of profit to both sides. We are deeply interested in the important vital events in the histories of our foreign relations. We are curious even to inquisitiveness as to their fevers, their influenzas, their epidemics of small-pox, of measles, and of diphtheria. We could even spare some of the political telegrams for continuous sanitary reports; and we are not certain that the progress of any one zymotic disease, its sudden outbreak, its journeyings, and its daily history, might not be more profitably described as a matter of contemporary history, than the princely visits, the royal progresses, and the court journals, with which we are constantly regaled. We shall welcome a sanitary *Jeames* of every nation. A sheaf of zymotic gazetteers who should beat the court newsmen would deserve and receive European gratitude.

## PARLIAMENTARY DEFENCE OF NARCOTICS.

THE House of Commons lately resolved itself into a debating society on a medical subject of much interest—the effects of opium-smoking. The general conviction of medical writers is, we believe, unequivocally opposed to the habit, as one which cannot be productive of good—is known to be frightfully injurious. The constant use of small doses of opium, whether in solution or by inhalation, produces a growing desire, which is only assuaged by gradually larger doses; and these are highly injurious. But Mr. Grant Duff collected, on the defensive, some curious evidence in defence of the practice as it exists among the Chinese. His speech is worth reading, if only as adding something to our knowledge of the general effects of narcotics. He quoted from Mr. Fortune, the well known traveller in China, the statement that opium-smokers, after a few whiffs, quietly went about their ordinary occupations; and the assertion, from large experience, that moderation is the rule, and excess the exception—less frequent than the abuse of ardent spirits in this country:—from Balfour's *Cyclopaedia*, the statement that every person of long experience has come to the common-sense conclusion that thousands consume opium without any pernicious result, as thousands do wine and spirits:—from Sir Benjamin Brodie, that opium soothes, and very rarely excites, the opium-eater—is useless, not mischievous:—from the authority of an official resident in China, that cases of abuse do not come frequently under observation, and then commonly to escape pain or disease; and that the habitual use of the drug has not had any injurious effects on the mass of the people. Mr. Duff relied, further, on the argument *quod semper, quod ubique, quod ab omnibus*. The taste for narcotic or stimulant agents—opium, tobacco, alcohol—was as widely spread as it was deeply seated in the human constitution; and when the vegetarian abused meat, or the total abstainer the use of alcohol and opium-smoking, a good and sufficient answer seemed to be one which had been held a good and sufficient answer in graver matters—"Securus judicat orbis terrarum." This is an argument, however, which smacks too strongly of the official opposition to progress—the let-well-alone school of thought—to satisfy earnest and conscientious people. The evidence adduced by Mr. Duff is all of a somewhat antique character. Recent opportunities have been afforded to so many persons to penetrate the interior of China, that we should be glad to hear from them more as to the alleged universality of



the practice, and the comparative immunity which attends its moderate use in China. Medical evidence would be especially valuable. Some of our readers may be able to afford us this information.

#### AN OFFICIAL DIATRIBE.

ATTENTION can hardly fail to be directed to a very extraordinary communication to the Sanitary Commission appended by Major Graham, the Registrar-General, to his thirty-first annual report. In this document heheapsunsparingridicule on the propositions for improved registration of births and deaths; for registration of still-born children; and for public records of sickness, which were made to that Commission by the State Medicine Joint Committee of our own and the Social Science Associations. It is useless and would involve a waste of time to analyse a document which betrays the most total and unfortunate ignorance of the subject with which it assumes to deal. Major Graham professes to be unacquainted with the faults in registration which are patent to the whole world, and which in this instance were admitted and described by those distinguished members of his own staff—Dr. Farr, Mr. Clode, and Mr. James Lewis. The registration of still-births is a proposition of which he has not even fathomed the meaning. He cannot descry its obvious and well-known uses in preventing fraudulent interments of children who have been born alive, and lessening infanticide and the practice of abortion. He looks upon it as a mere matter of curiosity, and would rather register the birth of live foals and asses, of which he says, with happy humour, there are more in the world than is generally suspected. The registration of diseases is a proposition equally novel and startling to him. Although it is one of which the admitted hygienic importance is such as no longer to call for discussion, he pours out abuse and ridicule upon it. It is much to be regretted that Major Graham, before committing himself to such a document, did not consult his better-informed colleagues in office whom we have mentioned, and who are the consistent advocates of these reforms.

#### PHYSIOLOGY OF THE BLOOD.

IN a recent paper by M. Savotti, in the *Centralblatt*, he describes a phenomenon of great interest, and hitherto unobserved—the entrance of entire pigment-cells into the channels of the capillaries and smaller veins of the web of the frog's foot through their walls. This is the converse process to that exit of white corpuscles of the blood through the walls of the blood-vessels, which has attracted much attention, and as to which the researches have been brought under the notice of our readers. M. Savotti uses a dilute solution of sulphuric acid—2 per cent. The cells contract and become aggregated around the minute vessels. Then, putting forth processes, one pierces the wall of the vessel and enters its cavity. The whole cell sometimes is slowly drawn in, and after remaining adherent for a time to the wall of the vessel, gradually moves onward with the current of blood. The observation is one of great physiological and pathological interest. It will of course require verification.

#### THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

AT the meeting of this Society on Tuesday evening, Mr. William Stokes of Dublin contributed a paper of surgical interest, on Supracondyloid Amputation of the Femur. He referred to the fact that, while amputation at the knee-joint had become a more generally approved operation than it once was, orthopedic mechanists—notably Mr. Heather Bigg—had pointed out difficulties in fitting an artificial limb to the stump. With the view of removing the difficulty, he had adopted the plan of removing the condyles of the femur as high as half or three quarters of an inch above the edge of the cartilage; he also removed the cartilaginous surface of the patella, leaving the bone itself to form part of the covering of the stump. The advantages stated to be possessed by this mode of operating were, that the patella formed part of the face of the stump, covering in the divided surface of the femur; and that an artificial limb can be conveniently applied. Mr. Stokes also contrasted his operation with amputation through the knee-joint, or where the medullary canal is opened, and also with the operations of Gratti and Carden; over each of which he believed it to possess certain

advantages. In the course of the discussion which followed, Mr. Lawson Tait made some remarks on Mr. Lister's method, which caused Mr. Holmes to observe that it was a mistake to call it "carbolic acid treatment;" it was antiseptic—carbolic acid being merely used as a convenient agent. A paper on Stertor, by Dr. Bowles of Folkestone, was also read. The author pointed out how the stertor of apoplexy and some other states of difficult respiration might be relieved by changing the position of the patient to one side.

#### PHYSICAL SCIENCE AT CAMBRIDGE.

AN important meeting has been held at Cambridge, to consider the means of raising the necessary funds for establishing a Professor and Demonstrator of Experimental Physics, and for providing buildings and apparatus required. It was also proposed to provide stipends for a Demonstrator of Chemistry and a Teacher of Palaeontology. The matter had been discussed by a syndicate, who, after aiming at larger ends, have concluded to limit their object, and to provide only for the stipends of a Professor of Experimental Physics, a demonstrator, and an attendant, which would require a sum of £660 *per annum*; and to raise £6,300 for a building and apparatus. For this purpose, they suggested that the capitation paid by each member of the University to the University chest should be increased from seventeen shillings to nineteen shillings *per annum*. The importance of the objects was vigorously urged by several speakers, especially by Professor Humphry, Mr. Sedley Taylor, and Mr. Pike. Mr. W. G. Clark (Trinity) said that the sum required was not less than £10,000, and £1,000 *per annum*. An opinion was widely expressed, that the funds could be more equitably raised by contributions from the Colleges. Some who paid the smallest sums under a capitation-tax possessed the richest endowments, and were best able to contribute largely to University purposes. The meeting broke up without arriving at a conclusion. The object must, however, be regarded as of the highest importance for the usefulness of the University. Oxford has, as our associates are aware, founded a splendid school of physical science, and has eminent teachers in it. In medical education especially, a high class of physical knowledge and skill is becoming daily a more pressing necessity. Even our smaller schools provide it to some extent. No University can hold its place in the van of education which omits to provide high-class and efficient instruction in the physical sciences.

#### HIPPOPHAGY.

WE gather from the *Food Journal* the following details of hippophagy in France. In Paris, from the 9th July, 1866, when the first horseflesh butchery was opened, to the 31st December in the same year, 902 horses (a few mules and asses being included) were slaughtered, and their flesh, averaging for each about 440 lbs. in weight, gave a total of about 180 tons. In 1867, the total consumption of this kind of meat rose to 430 tons; and in the following year to rather more than 480 tons. In these two years and a half, the totals were 5475 horses, yielding 1095 tons of meat, without including the livers, tongues, hearts, &c., which were also used as food. The price of horse-beef in Paris is less than half that of ox-beef. From other not less completely reliable returns, the consumption in the rest of France is believed to bring the total up to 2000 tons. The use of horse-beef is said to have increased considerably last year, when butcheries specially devoted to it were opened at Toulouse, Sedan, Toulon, Charleville, Angers, Marseilles, Havre, and other towns.

#### SANITARY IMPLEMENTS.

To find fault with his tools is not the reputed part of a good workman. Dr. Ballard, the Medical Officer of Islington, has repeatedly proved himself a very good workman, and in fact has long since achieved the reputation of being one of the very ablest and most energetic medical officers in the kingdom. How is it that he alone of all the medical officers of the metropolis reports that, excellent as are the provisions of the Workshops Regulation Act, and highly necessary as he finds it to be that the hours of young children and young persons in the parish

should be regulated authoritatively, he has as yet felt it beyond his power to enforce them there? We feel satisfied that his complaints are not groundless, for he is one of the last men in the world to shrink from any useful work legitimately in his department; but from the reports before us, very useful action appears to have been taken by several of the medical officers, especially by Mr. Liddle, Dr. Tripe, Dr. Lankester, and Dr. Aldis; and the owners and occupiers of workshops have been most ready and willing to comply with the law. We call attention to the subject from a desire to throw light on any removable source of difficulty in working the Act. The Act seems to have been very differently regarded by the medical officers of various districts, and worked with considerable inequality. We call the attention of the medical officers to the collection of various reports, and shall be glad to receive their comments on the subject, which will be found more fully developed in the report of Mr. Redgrave, Inspector of Factories, recently issued.

#### SIR THOMAS WATSON.

SIR THOMAS WATSON'S progress has been uninterrupted; he is gradually regaining strength, and in the course of a few days he will leave town for Weybridge. The profession will be interested to learn that Sir Thomas has resumed the work of preparing a new edition of his lectures, a large proportion of which has already passed through the press.

#### THE MAURITIUS EPIDEMIC.

ALTHOUGH by the last accounts there was a slight increase in the mortality as compared with the previous few weeks, still March is considered a trying month for the fever. The total mortality last year was 1412 as compared with 691 this year. Of these deaths, 858 were due to fever in 1869, whereas this year only 289 can be attributed directly to this cause. The Mauritius people are somewhat startled at the idea of opening the soil for underground sewage so soon after the burial of the victims of the fever, and much opposition is expected to the scheme from this cause.

#### TESTIMONIAL TO MR. PARTRIDGE.

It will be seen by our advertising columns that the former and present medical students of King's College Hospital, having expressed a wish to mark their sense of the benefits conferred upon themselves and the Institution by Professor Partridge, have resolved to hold a meeting in the operating-theatre of the Hospital on June 9th, at 2 P.M., for the promotion of a testimonial to that gentleman. Mr. Henry Lee, the first House-Surgeon to the Hospital, will occupy the Chair.

#### ST. GEORGE'S HOSPITAL.

A CROWDED and very influential meeting of ladies and gentlemen was held on Thursday afternoon, in the Hanover Square Rooms, in aid of the funds of St. George's Hospital. His Royal Highness the Prince of Wales occupied the Chair. The Princess of Wales also honoured the meeting with her presence. Resolutions were passed pledging the meeting to use special efforts in raising funds to enable the Governors to open the new wing and more efficiently to carry out the objects of the Charity.

#### THE ANTISEPTIC SYSTEM IN SURGERY.

AT a recent meeting of the Medical Society of Berlin, the leading surgeons of that city recorded their experience of the carbolic acid treatment of wounds and injuries. Professor Bardeleben stated that, in two hundred and forty-one cases then in hospital, the success of this treatment was fully confirmed. Fifty of these were serious cases; and three of them were compound fractures, which, but for Lister's method, must have been amputated. He had found very good results and less irritation from the use of sulpho-carbolate of zinc, as employed by Mr. Wood of King's College Hospital. Professor Langenbeck stated that, although at first he had the greatest distrust of Lister's method, yet two years' experience of it had now so convinced him of its utility, that hardly any operation was now performed in his clinic without the use

of carbolic acid. He also had recently two compound fractures of the leg, which, according to still prevailing doctrines, should have been amputated, but had both run a favourable course under the carbolic acid treatment. Professor Lister, commenting on this discussion in the current number of the *Edinburgh Medical Journal*, observes that the "poisonous action" with which M. Bardeleben has met in one of ten cases has not occurred at all in his own practice since lac-plaster was substituted for the paste. The local irritation complained of he ascribes to the omission of the use of a "protective" to guard the wound from the direct action of the acid.

## SCOTLAND.

#### THE LUNACY BOARD.

As we recently intimated, Dr. Arthur Mitchell, who has acted as Deputy-Commissioner since the formation of the Scotch Lunacy Board in 1857, has been appointed a Commissioner, to succeed Dr. W. A. F. Browne, who retires in consequence of failing sight. We have reason for believing that the deputy-commissionership will be conferred upon Dr. John Sibbald, the energetic Superintendent of the Argyll District Asylum, who has been a frequent contributor to the *Journal of Mental Science*. The appointment of Dr. Mitchell seems to indicate that the Government have determined to disregard the recommendations of the Camperdown Commission, and to continue the Scotch Lunacy Board as at present constituted for at least some time longer.

#### TESTIMONIAL TO DR. MATTHEWS DUNCAN.

A TESTIMONIAL has spontaneously originated among the former and present pupils of Dr. Matthews Duncan, urging upon the curators of patronage of the University of Edinburgh his great fitness for the Chair of Midwifery in the University. Already three hundred signatures have been obtained, many of the names being well known to the profession. Dr. Duncan's other testimonials are of a very high order, and include several from representative members of the profession in England, France, and Germany.

## IRELAND.

DR. HALTON has been elected Medical Officer to Kells Dispensary vice Dr. Pentland, who retires on a superannuation allowance of £66:13:4 *per annum*.

#### LECTURES ON PUBLIC HEALTH.

DR. CAMERON'S public lectures have attracted even larger audiences than last year. In the course of his first lectures, which treated of artificial modes of lighting, he performed some very striking experiments upon the unconsumed gases and impurities which escape from candles, oil-lamps, and gas-burners, if they be ill-constructed.

#### CONVERSAZIONE AT THE COLLEGE OF SURGEONS.

ON Tuesday, the Council of the Surgical Society entertained his Excellency the Lord-Lieutenant; the Commander of the Forces, Lord Strathnairn; the Lord Mayor; and a number of other distinguished persons, at a *conversazione*. The display of microscopic objects and of specimens in natural history was very remarkable.

#### SIR J. GRAY'S MOTION.

THE returns moved for by Sir J. Gray will be most valuable when the Medical Bill is being considered in Committees of the Lords and Commons. The numbers passed by each of our Licensing Bodies, and the fees obtained, will afford a just basis for the apportionment of the surplus to be formed if the Act should become law. It is said that two of the bodies only—the Dublin and the Queen's Universities—have carried on the clinical mode of examination.

## FELLOWSHIP OF THE COLLEGE OF SURGEONS.

FIVE gentlemen; namely, Dr. Moss, R.N., Dr. Boyes of Kingstown, Dr. H. M. Jones of Cork, Dr. T. P. Walshe of Clare Street, and Dr. Smith of Donaghmore, were admitted, by examination, to the Fellowship during the past month.

## DUBLIN UNIVERSITY AND THE MEDICAL BILL.

THE University is supporting very actively the principle of a single Examining Board for the United Kingdom, to be appointed by the Medical Council. This, it is said, would not be a piece of centralisation, for the examinations should be held in each of the three capitals by turns. It is also urged that the marks of those who pass these examinations should be published; and it is believed that much useful competition would result.

## ROYAL DUBLIN SOCIETY.

THE closing lecture of the series of afternoon scientific lectures at the Royal Dublin Society for the present session was delivered by Mr. Tichborne, Chemist to the Apothecaries' Hall, Dublin, on May 14th. The subject was Atmospheric Dust. This the lecturer defined, in the words of Bacon, to be "the little motes that in the sun do ever stir, though there be no wind." Several interesting experiments were made, by which the presence of dust was demonstrated, as likewise its organic nature. Mr. Tichborne also reported the results of various analyses of street-dust, which he had instituted to illustrate his lecture. He found, amongst other things, that whereas about 36 per cent. of the dust in Grafton Street—one of the busiest and most crowded thoroughfares in the city—was composed of stable-manure, a cab-stand in Nassau Street—close to the extensive opening of the College Park—yielded a dust which contained no less than 45 per cent. of organic matter. Consequently, cab-stands were essentially sources of atmospheric contamination, and as such required careful supervision. Street-dust Mr. Tichborne described as being the pabulum of atmospheric dust in general. In concluding his lecture, the author pointed out, on the one hand, the importance of instituting a thoroughly scientific inquiry into the effects of this atmospheric dust on the hygienic conditions of places and countries; while, on the other, he alluded to the danger of raising a "dust-mania", from which much harm might result.

## PHARMACY IN IRELAND.

THE Solicitor-General introduced, on the 10th instant, a Bill to regulate the Sale of Poisons, and to compel all chemists and druggists in Ireland to be examined by the Apothecaries' Hall before opening shops. The other medical bodies in Ireland having objected to this increase and confirmation of the powers of the Apothecaries' Hall, the Bill was withdrawn last Monday. Any person having the licence of the Apothecaries' Hall is placed on the *Medical Register* along with graduates of the Universities and members of the Corporations. About thirty or forty yearly take the licence; but a far more profitable employment of the Hall is the sale of drugs, by which large dividends are secured for the shareholders. It is in the highest degree desirable that the sale of drugs should be separated from the practice of medicine, and a clause in the proposed Medical Act removing the licence of the Apothecaries' Hall from Schedule A would be approved by a large number of members of the profession in Ireland. The Apothecaries' Hall would be then entitled to an Act giving it powers analogous to and as full as those enjoyed by the Pharmaceutical Society in England. It is right to say that several of the directors of the Hall approve of such a change, and that others would consent to it if assured that the Colleges of Physicians and Surgeons would send out general practitioners fully trained in therapeutics and the compounding of medicines, a class certainly required by the middle and lower ranks in this country.

**SUPERANNUATION.**—The Kells Board of Guardians have granted Dr. Pontland £66. 13 s. 4 d. *per annum*, the highest superannuation allowance to which he is entitled, for length of service and satisfactory conduct.

## SPECIAL CORRESPONDENCE.

## PARIS.

[FROM OUR OWN CORRESPONDENT.]

Paris, Monday, 23rd May, 1870.

1. *Small-Pox and General Mortuary Statistics: Explanation and Rectification.*—2. *Non-mortal Prevalent Diseases.*—3. *General Meeting of Medical Practitioners to discuss Vaccination, etc.*—4. *Doctor Cabarrus.*—5. *Electro-Thermal Anesthesia in Surgical Operations.*—6. *Women-Doctors: Parisian Socialists; and Edinburgh Professors.*

**SMALL-POX AND GENERAL MORTUARY STATISTICS: EXPLANATION, AND RECTIFICATION.**—The mortality from small-pox goes on increasing. In my last letter, I stated that (exclusive of deaths in hospitals) 179 persons died of small-pox during the week ending the 14th of May. This was, then, the most mortal week of the epidemic. The week ending 21st May has, however, proved still more disastrous, the mortality, exclusive of the hospitals, having been 195.

In reporting the weekly mortuary statistics of Paris, I have hitherto (in common with all the newspapers) taken the figures from the bulletin issued by the *Préfecture*. I find that in using these figures I have omitted a very important explanation, to which I now beg to direct particular attention. The bulletins of the *Préfecture* do not include the deaths in hospitals; they are only reported and classified once in three months. This rectification which I now make is very important, seeing that, out of every four deaths which occur in Paris, one occurs in the hospitals. The statement that 179 persons died of small-pox in Paris during the week ending 21st May is, therefore, seriously short of the truth. To show that the weekly bulletins are not understood, allow me to quote the following passage from an explanatory letter on the subject, addressed to a daily newspaper by Dr. E. Decaisne: "Les chiffres ne comprennent pas les cas de mort dans les hôpitaux dont le dépouillement ne se fait que tous les trois mois. Or, il meurt, à Paris, une personne sur quatre à l'hôpital. Le bulletin hebdomadaire est loin de donner au public le chiffre même approximatif des décès. Il ne faut pas oublier, non plus, que la constatation des causes de mort à Paris par les vérificateurs des décès; et l'on comprend ce qu'il y a de défectueux et d'incertain cette manière de procéder. C'est le médecin traitant qui devrait constater officiellement la cause de la mort, comme cela se fait à Londres."

Let me add, that the *vérificateurs* are medical officers of the *arrondissement* whose special duty it is to inspect every dead body, and certify, before burial is allowed, that the death is real, and give likewise a statement as to the cause of death. Dr. Decaisne rightly remarks that the latter duty ought to be performed, as in England, by the practitioner who has attended the deceased. It is obvious that the mortuary statistics of Paris as at present published cannot be relied upon as more than a rough approximation to facts. The exclusion of the hospital mortality misleads the public, and enormously diminishes the value of the weekly bulletin.

The following is an abridged summary of the weekly bulletin for the week ending the 21st May:—Total deaths, 1239; of which 195 were from small-pox, 18 from scarlatina, 27 from measles, 25 from typhoid fever, 10 from erysipelas, 84 from bronchitis, 91 from pneumonia, and 6 from puerperal affections.

**NON-MORTAL PREVALENT DISEASES.**—Neither mortuary tables nor hospital visits tell us a fact worthy of notice, that quinsy and measles have for the last ten days been very prevalent in private practice. Speaking generally, the cases have not been serious.

**GENERAL MEETING OF MEDICAL PRACTITIONERS TO DISCUSS VACCINATION AND THE PRESENT SMALL-POX EPIDEMIC.**—This proposed deliberative assembly is to take place on Wednesday, 25th May, at half-past eight P.M., at the *Gymnase Paz*, 34 rue des Martyrs. An excellent programme has been issued.

**DOCTOR CABARRUS.**—"On demandait un jour au docteur Cabarrus s'il aimait les bas-bleus. Oui, répondit-il, pourvu qu'ils soient en bas blancs." Since Dr. Cabarrus died on the 18th, most of the newspapers have managed to produce a little modicum of gossip about him. The paragraph is an anecdote, a biographical scrap, a vitticism, a sententious saying, or sometimes pun and proverb compressed into one sparkling nothing. As a specimen—quotable on account of its brevity—I have given the above, contributed in *Figaro's* impression of to-day, to the records of the reputed wit and wisdom of the notable parasite of medicine who, at the age of 72, has just paid the final debt of nature. While, in truthfulness, Cabarrus must be spoken of as an alien to our brotherhood, as a parasite of medical science, not as a true physician, it would be unfair not to admit that he was, in the eye of the world, a



worthy man, and quite as good as—nay, perhaps a great deal better than—the majority of those pleasant, engaging people who abound everywhere, and veritably swarm in giddy Paris—"men of the world"—attractive butterflies of the hour. Possibly not one of your readers ever heard of Cabarrus; for in science he was nowhere. Nevertheless, as one of the greatest celebrities of Parisian parasitical physics, there may be some use in briefly mentioning him and his career. In professional morals, as well as in practical medicine, pathological studies are not least instructive when they simulate normal phenomena.

The deceased ignored the sometimes much coveted *particule*; and always called himself "Cabarrus", and not "de Cabarrus". His mother was the famous Thérèse de Cabarrus; but his father was not Tallien, that lady's first husband. He bore his mother's maiden name, which she reassumed when divorced from Tallien, and retained till her marriage with the Prince de Chimay, her second husband. The probable father of Cabarrus was Ouvrard, a celebrated financier. The study of medicine, which Cabarrus began as a scientific pastime, he originally carried out more in sallies than seriousness. It was taken up in another spirit when it became necessary to search for a means of subsistence. Following the advice of his friend, Dr. Pétrus, he then abandoned regular medicine, and announced himself as a follower of Hahnemann. This transformation having been formally and conspicuously accomplished, he soon became a great homeopathic doctor among journalists, poets, painters, actors, and singers, and still more among actresses and songstresses, as well as among all their ramifications in the Parisian world of pleasure, indolence, and fashion. For many years before his death, he held the post of Physician to the Opera; and in that capacity secured as patients and friends all the singers of renown. Perhaps Dr. Cabarrus owed also some of his professional success to his good family connections. On his mother's side, he was connected with several noble Spanish families; and among others, it is said, with that of Eugénie, Empress of the French.

The funeral service took place in the church of Notre-Dame-de-Lorette; and the burial in the cemetery of Pere Lachaise, on Friday last, the 20th. The attendance of ladies and gentlemen was numerous, and embraced many celebrities of the artistic and fashionable worlds. In accordance with the testamentary instructions of the deceased, no funeral orations were delivered over his tomb. The religious services in the church were, however, marked by an incident which indicated, and was intended to indicate, the respect borne to the deceased by the artistic world. M. Jourdan of the *Athenée* requested and obtained permission of the officiating priest to sing the *Agnus Dei*. This he did with admirable effect.

Nothing worse and nothing better can be said of Cabarrus as a practitioner and a man of the world than is embraced in one of the sentences with which *Le Gaulois* concludes its obituary notice: "Sa verve intarissable, son esprit, guérissent aut de malades, ou croyant l'être, que ses globules."

**ELECTRO-THERMAL ANÆSTHESIA IN SURGICAL OPERATIONS.**—M. Sédillot of Montpellier has laid before the Academy of Sciences a practical paper on this subject, which deserves attentive consideration. M. Sédillot is dissatisfied with the means at present in use for the suppression of pain during and after surgical operations. He says that *heat* is a more certain agent than *cold* for suppressing pain. After referring to the fact—well known to surgeons—that both the actual and the electric cautery render traumatic surfaces insensible to pain, he states that, prior to his labours to elucidate the subject, no attempt had been made to systematise the use of thermal electricity as an anæsthetic agent in surgical operations.

After numerous trials, M. Sédillot has come to the conclusion that a red heat prevents loss of blood, and enables the surgeon to perform bloodless and painless sections. With reference to the suppression of pain, he mentions cases of mortally burnt persons who lived for several days suffering no pain, retaining appetite, sleeping well, and living in the hope of a speedy cure. A workman placed his foot in a pot of incandescent metal and painlessly drew it forth in a carbonised state. A young girl whose clothes took fire, rushed down stairs enveloped in flames. She was burnt from head to foot; nevertheless, during the few days she survived in hospital, she suffered no pain. After death, the skin was tense and dry, giving the body the appearance of a statue in bronze. This painless condition, the occurrence of which is well known to the profession, is attributed to destruction of the nerves. It is through the medium of the nerves that pain is felt; so, when the nerves are destroyed, the sensation of pain is impossible. Upon these and similar facts, M. Sédillot founds his system of thermal electricity as an anæsthetic agent in surgical operations.

If a chloroformed patient be burnt by electricity, he will feel no pain from the burn on awaking. Between the third and ninth day, there will be slight inflammation, either without fever, or accompanied by

fever of very short duration: in ten days, all symptoms of danger will have passed away. M. Sédillot lays great stress on the fact that, from the wounds made by the cautery being covered by sloughs, they are much less exposed to putrid, purulent, miasmatic, or atmospheric infection, than those made by cutting instruments. The knife itself may, as he says M. Pasteur's experiments prove, introduce miasmatic germs. Then, again, fire will destroy the miasmatic germs which may be conveyed by the atmosphere to the surface of a wound.

In relation to the operative proceedings, M. Sédillot points out that a current of electricity passed through red-hot platina wires or plates will, as easily as a bistoury, cut through tissues. The only precaution required in thus dividing tissues by electricity is to operate somewhat slowly, lest, from the vessels being divided too suddenly, troublesome hæmorrhage arise. The section of arteries requires to be performed more slowly than the section of muscular tissues.

M. Sédillot concludes his memoir by stating the following conclusions. 1. Thermal electricity prevents pain after operations; 2. It prevents loss of blood, and alteration of the fluids; 3. It protects the patient from the danger of infection; 4. Whether strong or weak, continuous or intermittent, it converts tissues into sloughs, carbonises them, destroys them, by determining gaseous decomposition; and is consequently available for a great variety of surgical operations.

**WOMEN-DOCTORS: PARISIAN SOCIALISTS, AND EDINBURGH PROFESSORS.**—Some of the socialist newspapers which take up the questions embraced in the most advanced programme of "the rights of women", have been decanting upon the recent sayings and doings in the University of Edinburgh touching the education and licensing of female medical practitioners. The majority of the Senate of the great Scottish University are censured in no measured terms, while Professor Masson comes in for exuberant praises, which, for his sake, it is to be hoped he has not earned. For true it is, that—

A vile encomium doubly ridiculous;  
There's nothing blacker like the praise of fools!

*La Liberté*, in an article upon the recent vote in the General Council of the University (a body which is spoken of as identical with the Senate), after stating that Professor Masson's motion to admit young women to the medical classes was lost by a majority of 58 to 47 votes, insinuates that it might be well for the young men to form friendships with female fellow-students of repute, rather than with the disreputable damsels of the balls and drinking-saloons. In my academy days there existed no such balls and drinking saloons in Edinburgh as *La Liberté* (taking Paris, no doubt, as the precedent) assumes to be part and parcel of the Edinburgh scholastic equipment. That, however, is a matter altogether distinct from the social question now at issue, which may be thus formulated: "Will it be a social benefit, or a social calamity, to rear our future male physicians, surgeons, accoucheurs, and family medical advisers, in condisciplinary familiarity with young women who are to be afterwards their competitors for practice? Will such condisciplinary intercourse strengthen or weaken, create or destroy, that reverence and respect for female modesty which, I believe, in all countries, but peculiarly in Great Britain, is a social safeguard, a salutary characteristic of our profession?" The majority of right-thinking persons will at once feel that condisciplinary community of young men and young women in medical studies must mutually deteriorate both. As to the latter, the mischief will probably be limited to a few persons; but in respect of the great mass of medical aspirants, the damage will be universal; they will become indelicate and coarse; they will be apt to regard their female patients as equally seared with their own fellow-students. That, surely, is no light matter; for can any one be more pitilessly unsexed than the young woman who has been lectured to, and demonstratively taught the science and art of medicine, in company with young men? Impossible. There is but one alternative; the conjoined teaching of both sexes must either be a sham, or the female students must be ruthlessly unsexed. *La Liberté*, however, taking the opposite view of conjoined male and female studentship of medicine, thus taunts the Edinburgh Professors: "Les vénérables membres du Sénat sont effarouchés de l'idée que les étudiants pourraient se lier avec des étudiantes dans les amphithéâtres; ils aiment mieux, sans doute, qu'ils fassent des connaissances sur les bancs des brasseries ou dans les salles de bal. La vertu scolaire sera moins bréchée si les Madeleine qui effraient ces braves, docteurs traînent leurs crinolines, et rôdent autour de l'Université." Professor Masson asked his colleagues to allow "les femmes à suivre les mêmes cours que les hommes." The reasons for his receiving a negative answer are thus interrogatively put by *La Liberté*: "Que deviendrait le monde moral? Ne serait-il point ébranlé jusque dans ses fondements si une femme pouvait porter impunément son scalpel sur un cadavre masculin? Que deviendrait la famille, la religion, la propriété même, si de pareils scandales s'étaient produits à l'Université d'Edimbourg, en quelque sorte à la barbe de son auguste Sénat."

The most regrettable part of the article from which I have taken these extracts is the statement that medical studies are now quite the vogue with young ladies in England—regrettable not because it is true, but because it is constantly repeated and widely believed in France, being used at present in conjunction with the Mordaunt divorce case as irrefragable arguments to show that English women are essentially immodest and unchaste. *La Liberté* says, and *Le Droit des Femmes*, a weekly paper founded "dans le but d'affranchir la femme", repeats, that the "goût des études médicales paraît s'être répandu d'une façon tout à fait surprenante parmi les jeunes Anglaises." This is intended as a compliment to English ladies; but it is a statement very damaging to them in this country, where the English ideal of female purity in feeling, conduct, and conversation, is sneered at as if it were a sham. If an English baronet goes to Norway for six weeks, is it, say the Parisian journals, at all remarkable that his wife should become an adulteress in his absence? In Paris, the sexes are kept carefully apart, except in the *demi-monde* and the *École de Médecine*. The libellous statement that shoals of English young ladies are becoming medical students is consequently paraded by the press, besides stories from the Divorce Court, in proof of a favourite French dogma, that the modesty of an Englishwoman is mere hypocrisy and humbug; and that no woman ought ever to be trusted—that women ought ever to be guarded.

To return to the question of immediate and pressing interest: Are the medical schools of Great Britain to be disgraced by demoralising spectacles such as I have seen in Paris in connection with the education of female medical students? I have seen in M. Fort's rooms a young woman dissecting the thigh of a male subject while several male students were dissecting other parts of the same body. I have seen another young woman, with unblushing front, taking notes along with young men, her fellow-students, of a lecture by Professor Pajot exclusively devoted to the mons Veneris, clitoris, and hymen, illustrated by curious anecdotes and preparations. These disgusting spectacles made a strong impression upon my mind; and I was glad to be able to show to inquiring friends recent articles in the *BRITISH MEDICAL JOURNAL* as proofs that notwithstanding the statements of *La Liberté* and other Parisian prints, purity is in our country, as it ever has been, the cherished ideal of womanhood, and that such sights as I have now described would be there regarded as too horribly revolting to be tolerated.

No doubt, if women are to have a fair chance of being equal to men as physicians and surgeons, they must learn their profession along with and in the same way as men. But then, are women-doctors required? Is it not rather a certainty that men are physically better adapted than women for medical practice, and that men-doctors will in ninety-nine cases in a hundred successfully compete with women-doctors? Is it not cruel, therefore, to women and injurious to men to allure women to barter modesty for medicine?

## ASSOCIATION INTELLIGENCE.

### NORTHERN BRANCH.

THE annual meeting of the above Branch will be held at Sunderland on Tuesday, June 14th.

Gentlemen intending to read papers or describe pathological specimens, are requested to communicate with the Secretary without delay.

G. H. PHILIPSON, M.D., *Honorary Secretary*.

Newcastle-upon-Tyne, May 23rd, 1870.

### BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

THE annual meeting of the above Branch will be held at the Great Western Hotel, Birmingham, on June 17th, at 3 P.M.; THOMAS UNDERHILL, Esq., President, in the Chair.

The annual dinner will take place after the meeting, and at the Great Western Hotel, at 5 o'clock punctually. Dinner Tickets, including waiters and dessert, 7s. 6d. each.

T. H. BARTLETT, *Honorary Secretary*.

### YORKSHIRE BRANCH: SPECIAL MEETING.

A SPECIAL general meeting of this Branch was held in the Medical School, Leeds, on May 13, to consider the Medical Bill now before the House of Lords; WILLIAM MATTERSON, M.D., President, in the Chair.

The following resolutions were unanimously adopted.

1. That this Branch, whilst expressing its general approval of the principles of single Licensing Boards for the three kingdoms, as proposed by the Medical Acts Amendment Bill, and the provisions by which the Medical Council shall form and supervise such Boards, is of opinion

that the powers given to the Privy Council to control the acts of the Medical Council are highly objectionable.

2. That this Branch regrets that such Bill contains no provision for the direct representation of the profession, and is prepared to oppose this or any other Bill which does not contain the following or some similar clause. "The General Medical Council shall, after the passing of this Act, always contain four representatives, elected by the registered members of the medical profession residing in England and Wales, two representatives elected by the registered members of the profession residing in Scotland, and two representatives elected by the registered members of the profession residing in Ireland."

3. That this Branch is of opinion that clauses should be introduced to secure uniformity of examination and fees for examination at the three national Boards.

4. That this Board is of opinion that the prosecution of all illegal practitioners should be undertaken by and at the expense of the General Medical Council of that part of the kingdom to which they belong.

5. That these resolutions be forwarded to Earl De Grey and the General Secretary of the Association, and that petitions in conformity with them be presented to the Houses of Parliament, and be signed by the President of the Yorkshire Branch on behalf of the members of the Branch.

### MIDLAND BRANCH: SPECIAL MEETING.

A MEETING of this Branch was held at Leicester on May 10th, when the following resolutions were adopted.

1. That it is the opinion of this meeting there should be one Medical Examining Board, composed of representatives from each division of the United Kingdom, instead of three Medical Examining Boards as proposed in the Medical Act (1858) Amendment Bill, and that it is their belief that such Medical Examining Board would have a most beneficial effect on medical education in the United Kingdom.

2. That this meeting expresses the earnest hope that the constitutional privilege of electing at least a portion of the Medical Council will be given in the Medical Act Amendment Bill to the members of the medical profession generally, as distinguished from the governing bodies of the medical corporations.

3. That, as the members of this Branch foresee disastrous consequences from the powers given to the Privy Council, in the proposed Act, they ask that the same powers only be given to it in this Act as in that of 1858.

4. That a copy of these resolutions be sent by the President of the Branch to the Lord President of the Privy Council, and to the members of the House of Commons representing places in the five counties comprised in this Branch, and that such local influence be brought to bear on these members as may appear most expedient to this meeting.

### EAST YORK AND NORTH LINCOLN BRANCH.

A SPECIAL meeting of the above Branch was held on May 17th, 1870, Sir H. COOPER, M.D., President, in the chair, to consider the Government Medical Act (1858) Amendment Bill. A petition to the House of Lords was adopted approving the one Board for each kingdom, but praying for the following amendment to be added to the Bill.

"The General Medical Council shall, after the passing of this Act, always contain four representatives, elected by the registered members of the medical profession residing in England and Wales; two representatives, elected by the registered members of the profession residing in Scotland; and two representatives elected by the registered members of the profession residing in Ireland."

HULL GENERAL INFIRMARY.—In June last, an alteration was made in the rules, by which the house-surgeon and matron were in future to be appointed by the Committee of Management; but several of the governors, being dissatisfied with the alteration, took the necessary steps for rescinding it; and a special general meeting was held on Tuesday, to take the matter into consideration. After considerable discussion, however, the "previous question" was carried, thus leaving the appointments in question in the hands of the Committee.

BEQUESTS.—Mr. W. Johnson, of the South Sea House, London, has left £1,000 to the Norfolk and Norwich Hospital.—Mr. John Owen has bequeathed £500 to the Belfast General Hospital.—Mr. G. Hounsfield has left £500 to the Sheffield Infirmary, and £100 to the Sheffield Hospital and Dispensary.—Mr. T. Files has bequeathed £100 to the Gravesend and Milton Infirmary.—Mrs. Louisa G. Ricketts has left £200 to the Kent and Canterbury Hospital.—Mr. T. Crowley has left £1,000 to the Queen's Hospital at Birmingham.



## CORRESPONDENCE.

## ON THE HYPODERMIC INJECTION OF HYDRATE OF CHLORAL.

SIR,—In the number of this JOURNAL for April 30th, page 456, Dr. J. B. Ward makes inquiry as to the mode of using the hydrate of chloral subcutaneously, and gives the result of his extensive experience. Allow me to confirm the statement, which (in a note replying to Dr. Ward's questions) you make respecting the irritation caused by its being injected beneath the skin. Of course in grave cases, as in mania, when, owing to resistance on the part of patients, severe vomiting, etc., it cannot be given by the mouth or administered by the rectum,\* it may be right to use it subcutaneously, even where local irritation is set up thereby; but, judging from my own use of it, I should be disposed to recommend that it be not lightly or indiscriminately resorted to, as in one or two cases in which I have had it injected into the arm, it has produced local swelling and pain, and also pain and uncomfortable feelings along the limb. This I have attributed to the chloral rather than to the bulk or quantity of the vehicle used. Impurity of the chloral may have had something to do with the matter, for I am informed by Mr. Hanbury that some of the chloral made some months ago was very different from what can now be obtained.

As regards the importance of the "bulk" of the medium in which it is dissolved when injected subcutaneously, I am inclined, if I may do so, to differ from yourself, and judging from what I have seen when using subcutaneous injections of other agents in some of the lower animals, to suppose that that is not of much significance. Support is rendered to this supposition by the experiments of Mr. Gulliver, upon the injection of water into different parts of the body of the dog. As the subject is an interesting one, as well in reference to the present subject as on other grounds, I venture to quote what he has recorded on this matter: "It is curious," he observes, "with what rapidity water is absorbed when injected either into serous sacs or into the subcutaneous filamentous tissue. In February, 1839, I opened the tunica vaginalis testis in three dogs, and through it injected one pint of water into the peritoneum of the first dog; two pints into the second; and three pints into the third. The water in each case was well secured in the belly by a ligature on the neck of the tunica vaginalis. The temperature of the air was 56 deg., and of the water 54 deg. In each trial all the water disappeared forty-nine hours after the injection; and the peritoneum had no marks of inflammation. In other trials, water seemed to be absorbed still more quickly from beneath the skin. Blood injected, immediately after it was drawn, into the pleura and into the peritoneum, was readily absorbed, but not so rapidly as the water."

Might not the above experiment warrant our treatment of cases of cholera, evil results of extensive hemorrhage, etc., by injection into the subcutaneous tissues, or even serous sacs, of water, saline injections, or even blood?

May 1870.

I am, etc.,

JOHN W. OGLE, M.D.

## POISONING BY CARBOLIC ACID.

SIR,—The case narrated by Dr. Wallace, of Liverpool, in your number for 30th April last, wherein is mentioned the death from poisoning by carbolic acid, in ten minutes, of a patient's favourite dog, for which that substance had been recommended by a druggist to destroy the fleas that infested it, furnishes an excellent instance of the small amount of accurate knowledge as to the properties of drugs, that prevails even among those who ought to know most about them. There are probably few druggists in this country, who would not be ready to give the same advice as that received by Dr. Wallace's patient, under the impression that carbolic acid is very destructive to insect life, but comparatively inoffensive to man and the domestic animals; whereas the direct contrary is the truth. To many insects—fleas among the number—that substance, as it exists in any solution of ordinary strength, is hardly at all noxious, whereas it is a powerful physiological poison to all mammals and to most of the other vertebrates, over and above its destructive chemical action, when in the concentrated state, on living animal tissue. On one occasion, five years ago, before I had become aware of this, I had a cat washed in solution of carbolic acid to rid it of fleas. In a few minutes after the first application, the animal became convulsed and ultimately died; but, as soon as the body began to become cold, the fleas were observed jumping out from the wet fur, as lively as

if nothing had happened. For several hours I had considerable hopes of saving the poor cat by the use of baths of Condy's fluid, which rapidly neutralised the acid that was adherent to the skin, and seemed even to have the effect of moderating the nervous spasms. I believe the latter preparation, owing to the large quantity of active oxygen contained in the permanganates, to be one of the best possible antidotes to carbolic acid; it certainly most readily removes its peculiar odour.

It is a rapidly fatal character of the accidents which have arisen from swallowing carbolic acid by mistake (about a dozen having been mentioned in the journals during the last two years) some restrictions ought surely to be put upon its sale. At the present time it may be sold by any body, and in any quantity, and without warning or hint on the bottle containing it, as to its deleterious properties. I have no hesitation in saying, that the Pharmaceutical Society ought to include carbolic acid in their list of poisonous substances, on the sale of which restrictions are placed.

I am, etc.,

JOHN MUTER, M.D.

South London Analytical Laboratory, Kennington Road, May 4th.

## MEDICO-PARLIAMENTARY.

HOUSE OF LORDS.—*Thursday, May 24th.*

THE CONTAGIOUS DISEASES ACT.—Lord Lifford wished to put a question to the noble earl opposite (the Earl of Minto) in reference to the petitions he had presented against the Contagious Diseases Act. Of the signatures appended to them many were written in the same way and in the same handwriting. Many of the signatures were apparently the signatures of children, and many were those of women; and when he considered the nature of the subject to which those petitions referred, he thought it was very doubtful whether women were thoroughly instructed as to what they were petitioning against, and he was quite sure that children knew nothing at all about it. There had been a great amount of misrepresentation on this subject. He would not enter into the question as to how successful the Contagious Diseases Act had proved in the army and navy, but in the original papers upon which these petitions were based there was the extraordinary statement that the Act had not been successful in those papers, which had been issued by an organisation called the Ladies' National Association. He wished to ask his noble friend whether, in the petitions he had presented, there were not the names of persons who were utterly incapable of forming a judgment on the matter, including the names of children who were so young as to be unable to write at all, and who accordingly only affixed their marks under the names of their sisters.—The Earl of Minto said he had little information about the petitions. They had been sent to him, and it was his duty to present them to the House; but, so far as he knew, judging from the names of many persons whom he knew which headed the list, he believed the petitions he had presented to be of a *bonâ fide* character.—The Duke of Argyll, in presenting some further petitions against the Act from Belfast, said he could not express an opinion as to the nature of the signatures to the various petitions he had presented, but he had no reason to believe that the signatures to the petitions he had presented were otherwise than genuine.

HOUSE OF COMMONS.—*Thursday, May 19th.*

THE BROADMOOR ASYLUM.—Dr. Lush asked the Secretary of State for the Home Department whether, having regard to the opinion of the Commissioners in Lunacy, expressed in their report respecting the condition of Broadmoor Asylum at their visit, 14th October, 1868, viz., "That this is not, in our opinion, an efficient way of dealing with mental disease, however complicated with criminal habits and even dangerous violence, we conceive it our duty once more to put on record; but, the same remonstrance in effect having been made unavailingly at every visit of the commissioners since Broadmoor was opened, it is with no expectation of any kind of present result that we repeat it now," he would take care to assure himself, before filling up the vacancy in the office of Superintendent of Broadmoor Asylum, that the physician to be appointed holds opinions in accordance with modern views of the proper treatment of insane persons.—Mr. Secretary Bruce stated that there had been a dispute of long standing between the Commissioners of Lunacy and the directors of the Broadmoor Asylum as to the mode of treatment to be adopted towards the more violent lunatics. The hon. gentleman had correctly quoted the report of 1868, but it had reference to circumstances in 1867, which were exceptional. If the hon. gentleman would wait for the report of 1869, which had been delivered, and would be laid upon the table shortly, he would find that it was much more satisfactory, and that the commissioners were entirely satisfied with the pre-

\* In two instances in which I have administered the chloral in the form of enema, it has not been absorbed or even long retained. At any rate, no unpleasant result followed its use in this manner.



sent state of things. In saying this he was anxious that it should not be supposed that he made any reflection upon the character or position of the late Dr. Meyer, whose recent loss was a very great one to the public service, and who was a man of great energy and ability, and possessing a thorough knowledge of his profession. The greatest care would be taken in the choice of his successor.

*Monday, May 23rd.*

**SALE OF POISONS, ETC. (IRELAND). BILL.**—The order on this Bill was discharged.

*Tuesday, May 24th.*

**CONTAGIOUS DISEASES ACT.**—Mr. Fowler rose to ask leave to bring in a Bill for the repeal of the Contagious Diseases Act.—Mr. Craufurd thereon called the Speaker's attention to the fact that strangers were present; and, consequently, reporters were excluded during the debate.

## UNIVERSITY INTELLIGENCE.

### UNIVERSITY OF CAMBRIDGE.

**TRINITY COLLEGE.**—Candidates for the Natural Science Fellowship, to be awarded in October next, are requested to send their names, and the subjects in which they wish to be examined, to the Master, on or before June 11th. All members of the University of Cambridge of the degree of B.A., B.L., or B.M., and whose standing after such degree does not exceed three years, are eligible.

## OBITUARY.

**WILLIAM CRADOCK WILKINSON, F.R.S.,**  
OF SPALDING, LINCOLNSHIRE.

**DIED** at Spalding, Lincolnshire, on the 13th instant, aged 69, William Cradock Wilkinson, Esq., F.R.C.S., Senior Surgeon to the Spalding Infirmary and Dispensary.

Mr. Wilkinson was the eldest son of the Rev. William Wilkinson, Vicar of South Croxton, Leicestershire. He commenced his professional studies with Mr. Cass of Leeds, with whom he was a pupil five years; and afterwards resided two years in London with Mr. John Shaw of the Middlesex and Hunterian Schools of Medicine. In 1825, he entered into partnership with Mr. George Jennings of Spalding, who died in 1850.

His attainments both in and out of the profession, with assiduous and devoted attention to its important duties, ensured him a large and successful practice, and he has died deeply regretted by his numerous friends and patients.

**ADAM MARTIN, M.D., ROCHESTER.**

We have to record the death of Adam Martin, M.D., of Rochester, who departed this life on the 10th instant, at the age of 77 years. As a medical practitioner he had long been widely known and valued. After graduating at the University of Edinburgh, he commenced his profession as assistant to Mr. Vincent of Sheerness. At that time the dockyard was in course of construction, and Dr. Martin used to relate how constantly his surgical aid was required on Saturday nights to bind up the wounded heads and limbs of the labourers employed (then a very savage class), who were goaded on to quarrelling and violence by the oppression of the truck system which at that time existed.

In 1820, Dr. Martin commenced practice in Chatham and Rochester. The confidence produced by his professional skill, patient kindness, and singularly sound judgment, placed him for many years at the head of the profession in that locality; and he continued his labours to within a few days of his death.

The interest which Dr. Martin took in the advance of the profession was well known. He was a careful student of new medical works, and has left behind him a valuable library of standard medicine and general literature. He was a zealous promoter of the British Medical Association, and the means (in conjunction with two other practitioners) of establishing a district branch of it in his own locality; he was also one of the most active and liberal supporters of the Medical Benevolent College from its first institution.

It may be added that Dr. Martin was a man of deeply religious character; and a wide circle of friends will long feel the loss occasioned by his removal. He was followed to the grave on the 16th instant by a large number of magistrates, clergymen, and other mourning relatives and acquaintance.

## MEDICAL NEWS.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on May 17th:—

Alabone, Edwin William, Hackney (Guy's)  
Benson, Thomas, Newcastle-on-Tyne (Newcastle School)  
Colborne, John George, Tachbrook Street, Piccadilly (Middlesex)  
Crompton, Harold, Bury, Lancashire (Manchester School)  
Fasken, William Andrew, Durham, Forthmouth (Guy's)  
Galpin, Richard, Dorchester (Guy's)  
Henley, Anthony Alfrod, Clifton, Bristol (St. Bartholomew's)  
Heworth, William Henry, Yorkville, Toronto (Toronto School)  
Jalland, William Hamerton, Nottingham (Guy's)  
Jones, Thomas, Darlwyn, near Carmarthen (Guy's)  
Ling, Edward Clurley, Saxmundham (Middlesex)  
Lucas, St. John Welles, Manchester (Manchester School)  
Macleay, Edward, Kensington (King's College)  
May, Walter, Ballickmoyler, Queen's County (Dublin School)  
Newstead, James, Bubwith, Yorkshire (St. Bartholomew's)  
Parsons, Arthur Daniell, Wimbledon (St. Mary's)  
Pinder, George Holtby, Whitby, Yorkshire (Manchester School)  
Robinson, Tom, Saxby, Lincolnshire (London)  
Westcott, William Wynn, Martock, Somerset (University College)  
Wilkinson, Robert, Newcastle-on-Tyne (Newcastle School)  
Wolverston, Thomas, Cannock, Staffordshire (Birmingham School)

Three candidates passed their examinations in surgery, and, when qualified in medicine, will be admitted members of the College; and four candidates having failed to acquire themselves to the satisfaction of the Court of Examiners, were referred to their hospital studies for six months.

**Admitted members on May 18th:—**

Norton, Herbert, Westbourne Grove (St. Mary's)  
Yates, Walter Peel, Nottingham (Guy's)

Out of the nine candidates examined this day, five, having failed to acquire themselves to the satisfaction of the Court of Examiners, were referred to their hospital studies for six months; and two, having passed the examinations in surgery, will be admitted members of the College when qualified in medicine.

**New Fellows.**—At the last meeting of the Council, the following members of the College were elected Fellows.

Simson, Frederick Hamilton, Forth Street, Cripplegate: diploma of membership 10th March, 1868.  
Tilly, Samuel, Union Road, Rotherhithe: November 4th, 1856.

**Licentiate in Midwifery.**—The following members of the College having undergone the necessary examinations, were admitted Licentiates in Midwifery at a meeting of the Board, on May 25th.

Clark, Andrew, Greenford, Middlesex: diploma of membership dated November 19th, 1865 (University College)  
Goodsall, David Henry, St. Mark's Hospital, City Road: May 19th, 1868 (St. Bartholomew's)

Preston, Theodore Julian, Belisle Road: January 26th, 1870 (St. Mary's)  
Timothy, Peter Vincent, Worship Street: July 13th, 1855 (St. Thomas's)  
Walker, Samuel, Cork: April 19th, 1870 (Guy's)

Two candidates failed to acquire themselves to the satisfaction of the Board.

The following gentlemen passed their primary or anatomical and physiological examinations for the Fellowship of the College, on May 24th and 25th.

Messrs. Michael Cadmore Furnell, St. Onard Edge, John Warner, Alfred Cooper, Thomas Cudeford, George Arthur Phillips, Douglas William Giffard, Edward Yate, and Charles Read (Students of St. Bartholomew's Hospital); John Thomas Mackenzie, John Woodman, William Stanger, J. N. C. Davies-Colley, Henry Edward Southey Trevels, William Duke, Geoffrey Craythorne Hall, John Ellis Edwards, Ebenezer Geer Russell, Thomas Kilner Clarke, and Arthur Buchanan (Guy's); William Edward Allen, Charles Bralley, Reginald Verley, Alfred William Harding, Charles Alfred Rayne, Sydney Coupland, Thos. Barlow, Arthur E. Saunders, Philip Henry Binley, John Magrath, and Charles Washington Shirley Deakin (University College); John Alcock, Thomas Henry Hawkins, Samuel Weekes Fitt, Barrington Syer White, and F. C. Cross (King's College); Edward Mason Wrench, William Sanderson Wymon, William Knight Trevels, and Henry Wm. Saunders (St. Thomas's); Charles Royston, James Keene, and William Bartlett Dalby (St. George's); James Beavan and John Gay French (Dublin School); Henry Cookson and John Edward Lewis (Leeds School); Woodfield Eagles (Middlesex); and Henry Yate Pitts (Liverpool School).

Ten candidates out of the fifty-eight examined, failed to acquire themselves to the satisfaction of the Court, and were therefore referred to their anatomical and physiological studies for six months.

**APOTHECARIES' HALL.**—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, May 19th, 1870.

Eagle, Henry Frederick Charles, Bethnal Green Road  
Latham, William Henry, Sandbach, Cheshire

Leigh, Richmond, Shaw Street, Liverpool  
Smith, William John, Park Gate, Rotherham

The following gentleman also on the same day passed his first professional examination.

Lattimer, Henry Arthur, Guy's Hospital

As an Assistant in compounding and dispensing medicines.

Walker, John Sydenham, Beverley, Yorkshire

### MEDICAL VACANCIES.

The following vacancies are declared:—

ARGYLE and BUTE LUNATIC ASYLUM, Lochgilphead—Resident Medical Superintendent.

BIRMINGHAM AND MIDLAND FREE HOSPITAL FOR SICK CHILDREN—Resident Medical Officer: applications, June 13th.

CATTLE WARD UNION, Northumberland—Medical Officer and Public Vaccinator for the Whalton District: applications, June 4th; election, 6th.

CORNWALL LUNATIC ASYLUM, Bodmin—Assistant Medical Officer: applications, 28th.

CRAIGISH, Argyshire—Parochial Medical Officer.

DRAYTON UNION, Salop—Medical Officer for the Cheshwar District.

FORDEN UNION, (newly formed), Montgomeryshire—Medical Officer for the Welshpool, Berriew, Worthen, and Montgomery Districts: applications, 31st; election, June 8th; duties, 24th.

INFIRMARY FOR CONSUMPTION AND DISEASES OF THE CHEST, Margaret Street, London—Physician: applications, June 8th.

KILMUIR, and part of the Parish of SNIZORT, Skye, Inverness-shire—Medical Officer.

KIRKMAPBRECK, Kirkcudbrightshire—Parochial Medical Officer: applications, 31st.

KIRKOSWALD, Ayrshire—Parochial Medical Officer: applications, 31st.

LIVERPOOL ROYAL INFIRMARY—Junior House-Surgeon: applications, 28th.

LIVERPOOL ROYAL INFIRMARY SCHOOL OF MEDICINE—Professor of Descriptive and Surgical Anatomy: applications, 28th.

LONDON FEVER HOSPITAL—Assistant Physician: applications, June 7th; election, 10th.

MATTHEWTON UNION, Nottinghamshire—Medical Officer for District No. 6.

MARKECH, Fife-shire—Parochial Medical Officer: applications, June 6th.

MOUNTMELLICK UNION, Queen's County—Medical Officer for the Cloneygowan Dispensary District: June 3rd.

NATIONAL SANITARY UNION, Bournemouth—Junior Physician: applications, June 1st; election, 8th.

NORTH RIDING LUNATIC ASYLUM, Clifton, Yorkshire—Medical Superintendent.

NOTTINGHAM DISPENSARY—Assistant Resident Surgeon: applications, 30th; election, June 13th.

PLUMSTEAD, Kent—Medical Officer to Local Board of Health of FORTPACHT, Wigtonshire—Parochial Medical Officer.

RETFORD NORTH GENERAL DISPENSARY—House-Surgeon and Apothecary: applications, 31st; election, June 7th; duties, end of June.

ST. MARYLEONE PROVIDENT DISPENSARY, Duke Street, Portland Place—Medical Officer: applications, 28th.

SOUTH STAFFORDSHIRE GENERAL HOSPITAL and WOLVERHAMPTON DISPENSARY—applications, 28th; election, June 14th.

SPALDING INFIRMARY AND DISPENSARY—Surgeon.

STURDON-AYON UNION—Medical Officer for the Workhouse: applications, June 1st; election, 3rd; duties, 24th.

SUNDERLAND GENERAL INFIRMARY—Two House-Surgeons: applications, June 17th; election, July 8th.

TIPPERARY GENERAL INFIRMARY, Cashel—Resident Apothecary: applications, June 1st.

VICTORIA HOSPITAL FOR SICK CHILDREN, Chelsea—Assistant Physician; Assistant Surgeon: applications, 31st.

WESTON-SUPER-MARE HOSPITAL and DISPENSARY—House-Surgeon: applications, 31st; election, June 2nd; vacancy, June 24th.

### MEDICAL APPOINTMENT.

Names marked with an asterisk are those of Members of the Association.

\*NORTON, G. E., Esq., appointed Surgeon to the Western General Dispensary, vice H. Arnott, Esq., resigned.

### BIRTH.

CLouston.—On May 23rd, at Garlands, Carlisle, the wife of T. S. Clouston, M.D., Medical Superintendent of the County Asylum, Carlisle, of a son.

### DEATHS.

EVANS, Maurice Bibby, Esq., Surgeon, of Glascoed, near Oswestry, aged 35, on May 16th.

HUBBERT.—On May 16th, aged 24, Frances Elizabeth, younger daughter of \*Philip Hubbert, Esq., Surgeon, Croydon.

TESTIMONIAL.—Mr. George Garnham has been presented with a valuable silver salver bearing the following inscription: "Presented to George Garnham, Esq., M.R.C.S.L., L.S.A., by the members of the several sick-clubs in Ripley and vicinity, as a small token of gratitude for his unbounded kindness and attention to them during the last twelve years. May 1870."

A NEW INFIRMARY is to be erected at Bootle, Lancashire. A large and influential Committee has been appointed, at a public meeting held for the purpose. The Earl of Derby has offered the necessary land; and £1,500 has been promised (including £1,000 by the Rev. John Crump) towards £3,500, the estimated cost of the building.

### OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.  
TUESDAY.....Guy's, 1.30 P.M.—Westminster, 2 P.M.—National Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.  
WEDNESDAY...St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.15 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—St. Thomas's, 1.30 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Cancer Hospital, Brompton, 3 P.M.—King's College, 2 P.M.  
THURSDAY....St. George's, 1 P.M.—Royal London Ophthalmic, 1 P.M.—Hospital for Diseases of the Throat, 2 P.M.  
FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.  
SATURDAY....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 2 P.M.—Charing Cross, 2 P.M.—St. Luke (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.—East London Hospital for Children, 2 P.M.—Hospital for Women, 9.30 A.M.

### MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

WEDNESDAY.—Obstetrical Society of London. 7 P.M., Council Meeting. 8 P.M., Dr. Wynn Williams, "Cases of Cancer of the Womb successfully treated by BARYNETT." Dr. Keble, "Case of Uterus and Vagina." Dr. Rogers, "Case of Uterus and Vagina divided by a Septum." And other papers by Dr. Hornbush and Dr. Saboia.  
THURSDAY.—Luncheon Society.—Chemical Society.—Royal Society.  
FRIDAY.—Western Medical and Surgical Society of London, 8 P.M. Annual Meeting. The Reports of the Council and Treasurer will be read. Election of Officers for the ensuing Session will take place. For the Narration of Cases.

### EXPECTED OPERATIONS AT THE HOSPITALS.

GREAT NORTHERN HOSPITAL, Wednesday, June 1st, 2.30 P.M. Ovariectomy, by Mr. T. Carr Jackson; Ovariectomy, by Dr. Gustavus Murray.

### NOTICES TO CORRESPONDENTS.

All Letters and Communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen Street, Lincoln's Inn Fields, W.C.

CORRESPONDENTS, who are requested to look to the Notices to Correspondents of the following week.

TO PURCHASERS.—To insure attention, it is requested that all orders sent to the Office for extra copies of the JOURNAL, be accompanied with stamps for the amount.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED  
CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

The name of Dr. Matterson, the President of the Yorkshire Branch of the Association, was accidentally omitted from the list of those who attended in the deputation to the Lord President of the Privy Council last week.

THE SPECIAL GENERAL MEETING OF THE ASSOCIATION.—The name of Mr. Nicholson, Honorary Secretary of the East York and North Lincoln Branch, was accidentally omitted from the list who are present.

"LADY MEDICAL PRACTITIONERS TOUTING FOR HIR.".

SIR,—The enclosed card was sent to a lady patient of mine living in the country, who is *enclave*. How pleasant it must be for ladies who are in an interesting condition to know that they are narrowly watched by a staff of tutors, ready to report the information at head-quarters, and, if possible, obtain a patent for their employers. What are we poor mendocutors to do? How are we to combat the enemy? My own way has been to hang these pushing practitioners with their own rope; and so, for the past week, I have been showing their card to all my lady-friends; and I can assure Mesdames Firth and Hodges that the comments which their mode of practice elicited were anything but flattering or encouraging.

By publishing this letter and enclosure, perhaps you will contribute a little more rope.

I am, etc., A COUNTRY PRACTITIONER.  
The following is a copy of the card:—Mesdames Firth and Hodges, Accoucheuses. May also be consulted for Uterine Disorders. Vaccination. 34, Davies Street, Berkeley Square."

MEDICAL EDUCATION OF WOMEN.—The following are the names of those members of our profession who have signed the petitions recently presented to the House of Lords in favour of the medical education of women:—Mr. John Adams, Mr. Aikin, Dr. Clifford Allbutt, Mr. Annandale, Professor Balfour, Dr. G. W. Barlow, Professor Bell, Dr. Barnes, Dr. Billing, Professor Hugh Bennett, Dr. Lionel Beale, Dr. Beveridge, Mr. Birkett, Professor Crum Brown, Dr. Carpenter, Dr. King Chambers, Dr. Andrew Clark, Dr. Sinclair Coghill, Mr. Curling, Dr. De Mussey, Mr. De Morgan, Professor Dickie, Dr. Matthews Duncan, Mr. Erichsen, Mr. Fisher, Dr. Handyside, Dr. Hughings Jackson, Dr. Little, Sir Ranald Martin, Dr. Macnamara (Pres. R.C.S.L.), Professor MacLachlan, Dr. M'Kendrick, Dr. Moir, Dr. Morrison, Dr. John Murray, Dr. Rufus Naylor, Dr. Niven, Mr. Norton, Mr. Nunn, Dr. Priestley, Dr. Russell Reynolds, Dr. Rosiger, Dr. Seveling, Dr. Tyler Smith, Professor Spence, Professor Struthers, Dr. Tidy, Sir Henry Thompson, Dr. Forbes Winslow, Dr. Alexander Wood.





## LUMLEIAN LECTURES

ON THE

NATURAL HISTORY AND DIAGNOSIS OF  
INTRATHORACIC CANCER.*Delivered before the Royal College of Physicians, 1870.*By JAMES RISDON BENNETT, M.D.,  
Fellow of the College.

## II.

PASSING, now, from the consideration of examples of diffused cancerous deposits in the lungs, having more or less analogy with diffused tuberculation, I select some examples illustrative of limited implication of the lungs and ultimate changes of structure, in which, during life, the physical signs correspond so closely with those which are common to chronic limited tubercular disease, passing into the stage of complete pulmonary disintegration, as almost to defy the most acute powers of diagnosis. Such cases are not, however, very common; *i.e.*, cases unaccompanied with unquestionable evidence of tumour or some other indication, rendering it plain that we have to do with something different from common tubercular disorganisation.

George Brown, aged 57, was admitted the 5th September, 1863, and died on the 19th. A tall, spare man, who, on admission, had a phthisical aspect, was anemic, the subject of great debility, slight cough, which was once or twice attended by slight hæmorrhage and the physical signs of tubercular disease of the left apex; *viz.*, some dullness and deficient respiration, with crepitation and increased vocal resonance. There was, however, no febrile disturbance; and the pulse, at first, was not quickened, but extremely feeble, and the man's chief complaint was of extreme debility; there was no dysphagia, nor indeed any local symptoms except such as were connected with the apex of the left lung. The extent of dullness was not great, and was most marked beneath the sternal end of the left clavicle, and immediately above the clavicle. The augmentation of vocal resonance was considerable; but, taking into consideration its seat, in immediate proximity to the trachea, was not at all remarkable. Fine crepitation, mixed with loose mucous râles, was very distinct, and the respiratory murmur, which was deficient, had a harsh bronchial character. The constitutional condition however was, to say the least, unusual, viewing the case as one of phthisis, and convinced me that there was something more than I could discover to account for it. Especially was I struck with the man's extreme debility, his apathetic manner, his remarkably small, feeble, and infrequent pulse. I could not elicit any history of previous ailment, nor admission of any local pain or functional derangement, though he had considerable anorexia. I was disposed to infer that he was under the influence of some great moral depression. There was no dyspnea, and the cough was insignificant. A few days after his admission, he had profuse hæmoptysis; and immediately succeeding thereto, insufferably fetid breath and expectoration, and manifest signs of a gangrenous cavity. He became exceedingly exhausted, and after again vomiting a large quantity of blood, sunk and died. The evidence of gangrene of the lung appeared to explain, in some measure, the extreme prostration, which was the most marked general symptom; and I was certainly not prepared for what was revealed by the *post mortem* examination. This took place on the second day following his death.

POST MORTEM EXAMINATION, September 21st.—Body pale and emaciated. In the upper part of the posterior mediastinum, and extending into the neck, was an irregular mass of somewhat soft cancerous growth, situated chiefly on the left side, firmly adherent to the bodies of the vertebrae behind, and communicating with the œsophagus by an extensive ulcerated surface which looked black and sloughy. The left side of the cancerous mass pressed against the left pleura; and here, at the apex of the left lung, was a gangrenous cavity formed between the lung and the pleura by destruction of the lung-substance, and limited by surrounding pleuritic adhesions. The cavity was nearly as broad as the palm of the hand; contained pulpy, fetid, semifluid matter, apparently *débris* of lung-tissue, and exhibiting, on microscopical examination, a quantity of granular and amorphous matter, but few or no cells. The cancerous mass, however, abounded in cells of various irregular, roundish, or fusiform shape, with nuclei. The remainder of the upper lobe of the left lung was in a state of grey hepatisation, soft, and easily breaking down. Portions of the lower lobe were also consolidated.

The right lung was healthy, except a slight degree of emphysema at the anterior part. The trachea was not implicated by the cancer. The heart was small, valves and cavities normal, but the muscular substance was undergoing fatty degeneration. The aorta presented a few patches of atheroma. The lower part of the œsophagus and the stomach were distended by several pounds of blood, chiefly coagulated. The part of the œsophagus below the cancerous mass, as well as the stomach and intestines, were free from cancer. The remaining organs were essentially healthy.

In this case it is evident that the disease commenced in a mediastinal growth, and that the lung became subsequently involved not by extension of cancerous growth, but by surrounding inflammation and destruction of tissue consequent thereon. The case, therefore, affords an illustration of the remarkable tendency there is in mediastinal or other tumours of a cancerous nature outside the lung to set up inflammation in the adjacent lung-tissues and pleura, whilst, as a rule, there is little if any similar tendency in cancerous deposits in the lungs themselves to involve the surrounding parts in any such inflammatory changes. Nor, in the present instance, was there any evidence to justify the opinion that pressure, either on the vessels or nerves, had any influence in inducing the destructive changes in the adjacent lung; nor have such results in other instances appeared to me to hold any clear relation to the amount of pressure on either nerves or vessels.

Death by hæmorrhage, as a consequence of cancer of the lung, is very rare. The amount lost in the case just detailed was considerable, and was, even during life, evidently due to breaking down of the lung. But in a case recorded by Dr. Church, the hæmorrhage partook so much of the character seen in connection with aneurism, that it was supposed to be due to that cause.

A man aged 39 was admitted into St. Bartholomew's Hospital with symptoms of intrathoracic tumour, the nature of which could not be decided, but was supposed to be aneurismal, the leading symptoms being dyspnea and convulsive cough, and recurring attacks of hæmoptysis; death eventually ensuing after the bringing up of about four pints of blood. An irregularly shaped mass occupied the anterior mediastinum and encroached on the right lung. The right bronchus was much compressed and contracted, and the right pulmonary artery surrounded, but its coats not involved. The mucous membrane at the point of contact was much congested, and the adjacent lung-tissue broken down. There was a small clot of blood in the midst of the broken down tissue. A considerable quantity of blood was found in the bronchi; but the actual vessel, or vessels, through which the hæmorrhage had taken place, was not discovered. No large branch of the pulmonary artery had given way.

In one of Dr. Pollock's cases at the Brompton Hospital, the hæmorrhage partook more of the character seen in phthisis. The physical signs closely resembled those of phthisis, of which disease both parents had died. The first attack of hæmoptysis took place sixteen months before death, when the blood was black and clotted; but on the subsequent frequent recurrence, it was fluid and florid. The general symptoms also corresponded with those of phthisis; *viz.*, dyspnea, cough, with white thick expectoration, night-sweats, emaciation, and anorexia. The case appears to have been one affecting the bronchial glands in the first place, thence invading the left lung, and, to a slight extent, the right. Both lungs were also consolidated beyond the cancerous mass to a considerable extent by cancerous pneumonia. The general symptoms were probably due, in a measure, to this complication.

Slight hæmoptysis in the early stages of pulmonary cancer has been often noticed; indeed, in many cases, has been the earliest symptom; and there is some reason to think that, as in phthisis, so also in cancer, copious hæmoptysis may take place in a stage prior to the actual existence of cancerous deposits. Generally, the first attack of hæmorrhage, from the giving way of an aneurism, dates from no long time prior to the fatal attack, although in some rare instances—as in Dr. Gairdner's case—the interval has extended to years. I find several examples of hæmoptysis from cancer preceding death more than a year.

In two other instances in which I have met with gangrene of the lung associated with cancer, it was quite evident that neither pressure on the nerves nor interrupted circulation had anything to do with the gangrene. In one of these, there were in the right apex two small intercommunicating cavities, together about the size of a filbert, filled with stinking puriform fluid, and surrounded by solid slightly indurated tissue of a greenish gangrenous hue, which yielded a yellow creamy juice on pressure, showing, under the microscope, the characters of cancer. The case was that of a man who died of cancer of the pylorus, and no other disease existed in the lungs, except a little emphysema and a few puckers connected with old induration of the surrounding lung-tissue. In the other case (a man aged 27, *Pathological Transactions*, vol. iii, p. 35), there was extensive gangrene of the lower lobe of the right lung, the upper

lobes being healthy, with the exception of a little emphysema. The opposite lung was entirely solidified, the upper portion being a mass of cancer. The left bronchus was obliterated, and the large vessels on this side pressed on; but those of the right (the gangrenous) side and the corresponding vessels were quite free. There is, however, no doubt that stagnation of blood in the ultimate venous radicles is very apt to occur in connection with the cancerous cachexia; and it is believed by many that the secondary cancerous nodules of the lungs generally occur in this way. It is easy, therefore, to understand how, in an enfeebled cachectic state, complete loss of vitality may thus occur in the surrounding tissue, and so gangrene. This tendency to obliteration of the capillaries and the formation of fibrinous deposits, is well illustrated by the following case.

A man, aged 47, came under my care suffering from malignant disease of the stomach and liver, and sank rapidly, exhausted by cancerous cachexia. The lungs were found generally congested and oedematous, the upper lobes being somewhat emphysematous. In the margin of the lower lobe of the left lung there was a small whitish mass having very much the aspect of cancer. A few old adhesions existed in the right pleura, in the cavity of which were about three-quarters of a pint of serum. The right lung was covered by a layer of recent lymph, but the lung itself was crepitant throughout, and not so congested or oedematous as the left; the anterior margin was emphysematous. In the anterior lower portion of the upper lobe there was a solid mass nearly as large as a hen's egg, varying in colour from a brick-red to grey, abruptly margined and presenting a rim of grey substance; it was non-crepitant, and studded with black deposit. Like the surrounding lung-substance, it was of some degree of toughness, but broke down readily. The bronchial tubes were healthy, the smaller ones containing much mucus. The heart and pericardium were healthy; but on the aortic valve there was a growth of the size of a small hazelnut, soft and elastic to the touch; but on section, toughish, which yielded no juice on pressure. There were also a few small whitish masses in the substance of the muscular papillae. Some softening clots were attached to the chordae tendineae. About the tricuspid valve there were similar growths to these on the aortic valve. The liver was thickly studded with cancerous growths, yielding creamy juice on pressure. The stomach presented an ulcer of some extent in the cardiac end, and was much implicated by cancerous disease. The spleen presented patches similar to those in the lung. Careful examination by the microscope rendered it doubtful whether any of these patches in the spleen and the large mass in the lungs were anything more than fibrinous patches; but the growths in the stomach and liver were distinctly cancerous. The masses connected with the valves of the heart were softening clots. The more usual way in which cavities in the lungs result from cancerous disease, is by the degeneration and breaking down of encephalomatous masses; and, as might be anticipated, the symptoms and physical signs in such cases closely resemble those of phthisis. An example of this has been recorded by Dr. Peacock (*Transactions of the Pathological Society*) which is of remarkable interest, not only from the close resemblance it presented to phthisis, and from some special features, but also from its duration. For if we assume the disease to have commenced with the first attack of hæmoptysis, it lasted fully eighteen months; and this is a much longer period than most of the recorded cases of pulmonary cancer. This patient was a man 38 years of age, whose illness began with hæmoptysis. Subsequently he expectorated casts of fibrinous-looking material from the bronchi. On examining the chest, there was considerable want of expansion, and deficiency of resonance on percussion, in each subclavicular region, especially on the right side, where irregular crepitation and bronchial respiration were audible. He subsequently complained of dyspnoea, cough and expectoration, and thoracic pains, especially of the left side. He lay with most ease on the right side. His appetite was defective, and he had epigastric pain and diarrhoea. The case was assumed to be one of chronic phthisis. Subsequently the face became puffy, and general anæmia followed, the urine being devoid of albumen. A month later, he was seized with severe dyspnoea, pain and dulness in the lower part of the left side, where mucous and subcrepitant rhonchus were heard. The dropsy subsided, but the face continued swollen, and he gradually sank and died.

Both lungs were found to be firmly adherent to the parietes; the left alone was removed, which was voluminous. The upper part contained numerous anfractuous cavities; and in the lower portion there was much solidification, with collections of pus. In the anterior portion there were several masses of whitish yellow-coloured deposit, resembling medullary sarcoma—some as large as a hen's egg. The right lung was less extensively diseased, and other organs were healthy. The diseased tissue from the lung was examined microscopically by Dr. Bristowe, and found to be degenerating encephaloid matter, and corresponded to the results of the examination of the expectorated masses.

It is not, however, only when there is evidence of breaking down of the lung, that the physical signs, as well as the general symptoms, closely resemble those of phthisis. There is not infrequently limited flattening and altered form of the chest, in connexion both with the early stages of mediastinal tumours and of deposits in the substance of the lungs, without any breaking down of the lung, which is very apt to mislead. This is well illustrated by a case of Sir Thomas Watson's, recorded by Dr. Ogle in the *Transactions of the Pathological Society* for 1865. The patient was a lady, twenty or twenty-two years of age, who had been four years married, and had one child. She had had cough for some time, and latterly this had been worse; and she had been troubled with pains, apparently rheumatic or neuralgic, across the chest, impeding at times her breathing. There was no expectoration; but much wasting and night-sweats existed. The chest, which had been full and expanded, was unsymmetrical, the left side being visibly flattened. On that side, subclavicular dulness on percussion existed; also coarse respiration, with some moist sounds and vocal resonance. On the right side behind, in the upper part of the lung, there was tubercular blowing on expiration. The cough was most troublesome when the patient lay on the left side. The case was regarded as one of tubercular phthisis, and the patient went to Cannes, where she died soon after her arrival. On *post mortem* examination, the pleura and pericardium were filled with serum, and the anterior mediastinum occupied by a dense white mass involving all the great vessels. The substance of the lungs and the walls of the heart also, in many parts throughout their entire thickness, especially in the case of the auricles, were infiltrated by nodules and diffused deposits of medullary cancer. The lymphatic glands at the base of the heart and at the root of the lungs were especially the seat of morbid deposit, which also predominated in the course of the vessels, although neither the calibre of the vessels nor of the air-passages was interfered with.

In many other cases on record, a limited falling in of the thoracic parietes below the clavicle, associated with equally limited signs of solidification, has led to the belief that phthisis was the cause.

My next case is an example of cancer affecting both the lungs themselves and the mediastinum, in which the physical signs were at first limited to the apices, and resembled those of phthisis, but subsequently became associated with signs of pressure and spasmodic symptoms, indicative of serious implication of the nerve-trunks. The account which the patient gave of her previous history, and of having lost two members of her family from consumption, tended to confirm the diagnosis that was first made, of limited tubercular disease of the lungs. Eliza Spall, aged 40, a married woman, who had had a family of spare habit of body, looking much older than the age she gave herself, was admitted under my care at St. Thomas's Hospital on July 16th, 1869. She had a depressed and suffering expression of countenance, was of dark complexion, but not very unhealthy aspect. She stated that for five or six months she had suffered from cough and shortness of breath, attended with loss of appetite and of flesh, and considerable debility. These symptoms had become much more marked during the last six weeks. Her parents, she said, had been healthy, and lived to a good age; but she had lost a brother and sister of consumption.

The chest was somewhat flattened beneath both clavicles, and the percussion resonance on the right was somewhat greater than on the left. The respiration in the right apex was very harsh and bronchial in character, especially behind; and there was increased vocal resonance. Some rhonchus and coarse mucous crepitation were heard in both apices, and a little here and there throughout the chest; but the principal auscultatory phenomena were confined to the right apex. Her cough was very troublesome, occurring in paroxysms, and attended by expectoration, for the most part thin, but containing also masses of muco-purulent matter, and occasionally streaked with blood. She complained of pain and general uneasiness throughout the chest. There was considerable anorexia and general debility. The bowels were constipated; the circulation quiet and feeble.

Ten days after her admission, there was a considerable amount of dyspnoea, or sense of breathlessness, even when quiet; and the least exertion put her very much out of breath. Paroxysms of extreme dyspnoea and distress then became frequent, compelling her to retain the upright posture; and distinct laryngeal stridor attended the breathing. On August 2nd, metallic resonance on coughing, and loud tubular breathing, could be heard over the right apex behind. The expectoration at this time was more copious, but of the same character. It was at this time inferred that she had some intrathoracic growth, probably malignant. She had lost much flesh since admission, and was extremely exhausted, with a small feeble pulse. Stimulants and opiates gave a certain amount of relief; but she sank, apparently from exhaustion occasioned by the extreme dyspnoea and incessant paroxysms of cough, on August 22nd.



POST MORTEM EXAMINATION, August 23rd.—Brain and its membranes healthy. Larynx healthy. Trachea and bronchi much congested and greatly compressed by a morbid growth around them; they contained a good deal of mucopurulent matter. The lungs were swollen and large, and in the substance of each were several masses of encephaloid cancer. The upper lobe of the right lung was, however, the principal seat of disease, a considerable portion being in a softened and completely disintegrated condition. Much of the surrounding lung-tissue was consolidated, and the lower lobe of each lung was congested. The upper lobes of each lung were adherent to the costal pleura by firm and apparently old adhesions. The greater part of the mediastinal space was occupied by a mass of rather hard cancerous infiltration, involving the bronchial glands, and compressing the trachea, bronchi, and large vessels and nerves. The pericardium contained from six to eight ounces of turbid serum. The parietal layer was thickened here and there, and the seat of cancerous infiltration, especially near the root of the lungs. The heart weighed twelve and a half ounces, and its muscular structure was flabby. The walls of the aorta contained several small cancerous deposits. The microscopical examination of the mediastinal growth revealed well marked cancerous characters, the greater part of the cell-forms having more or less of a fusiform shape.

In this instance, the disintegration of lung-structure appeared to have resulted from the softening and breaking up of the infiltrated cancerous matter, the original seat of which was probably in the bronchial glands, and not, as in the case of Browne (previously detailed), from gangrene of the lung, notwithstanding that in this instance the symptoms during life, as well as the *post mortem* signs, showed great and extensive pressure on both nerves and vessels. Nor were there in the present case any of those evidences of paralysis of the bronchial tubes which often lead to remarkable ulterior changes, and of which I hope to be able to afford an illustration subsequently.

The dyspnoea and general distress were in this instance considerable, but only during the last two or three weeks of life. These symptoms depended, probably, on the amount of pressure on both nerves and vessels; for in other cases, where even the whole of one lung has been either destroyed or rendered useless, as in a case to be subsequently detailed, I have found little or no dyspnoea or distress attending the respiration when the patient has been quiet. There may be even a considerable amount of obstruction of the trachea from surrounding pressure, without the proportionate dyspnoea that might be expected. If, however, there be any considerable degree of pressure, or irritation of the recurrent laryngeal nerves, then, I believe, we have invariably a great amount of both dyspnoea and distress. So also, if the large veins are so implicated by the disease as to be exposed to varying degrees of pressure, we find varying degrees of dyspnoea corresponding to the varying amount of general pulmonary congestion thus induced. Accordingly, we find these symptoms most marked in cases where the bronchial glands are extensively implicated, and where the cancerous disease occupies the upper part of the mediastinum. The greatest amount of suffering I almost ever witnessed attended the next case I shall relate, in which great but varying degrees of lividity of countenance was associated with extreme pain and dyspnoea, protracted over a period of nearly three months. This case belongs, perhaps, more properly to the third division of my subject; but I introduce it here.

*Primary Cancer of the Bronchial Glands, involving the Great Vessels, Right Bronchus, and Recurrent Nerves, but not the Pneumonicæ.*—S. Fielder, a married woman, aged 47, who had never borne children, stated that her health through life had been good (with the exception of having suffered from what she called bronchitis) up to March previous to her entrance into Victoria Park Hospital, August 28th, 1867. In the month of March, she had again so-called bronchitis, which was attended by sharp pain in the right side; since when she had gradually increasing dyspnoea, loss of flesh, and cough. On her admission, she was in a state of wretched destitution, and apparently dying. She was of small stature and spare frame. Her dyspnoea was of the most extreme and urgent character; her face deeply livid, surface cold, and pulse scarcely perceptible. She rallied after a while, so as to be able to take nourishment and obtain a little rest. The least exertion or excitement immediately induced cough and severe augmentation of her dyspnoea; and the thoracic parietes also were so extremely sensitive, that any physical examination was quite impossible. Her position in bed was generally semi-erect and bent forward; and it was observed that the right side of the neck was swollen; and that on coughing, or when under a paroxysm of dyspnoea, there was an immediate and great tumefaction of the supraclavicular regions, especially of the right side. The expectoration was at times copious, and generally frothy. From time to time, partial and very hasty examinations of the chest were instituted. On October 14th—*i. e.*, a week after her admission—the following record was made. “Infraclavicular and supramammary regions of the right

side more prominent than the corresponding regions on the left. Superficial veins much distended, especially on the left side. Respiration heaving and abdominal, and accompanied by laryngeal stridor. Percussion-note dull under right clavicle, preternaturally sonorous under the left; and a corresponding difference in the suprascapular regions. Respiratory murmur wholly absent in upper portion of right lung, and nearly so in the left; but some noisy bronchial breathing in both apices. Respiratory sounds wholly absent below the right scapula; where, however, the percussion-note is good. Puerile respiration towards the base of the left lung; nowhere any moist sounds. Dulness in whole of right supramammary region absolute, which also is more prominent than the left. Motion of right side impaired. No distension of intercostals. Heart's impulse felt *in situ*, and its sounds transmitted through the whole of right side. Breathing attended with much effort and distress, and considerable lividity of face.” The diagnosis at this time was intrathoracic tumour, probably malignant.

A fortnight later, the following note was made. “Both supraclavicular regions still more distended and protruding, having a soft elastic feel, and traversed by nodulated and distended veins. A considerably enlarged gland nearly over the sternal end of right clavicle; and smaller glands can be felt here and there in the neck. The tracheal stridor so masks every other sound, that auscultation elicits no reliable information, although air appears to enter the left lung, and the left side is for the most part quite resonant on percussion; but the dulness is absolute over the whole of the right side. Heart apparently *in situ*; if anything, a little to the left. Dyspnoea very great, and great sensitiveness of the surface, especially on the right side; and the same remarkable increased swelling of the lower cervical region when coughing or in the least excited. Expectoration frothy, with a little glairy opaque mucus. (Diagnosis, malignant disease.)”

The patient remained in much the same state till the 20th of the month, the paroxysms of extreme dyspnoea and suffering becoming more frequent, and the face very livid. About this time, the face, neck, and upper extremities became oedematous, and the lividity extreme. The pulse was almost imperceptible, and the surface cold; and she died about noon on the 21st.

POST MORTEM EXAMINATION.—There was considerable lividity and oedema of the face and upper extremities still remaining; but the fulness of the lower part of the neck was much less apparent than during life, though the enlarged glands were more distinct and more numerous than they appeared in life. On removing the sternum, a firm growth was discovered rising up from the anterior mediastinum, partially adherent to the posterior surface of the sternum, and extending upwards as high as the attachment of the sterno-mastoid muscles, and laterally on the left side beyond the edge of the sternum, whilst on the right side it was firmly adherent to the ribs about their junction with the cartilages. The trachea occupied its normal position in the neck; but immediately behind the manubrium, where it became involved in the morbid growth, it was somewhat flattened and pushed towards the left. The thyroid gland occupied its normal position, and was not enlarged. The superficial veins of the neck were enlarged, and distended with blood. On either side, there was a mass of enlarged glands (the largest about the size of a pigeon's egg), involving on the right side the great vessels and recurrent laryngeal nerve. The pneumogastric nerves, however, were not involved, although in contact with the masses. The heart was in its normal position; the left pleura perfectly free from adhesions; the right universally adherent from apex to base. The contents of the chest having been removed *en masse*, the growth was found to arise from the bronchial glands, completely investing the trachea and bronchi, except at their posterior aspect, the trachea being flattened and somewhat twisted on itself. The right bronchus was much compressed and flattened, but pervious. The left bronchus, though somewhat flattened, was not nearly so much compressed as the right, and allowed free entrance of air. The morbid growth, with the trachea, bronchi, and larynx, weighed 1 lb. 3 oz. The right lung was greatly compressed, collapsed, and airless, sinking in water, and with the thickened pleura, weighed more than the left, which was somewhat emphysematous, but otherwise healthy. The visceral pleura of the right lung presented a number of small nodules, of about the size of a pea, of similar material to that of the morbid growth. The heart was firmly contracted, each ventricle containing a clot. There were no secondary deposits found in any of the other viscera.

It will be observed that, though the duration of the disease in this case extended over many months at least, and though the right lung was rendered entirely useless and the large vessels obstructed, yet, the pneumogastric nerves being unimplicated, as well as the pulmonary plexus, we had none of those disorganising changes in the lung which are so remarkable in other cases. On the other hand, the recurrent nerves being involved, we had the characteristic distressing paroxysmal dyspnoea



which formed so striking a feature in this poor woman's case. The very general pleuritic adhesion and thickening of the one side and the immunity of the other is difficult of explanation; for, though the morbid growth had extended principally towards the right, it crossed to the left of the sternum, and the large vessels of the left side were involved; so that we might naturally have looked for a corresponding implication of the left pleura in that inflammatory action which leads to adhesions. I am disposed to think that there had been some old pleuritic affection of the right side, independent of, or accidental to, the morbid growth. But, however this may be, the case shows how different may be the condition of the lung even in protracted cases, and how much the physical signs may thus be modified.

## ON THE NATURE OF THE CONDITION CALLED EPILEPSY.

By J. THOMPSON DICKSON, M.A., M.B. Cantab., M.R.C.P.,  
Medical Superintendent of St. Luke's Hospital

THERE are, perhaps, few subjects upon which the consideration of the physician has been concentrated, which are apparently more obscure than the proximate cause of that mobile condition of the nervous system called epilepsy; while it is certain that within the whole range of medicine, no class of disease has been subjected to the tentative method of treatment with a more decidedly negative result. It has, however, occurred to me that the origin of this state is not really shrouded in such mystery as at first glance appears; and that by a careful study of the evidence which Nature has tendered, we may learn to read her aright in this as we have done in other pathologies.

The first real step in advancing our knowledge of the subject was made by Schroeder van der Kolk, whose researches were followed by those of Brown-Séquard. To these we must add the careful observation of the illustrious Trousseau; and since, a number of eminent and able practical observers, both on the Continent and in our own country, have added greatly to our store of learning on the subject. It is, however, not my intention in the present paper, to reproduce what has been done, except in so far as quotation may be necessary for the illustration of the ideas herein to be put forward. I may state in the onset that I have repeated many of Brown-Séquard's experiments, and that I have instituted independent ones. It is, however, unnecessary and wearisome to restate burdensome details, and I propose rather to generalise the induced conclusions.

The following are the ideas which it is my intention to attempt to establish.

1. Epilepsy is a contraction of the cerebral capillaries and small arterial vessels; the order of its stages in an epileptic attack being, irritation of brain, either direct or secondary to exhaustion; contraction of cerebral capillaries and small arterial vessels; cerebral anæmia, and consequent loss of consciousness.

2. The muscular contraction and spasm, together with all the varying phenomena associated with epilepsy, are altogether secondary, and not at all essential or constant, but they are all manifestations of imperfect nervous (cerebral) control, or a loss of balance between the nervous and other systems.

It is perhaps unnecessary to prove loss of consciousness as the first subjective phenomenon of epilepsy, since it is on all hands admitted; or, as stated by Trousseau, it may be considered the pathognomonic sign of epilepsy. To whichever variety of the two great specific forms

—*le petit mal* and *le grand mal*—any individual seizure may belong, we can always, by strict inquiry, find some amount of unconsciousness in the first stage. The absolute fixedness of this rule—which may almost be called a law of epilepsy—has been doubted, I know, by few. I shall endeavour to meet their objections further on in this paper.

The condition of anæmia is, strange to say, the one which was long unobserved; and in fact, only within the last few years it has been noticed at all. The congested state of the vessels of the face and neck attendant upon epilepsy is secondary; but so much more striking is it, that for long it was the only condition of vascularity observed. The pallor of epilepsy is sometimes of considerable duration; but this is more particularly the case in *le petit mal*, the almost endless varieties of which were not until lately recognised as epileptic, and, consequently, as they were considered as fainting attacks, the attendant pallor made no impression on observers: usually, however—especially in *le grand mal*—it is fleeting. The fact of pallor, however, is an indication, though not a certain evidence, of cerebral anæmia. It would appear highly probable that the face and neck sympathise with the internal condition of the skull as regards sanguiference; but further evidence is necessary, since, on simple principles of animal mechanics, if one set of vessels be

empty another set must be more or less full; and the question might reasonably be asked, why the surface-vessels of the head should not be the ones to take up the opposite condition to that of the cerebral. The question would, however, be specious, since it is the venous rather than the arterial vessels that receive the blood; but this is not altogether absolute. The best evidence is that consciousness is lost during the anæmic state, while, in conditions presumably congestive, e.g., the paroxysm of whooping-cough, consciousness never, in the true sense of the expression, disappears.

Animals that have died or been killed during a fit, have always exhibited brains perfectly anæmic, blanched, and bloodless. This is borne witness to by Schroeder van der Kolk, Trousseau, and Brown-Séquard, and has obtained in all my own experiments and observations.

3. Whenever cerebral anæmia is, by any means brought about, loss of consciousness is the result; e.g., if pressure be made upon the brain or cerebral membranes of an animal, or if the brain be wounded, anæmia and loss of consciousness instantly result. In the case of an infant among the out-patients of Guy's Hospital, said to be epileptic, I made simple pressure with my finger upon an open fontanel, and produced the whole of the epileptic phenomena perfectly. An animal bled to death passes through all the stages of epilepsy before the final struggle. It is hardly necessary to multiply the evidence on this point. It is essential, however, to demonstrate the fact of the contraction of the capillaries and small arterial vessels as a result of irritation or exhaustion, as it is to this contraction that the anæmia and loss of consciousness are due.

Direct irritation, such as that already mentioned, viz., pressure on the membranes or a wound of the brain, are always followed by instantaneous contraction of the smaller cerebral vessels; but, at the same time, the capillaries of the medulla oblongata become distended. This point is one particularly worthy of notice, and was first observed by Schroeder van der Kolk. If an animal be trephined, and a knife plunged into his cerebrum, the whole of that organ will become instantly anæmic, and its small vessels will be found contracted, while those of the medulla—particularly the capillaries—will be found full and distended. It is well to try this experiment on an animal, the subject of epilepsy, as the constant recurrence of the seizures permanently dilates the capillaries of the medulla. It must not be assumed from this that the blood from the cerebral vessels passes to the medulla. It is more likely that, on account of the sudden check to the circulation of blood in the cerebrum, the cumulative force of the arterial current endeavours to expend itself in the nearest channels, of which the medulla forms one; and the absence of resistance, owing to the yielding nature of its material, readily allows the dilatation, which continuously increases the longer the epilepsy is continued.

It thus is clear that, in the relations of cause and effect, the dilatation of the capillaries must be included under the latter head, and must be considered as altogether secondary to the epilepsy.

As the actual pathological lesions associated with epilepsy, I may enumerate tumours involving surface, surface-abscess, tuberculous membranes, thickened membranes, adherent membranes, and atrophy, to which I may add, as a rare though occasional condition, surface-softening, and perhaps softening of the cord.\* This synopsis is from an examination of the daily records of *post mortem* examinations at Guy's Hospital, extending over ten years; and to it I will add bony tumours projecting from the inner table of the skull and encroaching upon the surface of the brain; also ossific membranes.

Extensive disease may occur in the centre of the brain; but, unless the surface be involved, the central pathology will not be associated with epilepsy as a concomitant.

The histories of clinical cases give unequivocal evidences of tumour and syphiloma, thickening of the cerebral membranes from alcoholism and blows, and hereditary transmission of both syphilis and nervous imperfection; while fright has sometimes been set down as a cause. It occasionally happens, however, that the physician will be baffled in every attempt to find out the particular predisposing cause in an individual.

I have already observed that any cause which tends to produce an anæmic condition of the brain is sufficient to induce convulsion, exemplified in the sudden and direct depletion, as when an animal is bled to death: a more gradual drain may stand in the relation of cause to effect; also watery conditions of the blood, as in albuminuria, whether of morbus Brightii or of parturient women. Again, excess of urea, as well as poisons directly introduced into the blood, as atropine, narcotine,

\* Among records of *post mortem* examinations at Guy's Hospital, is one of a case of epilepsy, in which the only lesion noticed was softening of the cord. It is highly probable, however, that this softening was extending to the surface of the brain at the time the patient died. There was no other explanation of the epilepsy in the case.

nicotine, will also stand in the same relation. Another and not uncommon cause is distant local hyperæmia, exemplified especially in children who suffer from convulsive diseases, as an affection secondary to disturbance of the digestive organs and the irritation of worms; exemplified also in the debility of infancy; but in this latter case, as perhaps also in a minor degree in the former, the element of peripheral irritation must be somewhat taken into account. Irritation of the peripheral extremity of a nerve will produce epilepsy. A remarkable case was quoted by Dr. Brown-Séquard (reported by the late Mr. Standist of Taunton); and I have seen more than one case of epilepsy traceable to carious teeth. The constant irritation of the extremity of a nerve exhausts the potential energy of the cells from which the nerve takes its rise, and produces a condition very similar to shock, whether physical or psychical. All forms of shock appear undoubtedly to determine the occurrence of epilepsy in some individuals; yet, with regard to the psychical variety, I would speak very guardedly. One case under my observation for some time was attributed to fright! *A post mortem* examination exhibited a surface-tumour. Another patient, the widow of an officer who was murdered before her eyes in the Indian mutiny, stated that she had been epileptic ever since the fright she received on that heart-rending occasion. She had, however, suffered from that time up to the time I saw her more or less from menorrhagia. The epilepsy was always increased when the flux was augmented, and lessened when it abated. After a short treatment, directed towards the control of the menstrual discharge, the epilepsy ceased to recur, and she has remained free from the attack ever since.

Dr. Brown-Séquard, in the commencement of 1869, stated to the French Academy that, in continuation of his experiments in inducing epilepsy by section of the spinal cord, he had concluded that the greater part of the cord takes an active part in the production of convulsion, because he had seen attacks occur in the muscles innervated by a segment of the cord comprised between two sections. The fact, as stated by Dr. Brown-Séquard, has, however, very little real bearing on the subject of epilepsy, except to confirm the truth of the hypothesis that the convulsive movements of epilepsy are the result of loss of control.

Dr. Brown-Séquard further stated that the brain seemed to take no part in the convulsion, because convulsive seizures continued to be produced in epileptic guinea-pigs, in which life was maintained by artificial respiration after the brain had been removed. This fact at least tends to confirm the idea I proposed at the commencement of this paper; viz., that convulsive movement in epilepsy is the result of a loss of cerebral control, or loss of balance of control between the cerebral and other systems. An animal with a bloodless brain—the effect either of direct depletion or of irritation from any cause—is in very much the same condition as an animal without a brain at all; and, therefore, there is not that discordance between clinical observation and the results of the experiments of Dr. Brown-Séquard which MM. Colin, Ricord, and Hardy, attempted to show, when Dr. Brown-Séquard's paper was discussed. Dr. Brown-Séquard stated that he had never been able to produce epilepsy by unilateral division of the cord in any animal other than the guinea-pig, except the cat. It is a fact worthy of record that I have induced epilepsy in the rabbit by unilateral section; I have also seen one case of epilepsy in a wild rabbit.

[To be concluded.]

## NOTE OF A CASE IN WHICH SEVERE CONSTITUTIONAL EFFECTS FOLLOWED THE APPLICATION OF CANTHARIDINE BLISTER.

By JOHN A. CAMPBELL, M.D.,

Assistant Medical Superintendent, Garlands Asylum, near Carlisle.

ON March 15th, 1870, P. D., one of the Asylum officials, a middle-aged man, 16 stone in weight and 5 feet 10 inches in height, had been for some time troubled by persistent chronic bronchitis. I applied liquor vesicatorius to the upper part of his chest, 5 inches by 5 inches on each side of his sternum, at 3 P.M.; and told him to put on a linseed-meal poultice over the blistered part at 6 P.M. At 9 P.M., he was seen by Dr. Clouston and myself. We found him sitting on the night-stool, perspiring profusely, looking most haggard and exhausted, depressed in mind, and evidently in great pain. He said that shortly after the linseed-meal poultice had been put on, the blistered part ceased smarting; but that at 7 P.M. he had been taken very ill, that he had to get up to stool, and had been sitting there, straining himself, ever since; that he had not allowed a doctor to be sent for, because he thought a man ought to be able to perform the calls of nature without medical aid. He had passed a little fæces and bloody slime, and a little urine.

He complained of great pain at the root of his penis and in his rectum, and said that the few drops of urine he passed felt as if they burned him. He was looking very ill; his pulse was 96 and very weak, and he seemed very faint. We had the blistered surface sponged with warm water to prevent the absorption of more cantharidine, and gave him a glass of gin in cold water and eight grains of compound ipecacuanha powder. He vomited both immediately. He then had a draught containing fifteen minims of tincture of opium, twenty minims of spirit of chloroform, and four ounces of solution of acetate of ammonia. This he retained, but it seemed to do him no good. We then gave him an enema of hot oil with a drachm of solution of hydrochlorate of morphia and twenty minims of the morphia solution with some gin by mouth. The enema came away at once; but another was given, which had such a good effect on the tenesmus, that the patient was able to leave the night-stool and lie down in bed. The stranguity remained as severe as ever. We wished to inject some warm oil into his bladder, but he preferred to bear the pain a little longer. At 12 P.M. he was able to stay in bed, though every now and then he felt the tenesmus. We gave him chlorodyne, which made him drowsy and relieved the pain. At 2 A.M. the tenesmus was quite gone, but the stranguity continued. We gave him another half a drachm of chlorodyne. At 5 A.M. he fell asleep. When he awoke, he had a great feeling of soreness about the root of the penis and rectum. He was ordered to drink large quantities of barley-water. His urine was examined, but, with the exception of containing a very large quantity of urates, it was normal. The soreness about the rectum and penis continued for two days, and the first time he went to stool he experienced severe pain in the rectum, which remained for several hours. I advised him to take a warm water enema on the next occasion, which he attempted, but found the rectum too tender; so he had to take castor-oil every second day for some time to enable him to have a comfortable passage.

April 28th.—He was now quite recovered, the blister having had a very good effect on his bronchitis, though otherwise it acted unpleasantly.

REMARKS.—1. This was clearly a case of idiosyncrasy, rendering the patient most susceptible to the effects of cantharides; for, though cases occasionally occur where slight tenesmus and stranguity follow the application of a cantharides blister, I have never heard of such results following the application of the liquid preparations. The preparation used was Burt's liquor vesicatorius. Fluid out of the same bottle has been used repeatedly by me before and since its application in this case, without producing any but the desired effect. 2. The mental depression, noticed by writers on the toxic effects of cantharides taken by the mouth, was strongly marked. The patient, an unusually sensible, courageous, and determined man, could not control his expressions of despondency and pain, and kept muttering most of the time, and saying he felt as if he could lie down on the floor and die. The patient had no feeling of priapism. 3. The warm enemata and the chlorodyne seemed to give the most relief.

## CASE OF VARICELLA IN AN ADULT.

By W. T. GREENE, M.B., &c.

ON January 30th, 1868, an adult, aged 32, was exposed to the infection of varicella for several hours. On February 7th, he began to feel unwell, and thought he was getting a cold, to attacks of which he was subject. On February 8th, he was much worse, with severe headache; pulse 70. The next day the headache and prostration had much increased; there was also considerable nausea, and slight rigors. Two or three small vesicles appeared on the chest, towards evening. On the 10th, a number of vesicles appeared on the chest, back, shoulders, arms, and scalp; they were of different sizes, but clear and prominent, with a small red areola round each; the headache was better, and the nausea gone. On the 11th, more vesicles appeared on the thighs, buttocks, and face, some on the eyelids and on the fauces. On the 12th, he felt quite well, but a few more vesicles came out on the legs, one on the glans penis, and two or three on the corona glands; there was considerable pruritus from this date for several days. On the 13th, one or two papule made their appearance on the hands, but no more vesicles; the others also assumed a pustular appearance, and a few of them dried up. In a fortnight from the commencement of the attack, almost all trace of the eruption had disappeared. On puncturing one or two of the larger vesicles with a needle, in their first stage, the contents, and colourless fluid, were entirely evacuated.

Exactly one fortnight from the commencement of the attack, or one week after it had reached its height, an infant in the house sickened, the eruption appeared on the third day, and ran its usual course.]



## CLINICAL NOTES.

(Reported from the Practice of Dr. WILKS, at Guy's Hospital.)

## NO. I.—ACUTE RHEUMATISM.

MATILDA A., aged 32, was admitted with acute rheumatism. All the joints were affected and the usual symptoms were present. Temperature 102.8. She was ordered bicarbonate of potash, one drachm every four hours. In four days she was better; that is, she could move herself in bed and there was less pain in the joints. On the sixth day she could bend her knees, and the temperature was reduced. On the ninth day she was considerably better, and then rapidly improved.

Sophia F., aged 25, was admitted with acute rheumatism. She had great pain and swelling in all the joints, so that she had not the slightest power to move. The symptoms commenced six days before. On listening over the heart, a to-and-fro friction sound was heard. The temperature was 103.6. She was ordered two scruples of bicarbonate of potash, and fifteen grains of nitrate of potash every four hours. On the following day she was still very ill. Temperature 104.8. A blister was applied over the heart. On the third day of admission she was still in great pain, sweating profusely; urine alkaline. On the fifth day, temperature 101.4. The heart-sounds were scarcely audible; the cardiac dulness increased. She was still very ill, with much pain in the joints, and face rather dusky. She was ordered effervescing mixture, with one grain of quinine every four hours. On the seventh day she felt better, and was ordered three ounces of brandy and four ounces of wine. On the eleventh day she was not so well; she had great oppression at the chest. The præcordial dulness was increased; the heart-sounds were distant; the urine neutral. She was ordered two grains of quinine, with a third of a grain of morphia twice a day. On the sixteenth day after admission she was still suffering from great pain in the joints; the oppression of chest was less, and the heart's sounds more distinct. She had a bed-sore on the back. She was ordered three grains of quinine four times a day, and half a drachm of chloral at night. Temperature 100.6. On the nineteenth day she was better; temperature 98.8; but the ankles and knees were swollen and painful. She continued slightly improving until the twenty-ninth day, when a slight relapse occurred. She continued lingering on, better and worse, until two months after admission, when she was able to be dressed and lie outside the bed. Her heart had been often examined, and no endocarditis could be detected until to-day, when a musical *bruit* could be detected beneath the mamma. She subsequently had relapses of inflammation of one or two joints, and she appeared relieved more by quinine than any other remedy. At the end of three months she was still in the hospital, and had well-marked inframammary mitral *bruit*.

REMARKS.—There have been several cases of rheumatic fever in the ward, and as usual their course has been by no means uniform. It is a disease the treatment of which can never lose its interest for us, seeing that it lays the foundation for one of the most formidable complaints to which the body is liable, and that authorities are by no means agreed as to the best method to avert this evil. The advocacy of particular plans of treatment has been owing often to the belief in certain theories of the cause of rheumatism; thus some have considered that uric acid has existed in excess in the blood, and have been strengthened in their use of lemon juice by the idea that this acid has been converted into urea. Then others have regarded the excess of fibrin which has been observed in the blood of rheumatic patients, as one of the most essential pathological conditions of the affection, and thus have been strongly prejudiced in favour of nitrate of potash as an appropriate medicine on account of its solvent power and consequent prevention of fibrinous deposition on the valves. A more favourite theory is that which maintains the existence of lactic acid in the blood, although the proof of this has never been satisfactorily shown; but there is a strong belief that a large amount of acid is present in the system, and thus alkalies have been so generally considered to be the appropriate remedies. This belief has had probably as equal an influence in their universal adoption as would have had a well founded experience of their utility. It is true that after their administration a very quick subsidence of the symptoms has taken place, but then the same may be observed to occur after the use of lemon juice, of quinine, of iron, or of blisters. As regards the latter remedy, so strong is the belief that there is a large amount of lactic acid in the system, it is asserted that these blisters act beneficially by the withdrawal of the peccant matter from the joints. It was owing to the strong advocacy of different treatments by various physicians which led to the expectant plan being adopted at this hospital for some time, the results of which may be seen by the tables published in the *Guy's Hospital Reports*. No one previously was able to speak positively of

the course and duration of rheumatic fever uninfluenced by medicines, nor the probabilities of the occurrence of heart complication under these circumstances; nor the time at which it would most likely arise. Supposing, also, it is in our power to arrest the complaint, it has not been positively shown that the cardiac affection will necessarily also be kept in restraint. The disease has yet to be further studied; but Dr. Wilks gave it as his conviction that the heart affection occurred at a very early period of the complaint; and as regards hospital patients, it was either present when they were admitted, or it did not occur at all. He believed that in the majority of cases this was true; and if the doctrine were correct it would show that there was a fallacy in all statistics framed from cases in which treatment was not commenced at the very earliest period, and that our experience must be obtained from gentlemen in general practice who are called in to treat their patients from the onset. Seeing, however, how universal is the treatment of rheumatism by alkalies, it might not be unfair to assume that the great majority are treated by alkalies; but, nevertheless, inflammation of the heart is a very common occurrence. Either alkalies have not the influence asserted, or the profession at large is woefully ignorant of the best treatment of the disease, seeing that thousands of persons die annually of heart affection having its origin in rheumatic fever. As regards this complication, a fallacy exists in computing its presence from observations made solely during the time of the fever, as the case reported will show. Dr. Wilks had long been aware of this circumstance from the fact that in many cases of valvular disease of the heart which enter the hospital, there is a history of rheumatic fever many years before; and on turning to the well recorded account, there is found a good description of endocarditis, but none of endocarditis. Now this must be accounted for either by supposing the sounds of the former entirely covered those of the latter, or that the inflammation of the endocardium did not in fact reveal itself at once by a *bruit*; that is, given an inflammation of the pericardium and endocardium arising simultaneously, the former will at once make itself manifest, but by no means necessarily the latter. The inflammatory process, however, thus commenced, will in time produce that change in the valve which will ensure a *bruit*; thus it follows that whilst the patient is in bed, and his heart daily examined, no morbid sound can be detected; yet subsequently, and more especially when convalescent, it became evident from a distinct *bruit* that an endocarditis had taken place. This was proved to be true on several occasions. As regarded the plan which Dr. Wilks himself pursued, he said that he was still examining the effect of various remedies, and he had seen very speedy beneficial results follow the use of quinine and iron. In private practice or in other cases where no special plan was indicated, he still used the alkalies, as there is always a prejudice in favour of the old methods. He advised the patient to be stripped of all linen, and clothed in flannel, or placed between the blankets. He then ordered half a drachm or a drachm of bicarbonate of potash in barley water, every two or three hours, or a mixture of acetate and nitrate of potash, or this last mixture, with addition of carbonate of potash, made effervescing with citric acid. The urine soon became alkaline, but he could by no means agree that the disease at the same time began to depart. Blisters to the most painful joints gave much relief. If the patient was perfectly sleepless he did not hesitate to give an opiate, being quite unaware of the grounds on which its harmfulness had been asserted by some.

## PROFESSOR FLOWER'S HUNTERIAN LECTURES ON THE COMPARATIVE ANATOMY OF THE MAMMALIA.

*Delivered at the Royal College of Surgeons of England.*

### LECTURE XIII.—Monday, March 14th.

CONTINUING his description of the skull in the Toothed Whales, Mr. Flower remarked that the most striking modification is the height and shortness of the cranium; the bones of the skull appearing to be drawn towards the top—the occipital forwards, and the frontal backwards. The nasal passages, instead of being horizontal and opening anteriorly, are directed upwards and backwards. At the same time, a large mouth has to be provided; the maxilla, præmaxilla, and vomer run quite out from the nasal chambers, and all the elongated portion from the opening of the nares to the end of the rostrum corresponds to the part between the anterior nares and the incisor teeth in Man. The nares retain precisely the same relation to surrounding bones as in other Mammalia. The foramina at the base of the skull are much modified. The part corresponding to the cribriform plate of the ethmoid is vertical, and has a few holes through which some nerves pass. Behind it is the orbitosphenoid, with a notch between it and the alisphenoid, corre-



sponding to the optic foramen, but giving passage to the motor nerves of the eye, as well as to the optic nerve. There is no perforation in the alisphenoid. One portion of the fifth nerve passes in front, and another behind, in a notch corresponding to the foramen ovale. In the petriotic bone is an opening for the seventh nerve; and behind are the foramen lacerum posterius, and the foramen in the occipital bone for the hypoglossal nerve. The carotid foramen is in the basisphenoid. The tympanic and petriotic bones are united, but are separate from the other cranial bones. There is nothing exactly corresponding to the mastoid process—merely a little tongue-shaped projection. The tympanic bone is curiously contorted and irregular; it is dilated below into a bulla, and anteriorly and internally is a spout-like opening through which the Eustachian tube passes.

The Whalebone Whales resemble the Toothed Whales in most essential particulars; but in some respects they approach or depart from ordinary Mammalia. A section of the skull of a fetal whale shows the cranium not quite so elevated, but the basiscranial line is curved up. The supraoccipital bone extends in front of the brain-cavity. On each side of the mesethmoid cartilage and the vomer, the nostrils run almost forward. The rostrum is very long, but less so than in the Toothed Whales. The frontal bone is very thick, and arches over the nasal cavity. The nasal bones are well developed. There is no want of symmetry. Olfactory organs are present in a rudimentary form. The turbinal bones are contained in an olfactory chamber, which is a sort of diverticulum from the nasal passages. The principal modifications of the skull are due to the large mouth, in consequence of which the parts are much drawn out. The orbit is formed by the elongated processes of the frontal and maxillary bones. The temporal fossa is formed chiefly by the squamosal bone. The parietal bones meet in the middle line; they are very thin, and are completely covered in by the occipital bone. The palate is formed chiefly by the elongated maxilla and the small pterygoids, which do not meet in the middle line. The tympanic and petriotic bones are formed nearly on the same principle as in the Toothed Whales. The mastoid is large, and extends backwards in a pyramidal shape, forming part of the surface of the skull. There is also a tenon-like process extending outwards and backwards, serving to hold the bones more firmly in place. The lower jaw consists of two rami, which are very round, and arched outwards; they never meet in front, but are connected by fibrous tissue. The coronoid process is scarcely developed.

In the Sirenia, the Manatee has the bones of the skull hard, dense, and heavy—a remarkable character in an aquatic animal. The cranial cavity is elongated from before backwards; it is generally compressed antero-posteriorly, rather oval, and truncated at each end. It is relatively much smaller than in Cetacea. The occipital bone is less developed. The top of the skull is formed by the parietals, which are long, and extend forwards so as to embrace the frontal. The nostrils are directed upwards and forwards. The nasal bones are quite rudimentary, and often absent; they are separated by a considerable interval. The orbits are well defined, and are directed forwards; they are formed below by the malar bones, and above by the frontals, and are not quite completed behind. The zygoma is large and massive; the lacrymal bone is very small. The palate is narrow. The base of the skull is contracted behind, and has a large opening in which lie the petriotic and tympanic bones, not ankylized with the rest of the skull. The tympanic bone is much more ring-like than in Cetacea. The ossicula auditus are large, and are ankylized to the surrounding bones. The essential characters of the skull in the Dugong are much the same; almost the only difference is the great development of the premaxilla, which is very large, and is curved downwards to form the prolongation in which the tusk is lodged. The lower jaw of the Manatee is heavy and massive; the ramus is well marked, the coronoid process projects forwards, and the symphysis is contracted in front. The lower jaw of the Dugong is much smaller; it is bent downwards in front, and covered by a horny plate.

Among the Ungulata, the Horse has a much elongated cranium—the face being the part most lengthened. The base is almost straight; the occipital plane and the ethmoid are vertical. The nasal chamber is large, with well marked turbinal bones, and is roofed in by the large nasal bones. The anterior nares are bounded by the nasal and premaxillary bones. The maxillary bone is furnished with large grinding teeth. The orbit is surrounded by a distinct ring. The lacrymal and malar bones are well developed. The zygoma is formed entirely by the squamosal bone, which reaches the frontal, and even enters into the formation of the orbit. The temporal fossa is of moderate size. The palate is chiefly formed of the maxillary bones; the pterygoids are rudimentary. The glenoid fossa is large. There is a large squamosal bone, which runs downwards, and sends a projection behind the meatus, and holds in the loose tympano-petiotic bone. The mastoid

process is small and rudimentary, and a paroccipital process projects from the occipital bone. There is no distinct tympanic bulla. The tympanohyal portion of the hyoid apparatus is large; the stylohyal is very large, and is expanded at the upper end. Below are the keratohyal and the epiphyal, ankylized with the stylohyal. The basihyal is flattened from above downwards; the thyrohyals, projecting backwards, are ankylized to it; and from its interior projects a long parietal process—the glossohyal—to the base of the tongue.

## REPORTS OF SOCIETIES.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MAY 10TH, 1870.

GEORGE BURROWS, M.D., F.R.S., President, in the Chair.

ANALYSIS OF 184 CASES OF STONE IN THE BLADDER OF THE ADULT TREATED BY LITHOTRITY. BY SIR HENRY THOMPSON, F.R.C.S.

THE author presented a series of 184 consecutive cases of lithiarity in the adult, operated upon within a recent period; all treated by the same method and with the same instruments. He furnished all the most important details relating to each case, and presented the stone itself in almost every instance, preserved for inspection. His object was to make an impartial estimate of the crushing operation, to ascertain its real value, and its place amongst surgical operations. Although this had never yet been fully done, he regarded Sir B. Brodie's last communication to the Medical and Chirurgical Society as perhaps the most trustworthy and valuable record, so far as it goes, which exists on the subject. In order to accomplish this object, he had made carefully written records of every case; and he cited the following circumstances as necessary to be taken into consideration: that the 184 cases had been treated by a uniform method, within a comparatively brief period of time; that all were adults, and embraced much variety of constitution; that all the important facts relative to each were noted in a history of each one, which was attached to the paper as an appendix; and that a large proportion of the calculi were of considerable size. And the author believed he was correct in saying that so complete an opportunity for studying the results of lithiarity had not been offered hitherto, since, as far as he was aware, the data necessary for the formation of a judgment had not been presented to the profession, either in this country or elsewhere.

The results of the operation were discussed under the following heads:—1. The rate per cent. of recovery after the operation, and the causes of death when it occurred. 2. The general condition of the patient after the operation. 3. The frequency of recurrence of stone after lithiarity.

The chief facts relative to the 184 cases were as follows. They were consecutive in point of time, no case being omitted; that all were adults, and mostly of advanced age; that they included many individuals of very feeble health and constitution; that they were chiefly British, although several were from other nations. The mean age of the 184 cases was no less than sixty-one years. The youngest was twenty-two years old. Only three were below thirty years. The oldest was eighty-four years. There were forty-six cases of seventy years and upward. With very few exceptions, all stones of an ounce and upward were reserved for lithotomy. All obviously below that were crushed. Not one case was refused operation, not one was left unfinished, and in no instance was an operation of lithiarity completed by lithotomy. The recoveries, reckoning every kind of casualty following the operation, were 93 per cent.; but omitting five cases of death, not by any means due to it, the mortality amounted to only 4 per cent. A second operation for recurrence of the stone was performed for thirteen of the 184 cases; 122 were uric acid and the urates; 16 were mixed; 40 were phosphatic; 4 oxalate of lime; 1 cystic oxide; and 1 pure phosphate of lime.

The important logical conclusion to be derived from the mass of facts considered was, that lithiarity is an eminently successful operation. For a certain number of cases, its success may be regarded as a certainty—absolutely without fear of any contingency, except such as attends the minor operations of surgery,—for example, the opening of a small abscess, or the passing of a catheter. For the author stated that he had never lost a patient in the whole course of his experience after crushing a stone which was no larger than a small nut; and this he considered was a size at which, with few exceptions, every stone ought to be discovered. But this very fact led the author to remark that the success of lithiarity cannot therefore be considered apart from a knowledge of the extent, in regard of the magnitude of the stone and the constitution of the patient, to which the capabilities of the operation

have been pushed. When it is employed for stones as large as a date, or a small chesnut—and it is impossible to deny the excellent chance of success which this method offers to the subjects of such stones—a certain, but still only small, proportion of deaths must be expected. And the rate of mortality will correspond with augmentation in the size of the stone, and with the amount of existing disease and age on the part of the patient. Given a small stone in a fairly healthy person, and success is certain; the possibility of contingency in such a case depending only on the presence of those remote and excessively rare conditions which will make for an individual here and there the mere passing of a catheter a cause of death. The rule observed had been, for the most part, to apply lithotomy to all calculi obviously less than an ounce in weight, easily discovered by sounding, and to operate on all larger ones by lithotomy.

Mr. CADGE would express his admiration of the paper read, which was full of important matter and was calculated to settle some vexed questions. It tended to win for British surgery the pre-eminence in lithotomy. In his own practice at Norwich, and in that of the late Mr. Liston (whose house-surgeon and private assistant he had been) there had been 105 cases of lithotomy, with 10 deaths, six of which were fairly due to the operation. There had been ten known cases of recurrence of stone; two patients had been afterwards subjected to lithotomy, and in some of the cases the recovery was partial. Sir H. Thompson's success certainly made him rather envious. He was disposed to attribute it both to the dexterity of the operator, and also to the fact that the cases were favourable for operation. Patients in the upper classes did not allow themselves to suffer long from stone without seeking relief, and these formed the bulk of Sir H. Thompson's practice; while in his own (Mr. Cadge's) practice, hospital cases preponderated, and generally, having been longer left without operation, presented larger stones, were less easily treated, and were usually more complicated. He would ask what became of the ninety-three per cent. of reported recoveries; for here must lie the main interest of the statistics. They could not be supposed to be all cures—this term being used in its full and proper sense. The possibility of the recurrence of calculus was the weak point in lithotomy. Of two patients thoroughly cleared of stone, one by lithotomy and the other by the other method, there was perhaps no more chance of recurrence in the one than in the other. But of a hundred patients who had been cut, a greater number would probably remain permanently free than of a hundred patients submitted to crushing. Of the latter, many would probably have reached the "prostatic age"—50 to 70 years—with enlargement of the prostate, retention of urine, and sacculated bladder; and in such cases he did not think it was easy to remove the last portion of *débris* of stone. If even the least portion were left, recurrence would take place. He could scarcely admit the possibility of the recurrence of calculus unless a fragment were left in the bladder. He could, if it were advisable, bring forward cases in which the bladder had been apparently entirely relieved of stone by lithotomy, and yet fragments had been afterwards passed. Sir B. Brodie had given, as a principal advantage of lithotomy, that it could be repeated year after year. He (Mr. Cadge) thought this a very equivocal advantage. He was a devoted admirer of lithotomy; but the truth must be spoken about it, and the plain truth. But, admitting this, there was such a large amount of success attending the operation, that it must be regarded as one of the most brilliant achievements of modern surgery.—Mr. WALTER

COUTLSON said that it was not a little remarkable how the statistics of lithotomy reproduced themselves. Civiale, in the first twelve years of his practice (1824 to 1835) had 307 cases, with a mortality of 1 in 42; from 1836 to 1845 he had 276 cases, with 1 death in 36; from 1846 to 1859 there were no statistics; in 1860, he had 1 death in 35; in 1861, 1 in 25; and in 1862, 1 in 45. The cases in the first period named were more carefully selected than in the second. The results of lithotomy, as described in the paper, were marvellous; but it was desirable to know the details of the cases, and how many cases of stone were operated on in the same time, and with what result. As to recurrence, all would admit that it was more likely to take place after lithotomy; but, on the other hand, there were more deaths after lithotomy. Hence, as the duration of life after lithotomy was greater, there was greater chance of the formation of new calculi. No doubt, too, in certain cases lithotomy produced a condition of the bladder which favoured recurrence. The organ sometimes became incapable of emptying itself, there being some swelling of the neck of the bladder; and probably this favoured the formation of a second stone. Nothing had been said about the "mixed operation". He had, in two or three cases, attempted to perform lithotomy, but had abandoned the operation and performed lithotomy.—Mr. ERICHSEN said that it was difficult to institute a comparison between lithotomy and lithotomy. The two operations must be regarded as entirely distinct; and in any case of stone, the surgeon should be prepared to make up his mind as to whether it was best fitted

for the one or for the other. The question to be decided would be, for which operation the stone and the bladder were most fitted. The author of the paper had simply brought forward his cases of lithotomy, and had reviewed what had occurred in his performance of that operation. There was no known instance in which 180 cases, taken indiscriminately, had been attended with so much success. As to Civiale's statistics, he must say, with all respect, that they were not trustworthy. Pathology was not sufficiently advanced in the earlier days of lithotomy to enable surgeons always to recognise the causes of death after operation—such as pyæmia. And, even in his later days, Civiale did not seem to fully recognise the sequence of local and constitutional phenomena; he had directed his mind mainly to lithotomy—which he might almost be said to have invented—and apparently could not extend his mind sufficiently widely into the general principles of surgery. He (Mr. Erichsen) had noticed this in one of the later lectures of Mr. Civiale, at which he was present. There were no reliable statistics of lithotomy out of this country. In considering the measure of success in lithotomy, it was necessary to take into consideration several points; one of which was the early recognition and removal of the stone while it was small and before it had time to produce irritation and disease of the bladder. He could not agree with Mr. Cadge that stone could not be formed *de novo* in the bladder unless a fragment already existed there. A small fragment might be left; but it was not always so in cases where recurrence took place. The recurrence of calculus in certain conditions of the bladder might readily be conceived; especially in old persons, whose bladders had been irritated by the use of the instruments, and in whom calculi of triple phosphate might be formed without there having been any descent of calculus from the kidney, or any retention of fragments in the bladder. The weak point in lithotomy was not, however, the difficulty of removing the stone, but the condition produced in the bladder; he referred not so much to cystitis as to atony—and on this point he would like to have the experience of surgeons. He had not unfrequently seen lithotomy followed by atony of the bladder. This was very fatal in elderly persons. They lived on perhaps for a year or two, but in a state of impaired health from retention of urine. He would repeat, that a comparison between lithotomy and lithotomy could scarcely be justified. The point was, to judge whether this or that case was more suitable for the former operation or for the latter. Mr. HUTCHINSON had understood the author of the paper to state that subsequent lithotomy had not been required in any of his cases of lithotomy. Was there not, in the series of cases related, one exception?—Mr. BROOKE thought that the retention of a small fragment of stone was the most common cause of recurrence after lithotomy. In several instances he had satisfied himself by the use of the sounding board—the employment of which he recommended several years ago—that small fragments existed which could not be detected by any other means.—Mr. TEEVAN said that it was important to know the rate of mortality after both operations—lithotomy and lithotomy—in the hands of the same operator. Were the lithotomy cases selected, and all the bad ones left to lithotomy? He would like to know, also, to what extent lithotomy had reduced the mortality from calculus.—Dr. ALTHAUS said that Carus of Heidelberg had performed lithotomy in eighty-one cases with four deaths.—Mr. DE MÉRIC called attention to the mixed operation performed by M. Dolbeau and other surgeons in France, in which the operation was commenced as for lithotomy, and completed by lithotomy.—Sir HENRY THOMPSON said that, in order to make progress, it was necessary not so much to improve or modify operative procedures, as to record very carefully the results and circumstances of the cases of operation. He had, during the last six years, followed out a particular method, employing but two instruments. He knew of no set of cases, excepting Sir B. Brodie's, which gave the precise number of individuals operated on. In Civiale's cases, the same patient often came under operation two, three, or four times; but, as this was not stated, the data for conclusions were wanting. The rate of mortality after lithotomy, or after any other operation, amputation for instance, could not fairly be spoken of unless all the particulars were given. The value of the cases which he had brought forward lay in the careful record of all the small circumstances. He had been asked how many cases of lithotomy he had performed in the period mentioned in his paper. This had no more to do with the subject than statistics of amputation of the leg would be. He had not brought forward his cases of lithotomy until he had 184; he had forty cases of lithotomy in adults—but of these he would not give the particulars until the number was much greater. He hoped that the statistics of Mr. Liston's and Mr. Cadge's cases would be recorded. He had many times, especially in his early practice, met with atony of the bladder, or swelling of the neck of the organ; and he was now very careful to look for it within a week after operation. In some cases, it existed before operation. Since he had paid more attention to the early detection of this condition, he had



used the catheter at an early period to empty the bladder, with good effect. In reply to Mr. Hutchinson's question, he said that in the case referred to he had removed two or three small calculi by lithotomy; and the patient returned in five or six months, suffering from consecutive abscesses, and lithotomy was then performed. Clover's apparatus for washing out the bladder had been useful in some cases; nothing so well revealed the presence of remaining fragments. He had in but very few cases refused to perform either lithotomy or lithotomy.

#### POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

The Quarterly Meeting of the Poor-law Medical Officers' Association was held on Wednesday, April 28th, at the Freemasons' Tavern, Great Queen Street; J. ROGERS, M.D., President, in the Chair.

The Secretary, Mr. DUDFIELD, read the quarterly report of the Council, which stated that they had supported the superannuation bill of Dr. Brady in every possible way, and acknowledged the receipt of valuable aid therein from various medical bodies. The opposition to the obnoxious scheme proposed by the Bethnal Green Guardians had been successfully opposed; the new arrangements made were entirely in accordance with the views of the Council. It was regretted that the establishment of dispensaries in the metropolis proceeded with great slowness, and a hope was expressed that the Poor-law Board would use their compulsory powers. The Council rejoiced to hear the frank declaration of the President of the Poor-law Board, in the House of Commons, in support of the principle of permanence of medical appointments in all cases. They hoped the right honourable gentleman would accordingly carry this into effect, by issuing a general order removing present restrictions. The Council concluded by recommending Wednesday, the 13th of July, for the day of the annual meeting, but this was not definitely settled. Mr. Lilley, of Kennington, was elected Auditor, in place of Mr. Guazzaroni, deceased.

The President, after reading a number of letters from gentlemen unable to attend, but expressing deep sympathy with the objects of the Association, delivered an Address, from which we extract the following.

At the last meeting, Dr. Rogers had quoted some statistics which bore out the opinion that the efficiency of Irish medical relief, associated as that was with a weekly return to the Commissioners of all cases of zymotic and other diseases which occurred in each officer's district, and an admirable system of educated out-door medical inspection, would be exhibited in a marked diminution of general as well as preventable mortality; but as the figures to which he could obtain access did not go beyond 1866, and as it was possible that later returns might weaken the force of his deductions, he drew up a form, with the view of testing whether he was correct, for a comparative return of the estimated population, general and zymotic mortality of England and Wales, and Ireland, during the last six years. An honorary member of the Association, Mr. Smith, kindly moved for its production. Subsequently it was suggested that it would make the return more complete if Scotland were included. Dr. Rogers did not succeed in getting any return for 1869, as the figures were not tabulated; nor from Scotland for 1868, except that of the population and gross mortality. Taking the average of the five years, the population amounted in England and Wales to 21,210,431; in Ireland to 5,559,899; and in Scotland to 3,153,431. During the four years the population in England and Wales increased one twenty-fourth; in Scotland, one forty-sixth; and in Ireland, it decreased one forty-third. The total average mortality in England and Wales during the five years was, for England and Wales, 487,765; or 1 in 43 of the population; in Scotland, 71,431, or 1 in 129; in Ireland, 92,008, or 1 in 60. The average annual mortality from zymotic disease was, in England and Wales, 111,418, being one fourth of the total mortality, and 1 in 190 of the population; in Scotland, 16,193, being one fourth of the total mortality, and 1 in 194 of the population; and in Ireland, 18,416, being one fifth of the total mortality, and 1 in 308 of the population. Deducting zymotic mortality, the remaining mortality was, in England and Wales, 1 in 56; Scotland, 1 in 51; Ireland, 1 in 78. The mortality from cholera, for the year 1866, showed England, 14,378, or 1 in 1,475 of the population; Scotland, 1,270, or 1 in 2,438; Ireland, 2,501, or 1 in 2,232. From small-pox, in 1868: England, 2,052, or 1 in 10,550; Scotland, 100, or 1 in 31,707; Ireland, 23, or 1 in 241,012. From measles, in 1868: England, 11,630, or 1 in 1,861; Scotland, 1,341, or 1 in 2,365; Ireland, 1,225, or 1 in 4,525. From scarlet fever, in 1868: England, 21,912, or 1 in 990; Scotland, 2,253, or 1 in 1,416; Ireland, 2,707, or 1 in 2,048. From fever, in 1868: England, 19,701, or 1 in 1,099; Scotland, 3,387, or 1 in 979; Ireland, 3,524, or 1 in 1,594.

In England and Wales, and Scotland, agreed remarkably in regard to the proportion of deaths to population; and in the proportion of deaths from zymotic when contrasted with gross mortality; a fact not to be

wondered at, when it was stated that the sanitary provision for, and medical arrangements relating to, the sick poor were much the same in both kingdoms. The medical expenditure for 1868-69 was as follows.

	Population.	Medical Relief.	Total Poor Rate.
England and Wales,	21,649,377.	£ 272,000.	£ 279,059.
Scotland,	3,188,125.	£ 32,858.	£ 863,202.
Ireland,	5,543,285.	£ 131,000.	£ 829,521.

This amount was at the rate of, in England and Wales, 6s. 11½d. per head of the population; in Scotland, 5s. 7½d.; in Ireland, 2s. 11½d. Whilst Ireland spends by far the most on medical relief, she is rewarded by having the smallest death rate; and what will be more interesting to some, by having infinitely the less poor rate expenditure.

Dr. Rogers did not assume that the general hygienic condition of England and Ireland was the same. In England there is a large urban population, and in Ireland it is mostly rural. The sanitary condition of our towns contrasts unfavourably with our country districts; but he would still assert that there remains enough to prove that much of our excessive mortality would have been prevented, if our legislators had simply paid as much attention in Parliament to the preservation of the health of the poor, as they have at all times given to that of their cattle. But it is not that the community have suffered only in augmented mortality and additional expenditure on pauperism by this neglect of the health of the poor, but, to bring the fact more home to our governing classes, there can be no doubt that many an occupier of a palatial mansion has sustained the death of relatives, whom he would not have lost, if zymotic disease had not been allowed to fester and develop into fatal activity in the neighbouring cottage.

With the view of proving the correctness of this deduction, and showing how large a relative proportion of the deaths from zymotic disease must come under the observation of the dispensary physician and consequently affect the poor, Dr. Rogers obtained the gross number of cases of scarlatina, small pox, and fever, which have been reported weekly to the central office, as occurring in the various dispensary districts in Ireland during the years 1867 and 1868, and have compared them with the total deaths in the whole of Ireland from these diseases. 1867: Scarlatina, 3,187 cases, deaths, 2,142; small pox, 105, deaths, 205; fever, 18,975, deaths, 3,728—1868. Scarlatina, 5,670 cases, deaths, 2,707; small pox, 112, deaths, 133; fever, 17,400, deaths, 3,524. Dr. Rogers would contrast these figures with the total deaths from these diseases which occurred in this country during the same years, and assuming that the relative proportion holds good here, he would observe what a large number of cases of preventable diseases must come under the observation of the English poor-law medical officers, and that a very largely disproportionate amount of mortality must occur with us, seeing that no effort is made to make the medical service efficient, either by the central office or the local boards. He would also ask the taxpaying public to remember, that imperfectly tended sickness means its unnecessary prolongation, premature death, widowhood and orphanage, with all their inevitable costly consequences. As another fact showing a positive benefit to the community from the operation of the Irish medical relief system, he would direct attention to the diminution of the mortality from fever. Thus in the ten years ending 1841, there were 112,092 deaths from that disease. At that time their medical relief arrangements were about on a par with that which prevails now with us; but at the decade ending in 1861, when the Medical Charities Act had been in operation nine years, the mortality fell off to 315. Mr. Smith's remark shows that this low mortality has been maintained, though the island has suffered from times of greater poverty (which is part parent of fever), during the last, than in the preceding nine years. As regarded the large disproportionate mortality from scarlet fever and diphtheria, Dr. Rogers had, he said, an opportunity of directly proving the advantages derived from the weekly returns of zymotic and other diseases, in calling immediate attention to the existence of any epidemic outbreak, with the view of stamping it out. There was another subject, he said, to which he felt it his duty briefly to refer. Dr. Brady has brought in a bill (based upon the same principle which he successfully carried last year for our Irish medical brethren) to extend to English medical officers the benefit of superannuation; this bill will come on for second reading in June next. The question was mooted as far back as 1850, and was then accounted worthy the consideration of the Poor-law Board itself, which framed a bill for the purpose, but subsequently abandoned it. That bill did not find favour with the profession; for it contemplated that a portion of the medical officers' salary should be stopped, to provide a superannuation fund. These salaries, they rightly considered, were wholly insufficient to enable them to do their duty at the time, and did not admit of any reduction for providing the source from which superannuation should be obtained. The principal objection made to superannuation is, that



medical officers do not give up the whole of their time to their duties. Now, seeing that the salaries are clearly insufficient to enable the officers to make provision for old age or infirmity, and that they are virtually bound to the performance of their duties at all hours of the day and night—and, in case of absence from such duty by illness or other cause, have themselves to pay for assistance—whether it is just that this concession should be denied, especially when it is remembered that, in the case of the master of the workhouse, the relieving officer, and the clerk of the Board of Guardians, to whom this grant has long since been conceded, neither of these officers are necessitated to give up an uncertain period of the day, and too frequently of the night, to their obligations; but who, in their beds secure of their night's rest, who never run any risk, or at most an infinitesimal chance, of injury to themselves or families, from the performance of their duties. To the objection on the ground of the largeness of the tax, it must be replied that about ten per cent. of the poor-law medical officers annually leave the service, thereby voluntarily resigning all claim to superannuation grant; and of those who remain, and would fill up the measure of time, say—10, 15, 20, or even 30 years—at the end of which they would be entitled to make application for such benefit, there would be found many gentlemen who had done good service to the state. Many aged and infirm persons now feebly hold on to office simply from having no other means of subsistence. Grant such provision, and it is probable their positions would be filled by younger and more energetic men, who would be better enabled to perform their duty to the sick poor, and consequently to the community at large.

At the close of his speech, Dr. Rogers mentioned, as a matter of encouragement to the Association and an evidence of the advance of public opinion on this question, the fact that he had that day received a copy of a petition from the Leeds Board of Guardians to the House of Commons, praying that Dr. Brady's Bill for the superannuation of medical officers might become law. The President concluded by moving the adoption of the Report of Council.

Dr. RICHARDS seconded the adoption, and said that it was not simply that better medical relief was given in Ireland, but that the medical officers were better treated, and so held in higher esteem.

The PRESIDENT said he had authority for saying that the President of the Poor-law Board was not indisposed to substitute the Irish for the English system of medical relief, if such a proposal were brought before the House.

Dr. MACMILLAN (Hull) proposed—"That this meeting cordially approves Dr. Brady's Medical Officers' Superannuation Bill, and requests the Council to memorialise the President of the Poor-law Board in support of the measure." He considered the Association highly indebted to their president for the mass of important statistics which he had brought before them, at the cost of much time and labour. He believed that the superannuation of medical officers would be a boon to the poor and a gain to the ratepayers; for he knew that, in his own country, many aged officers quite unfit for the work still clung to office, because they had no alternative but starvation.

Dr. DIXON (Bernardsey) seconded the resolution. The chief objection raised against their superannuation was that they did not give the whole of their time to their duties. He would remind such objectors that at least they were liable to be called upon at any moment, and that in case of neglect no plea of other engagements was ever admitted. In comparison with the guardians, clerk, or master, he maintained that the duties of medical officers were vastly more arduous, and they were never sure of a night's rest. It must be remembered, too, that they consented to a great reduction of salary in return for the privilege of private practice, to which, nevertheless, parish practice was a great detriment.

Mr. BENSON BAKER moved—"That this meeting has observed with satisfaction the steps taken to establish Poor-law dispensaries in the metropolis; and while regretting the slow progress hitherto made, earnestly hopes that the system may be speedily introduced, not only into all parts of London, but also in all large towns and other suitable localities." By the introduction of dispensaries, a great saving of the medical officer's time would be effected, and he would be able to give that attention to the merits of each case which, under the present system, it was impossible for him to do. Such a result must be advantageous to all parties.

Mr. FRASER, guardian of the Westminster Union, agreed with the last speaker, and supported Dr. Brady's Bill. He did not see how it could be objected to, since it was only permissive, and the decisions of Guardians would have to be sanctioned by the Poor-law Board.

Mr. CORRANCE, M.P., said that there were points in the address of the president which would certainly claim his very careful attention, and that of others also. He considered the constant change of President of the Poor-law Board to be bad. Though a member of the Council of

local taxation still sitting, he was at liberty to say that their investigations were conducting them to a direct issue, tending to a change in administration. With some few exceptions, guardians were too apt to act up to the letter rather than the spirit of the law. To remedy this, a reform in administration was necessary. He was inclined to vote in favour of equalisation of rates as a palliative, although he was of opinion that the fact that it could not be extended to out-door relief was a proof of its unsoundness in principle. The importance of good medical relief was recognised as indisputable by benevolent societies; and the system of poor-laws was a society of this kind, the ratepayers supplying the contingent. He considered the fact that the medical officers in Ireland were satisfied, to be one of the best signs of the system being good, for, if they were dissatisfied, the service would assuredly not get the best men. He took great interest in the proceedings of this Association, because they started with a definite principle. Elsewhere, he found nothing but uncertainty.

A vote of thanks, moved by Dr. Stallard and seconded by Mr. Corrance, was given to the President, the Officers, and the Council, and the meeting concluded.

## ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.

SATURDAY, APRIL 16TH, 1870.

C. J. B. ALDIS, M.D., in the Chair.

DR. ANGUS SMITH read a paper concerning "London Air." Having shown in his report on the Alkali Act, for 1868, the advantages to be gained by systematic examination of rain, and in the absence of rain by systematic air-washing, Dr. Smith had, in the meantime, prosecuted his researches; and the paper read gave a number of results arrived at, being in part in anticipation of certain tables in the report now in the press. In his examination of the rain, Dr. Smith took the result obtained at Row, in Dumbartonshire, as his unit of comparison, and deduced the following results in respect of hydrochloric acid.

	In 10,000.	Per cent.
Row, Dumbartonshire ... ..	100.00	1
Darmstadt ... ..	138.70	1½
London ... ..	177.59	1¾
German specimens ... ..	191.24	2
Birkenhead ... ..	461.87	4½
Near an Alkali Works ... ..	495.83	5
Whiston ... ..	512.24	5
England (inland country places) ...	734.21	7½
Manchester (three stations) ... ..	838.70	8½
" (a) All Saints, 1869 ... ..	906.91	9
" " " 1868 ... ..	1,438.00	14½
Scotland (sea coast, inland country places) ...	1,133.20	11½
Newcastle-on-Tyne ... ..	1,158.77	11½
St. Helen's ... ..	1,358.45	13½
Liverpool ... ..	1,684.30	16½
Runcorn ... ..	3,670.47	36½
Waterloo (sea-shore, wind) ... ..	5,214.30	52

There is consequently an increase of chlorides on land; less when distant from the sea, greater where coal is burnt, still more where chlorides are decomposed, and most of all at the sea-shore. In respect of sulphuric acid in the rain, calculated in the same way, Dr. Angus Smith found the results as follows.

Scotland (sea-coast and inland country places) ...	60.99	¾
England (inland country places) ... ..	83.05	¾
Row, Dumbartonshire ... ..	100.00	1
Waterloo ... ..	229.34	2½
Birkenhead ... ..	264.47	2½
German specimens ... ..	377.51	3¾
Whiston ... ..	398.28	4
London ... ..	478.64	4¾
Runcorn ... ..	551.79	5½
Darmstadt ... ..	681.25	6½
Liverpool ... ..	706.02	7
St. Helen's ... ..	775.17	7¾
Newcastle-on-Tyne ... ..	891.43	9
Manchester ... ..	973.07	9¾
" (a) All Saints, 1869 ... ..	1,192.39	12
" " " 1868 ... ..	973.00	9¾
Near an Alkali Works, out of order ... ..	1,470.00	14¾

An increase of the sulphates is observable where there is much vegetable, animal, or manufacturing activity. In a summary of comparative results, Dr. Smith gave the total acid results as follows.

Row, Dumbartonshire	...	...	100.00	1
England (inland country places)	...	...	174.71	1½
Scotland (sea-side and inland country places)	...	...	211.93	2
German specimens	...	...	351.71	3½
London	...	...	430.27	4½
Whiston	...	...	470.67	4½
Birkenhead	...	...	528.29	5½
Darmstadt	...	...	604.87	6
St. Helen's	...	...	857.28	8½
Liverpool	...	...	938.21	9½
Waterloo	...	...	966.08	9½
Runcom	...	...	990.79	10
Manchester	...	...	954.16	9½
" (a) All Saints, 1869	...	...	1,153.92	11½
" " " " 1868	...	...	1,175.54	11½
Newcastle-on-Tyne	...	...	1,054.73	10½
Near an Alkali Works	...	...	1,539.27	15½

Row or Gareloch, in Dumbartonshire, was taken by accident as the basis. A calm day at sea would be better; a calm day on a mountain-top best of all. The gradations from the pure to the impure observed in the results obtained were what one would naturally expect, and they justified the belief that the mode of inquiry adopted might be thoroughly relied on for examining the constitution of town or artificial atmospheres. In the absence of air, Dr. Angus Smith took large volumes of air and washed the same with distilled water. This method, which might be called the quantitative examination of the air, was tried in various places, with the same proportional results as shown in the following table, the condition of the air at Blackpool being taken as the standard of comparison.

Hydrochloric Acid.							
Blackpool	...	...	100	Manchester	...	...	369
Buxton	...	...	247	St. Helen's	...	...	510
Didbury	...	...	277	Underground Railway (Me-	...	...	
London	...	...	320	tropolitan)	...	...	974
Sulphuric Acid.							
Blackpool	...	...	100	St. Helen's	...	...	478
Didbury	...	...	320	Manchester	...	...	549
Buxton	...	...	345	Underground Railway (Me-	...	...	
London	...	...	351	tropolitan)	...	...	1554

*Hydrochloric and Sulphuric Acids.*

Blackpool	...	...	100	St. Helen's	...	...	474
London	...	...	289	Manchester	...	...	527
Didbury	...	...	315	Underground Railway (Me-	...	...	
Buxton	...	...	333	tropolitan)	...	...	1483

In the examination of the ammonia in the air, the conditions observed at Inellan were made the basis, and the results obtained were:

<i>Free Ammonia.</i>							
Inellan	...	...	100	Glasgow	...	...	159
London	...	...	117	A Bedroom	...	...	194
Underground Railway (Me-	...	...		Inside and outside Office	...	...	235
tropolitan)	...	...	138	A Midden	...	...	644

*Albuminoid Ammonia.*

Inellan	...	...	100	Glasgow	...	...	221
London	...	...	116	Underground Railway (Me-	...	...	
A Bedroom	...	...	173	tropolitan)	...	...	271
Inside and outside Office	...	...	194	A Midden	...	...	302

*Total Ammonia.*

Inellan	...	...	100	Inside and outside Office	...	...	205
London	...	...	117	Underground Railway (Me-	...	...	
A Bedroom	...	...	179	tropolitan)	...	...	235
Glasgow	...	...	202	A Midden	...	...	399

Inellan was chosen accidentally. There was a high wind at the time when the observation was made, and the best result was not obtained. A more favourable opportunity will be taken advantage of at some future time. Dr. Smith said he was much surprised to find, after accumulating a mass of figures, that the numbers came out in such an order as to lead him to decide that they were in accordance with the healthiness of the places. These remarks did not affect the germ-theory. Although they indicated the presence of albuminous matter in the air, it remained to be proved that such matter was a germ of disease. Why might not some be useful? The author, although he believed the theory, considered that for final proof much demanded by science was still wanting. Many organic substances were found in air, but we could not be certain that any one of them known could originate disease. In respect of the oxygen in the air, the quantity was

shown to vary considerably, being greatest on the hills in Scotland, and least at the backs of houses in towns. The amount of carbonic acid in air of inhabited places from hilltops to mines varied from 336 to 2,500 per million. The presence of organic matter is much sooner felt than that of carbonic acid. It becomes, therefore, more necessary to eliminate the former than the latter. In conclusion, Dr. Angus Smith considered the quantity of ammonia to be the best-known test of the impurity of the air, and that by means of such analyses a certain standard could be arrived at, so that any house or court where the air was below this standard might be unhesitatingly condemned by the authorities, opinion giving place to certainty.

MEDICAL SOCIETY OF LONDON.

MONDAY, MARCH 21ST.

JOHN GAY, Esq., President, in the Chair.

MR. COLES narrated a case of Paralysis of the Third Nerve in a woman aged 38. She had suffered with ptosis of the right eyelid since August last. Previously to that time, she had been under treatment for vertigo and head-symptoms. She had been infected with syphilis by her first husband. There were no signs of secondary syphilis present; but Mr. Coles was disposed to attribute the ptosis to syphilis.

Dr. RICHARDSON made a second communication on Methyl Ether as a general Anesthetic, recording his experience of it during the last eight days. The ether must be confined in a bag in connexion with the inhaler, and from the bag it must be volatilised by means of a hand bellows. The instrument for this purpose was shown. The elastic bag contained layers of domette to receive the ether. By this means all the ether was utilised, and usually two drachms would be found sufficient. Since the last meeting of the Society, he had administered the ether seventeen times, with a success quite equal to his expectations. The ether produced quick relaxation of the muscles with dilatation of the pupils. The blood which flowed during an operation retained its arterial hue, and there was no sign of asphyxia or of vomiting. Recovery was rapid, and methyl ether promised to be the best and safest of anesthetics. In prolonged operations it might be advantageously mixed with an equal part of bichloride of methylene. The effect of the bichloride in causing spasm and vomiting was greatly controlled by the ether.—Mr. BRAINE had tried the methyl ether in several cases, using as much as three drachms; and though he gave it till the hand dropped, there was still some complaint of pain.

Dr. SIMMS read a paper on the Treatment of Psoriasis. He narrated a very obstinate case which had resisted all kinds of treatment, and at length was so much benefited by the use of copaiba that for two years there had been no return of the complaint. Copaiba as a remedy was best adapted for recent cases in young persons, with whom the specific eruption appeared quickly. In older people the specific copaiba eruption often was produced with difficulty, or not at all, and yet they recovered at times under the use of the drug. The nauseating properties of copaiba were one cause of its failure; and the uncertain direction in which it often exerted its influence was often a hindrance in its curative action. Dr. Simms then mentioned various other remedies for psoriasis. With respect to arsenic, he believed the cures effected by this drug were often obtained with detriment to the general health. The late Drs. Todd and A. T. Thomson were quoted as confirming this assertion.—Mr. ERASMUS WILSON preferred to call the disease, to the cure of which the paper related, lepra vulgaris. He did not know what psoriasis was. Hardy was the first to cure a case of lepra with copaiba. Mr. Wilson had tabulated five hundred cases of lepra, and noticed it often associated with tubercle, and often it was hereditary. It was a nutritive degeneration of tissue. Arsenic, in the form of a ferro-arsenical mixture, he had used largely, and never met with any injurious or dangerous effects from it. Of local remedies, tar, well rubbed in, had seemed very valuable.—Dr. THOROWGOOD mentioned some cases of lepra associated with tubercle.—Dr. SIMMS thought that copaiba acted as a stimulant to the vessels of the skin. He regretted that there was not a more definite nomenclature of skin-diseases.

MONDAY, MARCH 28TH.

JOHN GAY, Esq., President, in the Chair.

Dr. COCKLE showed a specimen of Perforation of the Vermiform Appendix. The patient was a man aged 33, who returned in October 1869 from China, with symptoms of phthisis. These improved; when suddenly the patient was seized with great pain in the abdomen, and diarrhoea. He sank rapidly; and at the post mortem examination there was found a perforation of the appendix, the parts about the cecum being bathed in sero-pus. There was not much sign of general peritonitis.

Mr. R. DAVY showed a new form of elastic Self-retentive Catheter, made of India-rubber.

Mr. ASTLEY BLOXAM brought forward his Wire Splint for Fractures of the Femur. The limb placed in the splint was suspended, and thus good extension was maintained.

Dr. SABBEN narrated a case of Aphasia in a man aged 50, who had been insane with melancholia for thirty years. There was no paralysis of the vocal cords or of any other part. After death, there was found to be disease of the frontal bone and of the anterior part of the cerebral hemispheres. There was no disease found anywhere else in the brain.

Mr. JABEZ HOGG read a paper on the Organic Germ Theory of Disease. It had been proved many years ago how perfectly cotton-wool filters the air that has passed through it from all forms of dust and impurity. Mr. Hogg showed, by the microscope, the various kinds of impurities present in ordinary air; also, minute particles of coal-dust in the air, taken from the entrance of a coal-mine, and preserved in a hermetically sealed tube. By "germ", the author meant the seed of a living organism.—Dr. THUDICHUM could have wished the paper had been more true to its title; he would have suggested "germ-hypothesis" rather than "germ-theory". Germs seemed rather the effect of disease than its cause. Halliur had found sixteen different kinds of fungi in disease, and he had found a fungus in the pustule of small-pox that was identical with one which he had found, also, on grass. Disease was not to be studied by such botanical analogies.—Dr. SANSONO regretted to have heard the remarks from Dr. Thudichum. The germ-theory of disease was upheld by men of eminence, as Lister, Pasteur, Bernard, and others. A germ was the origin of a living being, not always visible, however, to the observer.—Dr. SEDGWICK alluded to the difficult nature of the inquiry. He preferred the terms parasitic-theory of disease, and instanced diseases caused by parasitic growths.—Mr. HUNT said parasites had a cleansing effect in removing diseased products.—After some remarks from Dr. LEARD, Mr. HOGG replied, and the meeting adjourned.

## CLINICAL SOCIETY OF LONDON.

FRIDAY, APRIL 22ND.

JAMES PAGET, Esq., F.R.S., President, in the Chair.

Dr. ANSTIE exhibited three patients in whom Electrical Treatment had been applied for the Cure of Local Paralysis. Case I was an extreme instance of paralysis of the extensors of the right forearm and hand, and also of the shoulder-muscles, for which the only assignable cause was lead-poisoning. The affected muscles were greatly wasted, and the case seemed hopeless; but by the use of the constant current from Weiss's (Smee's) battery daily for about two months, and then subsequently of Faradisation (which at first had no effect) for another month, the power of all the muscles was almost entirely restored, and the man was enabled to resume work. Case 2 was an instance of paralysis of all the muscles of the forearm, the sequel of acute rheumatism. It was rapidly cured by the application of the interrupted current from Gaiffe's apparatus. Case III was an example of a very rare and curious affection—complete anaesthesia of all the sensory nerves springing from the right brachial plexus, and of a few branches (supraclavicular) from the cervical plexus. It had existed for six years. The patient (a young man now 21 years old) could only trace its occurrence to a severe attack of scarlet-fever, immediately after which he first noticed it. There was no loss of muscular power, and but little, if any, affection of the muscular sense. Faradisation (with Störer's one-celled apparatus) was commenced in December last, and perseveringly applied every day for five weeks, without the slightest effect. The constant current from Weiss's battery was then tried, and in a very short time a marked improvement commenced. After a time the whole sensibility of the limb was much changed, and now the use of Faradisation was found to be effective. At the time of the report, after four months' treatment, the patient might be said to have twice the amount of sensibility (to pricking, etc.) in the hand, and three times the amount in the forearm and arm, which he had at the commencement of treatment. He had also regained sensibility to heat and cold, which had been entirely lost. In all probability, however, he would never be completely cured. In all these three cases the electric current, whether constant or interrupted, was purposely applied in a local manner only—i.e., to the nerves and muscles of the affected parts.—Dr. BUZZARD said that Professor Benedikt had just informed him that he had found advantage follow galvanising the sympathetic. It is in these cases, according to Remak, where there is difficulty in producing muscular contraction, that galvanising is likely to do good.—Dr. ANSTIE thought that galvanising the sympathetic was theoretically good. He had brought forward the foregoing cases to shew what the treatment, persistently carried out, may do; but the practical results

were certainly far from gratifying. In answer to Mr. Paget, whether contraction of the muscles was not necessary to produce good results, Dr. Anstie said that he had found it so.

The SECRETARY read a report, by Drs. BURDON SANDERSON and JOHN HARLEY, and Mr. BARWELL, upon a solution of Strychnine employed by the latter member in the Hypodermic Injection of a patient, whose case he had related at the preceding meeting, when its strength had been called in question. The reporters found that the solution did contain 2.1 per cent. of hydrochlorate of strychnine, the proportion alleged. There is prevailing still a general impression that there must be some source of fallacy, for Mr. Barwell had commenced his treatment by injecting a quantity of this solution equal to one-fourteenth of a grain of strychnine.—The PRESIDENT, after considerable discussion, requested the reporters to follow up the subject, and to report further at a future meeting.

Dr. BUZZARD showed a female patient affected, as he supposed, with Leprosy. She had stunted fingers, of which two had lost the terminal phalanges, shrivelled nails, anaesthesia, especially of the dorsal aspect of the hands, with muscular atrophy of the forearm, and "griffin hand." The history gave no clue to the nature of her disorder. It was suggested that leprosy, in a modified form, still existed in the United Kingdom to a larger extent than was generally supposed.—Dr. HILTON FAGGE read a report by himself and Mr. Callender upon this case. They confirmed the general accuracy of Dr. Buzzard's description of the case, but pointed out some particulars in which it seemed to them that the symptoms differed from those of leprosy, and more nearly approached those of wasting palsy. Hence, whilst fully recognising the difficulty of referring the case to any affection belonging to the ordinary categories, they considered the history and symptoms insufficiently conclusive to allow their reporting it as a case of modified leprosy.

Mr. THOMAS SMITH showed a girl, aged 9, from whom a piece of the whole thickness of the vault of the Skull had spontaneously separated. The dead bone measured two inches and a half by three inches, and included two inches of the bony groove of the longitudinal sinus. To the outer surface of the sequester the scalp was firmly adherent, being covered by an abundant growth of hair.

## MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH.

MAY 4TH, 1870.

J. HUGHES BENNETT, M.D., F.R.S.E., President, in the Chair.

Dr. P. H. WATSON showed a girl aged 25, on whom he had operated successfully for Double Hare-lip and Cleft Palate; along with drawings showing her condition before the operation.

Dr. P. H. WATSON exhibited the Bones which he had removed in cases of Excision of the Wrist, Elbow, and Knee, respectively.

Dr. WATSON also showed a Sebaceous Cyst with very thin walls, which he had recently removed from the thigh of a patient.

Dr. JOSEPH BELL showed a Calculus, of about the size of a horse-bean, which he had recently had to remove by excision from the urethra of a boy aged 13. It had caused retention of urine; and, from the small size of the parts, could not be removed by forceps. The patient made a rapid recovery, and all the urine came by the urethra after the first twenty-four hours.

Dr. BELL also showed portions of Bone which he had recently removed by the Trephine in a case of Extensive Depressed Fracture of the Skull, caused by an explosion in a pit. Besides several scalp-wounds, the patient had also sustained a fracture of the right upper jaw, compound fracture and dislocation of the right wrist, and numerous superficial burns and wounds. He had also a small but very deep wound in the left subclavian triangle. This was found to extend deeply backwards and downwards between the scapula and ribs; and at the bottom of it lay a piece of shale, about an inch in diameter, which Dr. Bell was able to extract by curved forceps. The patient had not as yet had a bad symptom, though twelve days had elapsed since the accident.

Dr. ROBERTS and Dr. ORPHOOT then exhibited the effects of Nitrous Oxide Gas, and the various apparatus used for its administration. Dr. Roberts began by stating that some observations he had made in the Society some months ago, regarding the apparent danger from asphyxia, did not apply now; as, by the greater purity of the gas used, and the better means of administering it, these could be prevented. Two young women were then shown, who had teeth extracted under the influence of the gas. Dr. Roberts himself took it, and also had a tooth extracted.

The PRESIDENT remarked on the enthusiasm always displayed by Dr. Roberts, and reminded the Society how in 1846 Dr. Roberts was the first publicly to exhibit in his own person the effects of chloroform.

—Dr. MATTHEWS DUNCAN alluded to the researches of Wells on nitrous



oxide gas as having preceded those of Morton on ether—Dr. PATERSON remarked on the quiescence with which the patients lost consciousness, and the absence of the symptoms of excitement from which the gas obtained its common name. This change was due to the gas being administered pure, without the admixture of any atmospheric air.

Dr. PATERSON then read an interesting paper on Acute Leucocythæmia in Pregnant Women. The first case he had seen was a strong young woman, aged 20, who had been stout and ruddy, but towards the end of her pregnancy became suddenly sallow. After a normal labour, great enlargement of the glands of the neck came on; and on the eighteenth day he found that her blood contained only one-fourth of red corpuscles to three-fourths of white. The spleen was very large, and she died asphyxiated. The second case was also a young primipara; and he saw her at the request of a midwife, on account of hæmorrhage. She also was sallow, with a large spleen and liver, and with blood resembling that of the preceding case. Eventually, the glands of her throat and neck also swelled, and she died on the fourteenth day. The third case had been watched from the outset; the blood was examined early in the disease; and, with great care, generous diet, the use of iron and other tonics, and the free administration of ergot during labour, she recovered, and is still alive. In all the three cases, the blood of the fetus was healthy, containing no abnormal proportion of white corpuscles—illustrating the fact that no direct communication exists between the maternal and fetal circulations.—Dr. MATTHEWS DUNCAN remarked on the interesting nature of the cases, but regretted that *post mortem* examinations had not been obtained; as, without them, the absence of some more tangible cause of death was not proved.—The PRESIDENT objected to the term “acute leucocythæmia”; and thought that pregnancy had probably little to do with the cases, but that the disease may have existed for long before it was diagnosed.—Dr. T. G. STEWART, when pathologist to the Royal Infirmary, had seen many cases of leucocythæmia—some with enlarged spleen; others were with enlarged glands.—Dr. P. H. WATSON mentioned one case he had seen in a male, where the glands were enlarged, and not the spleen.

#### OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, MAY 5TH, 1870.

J. BRAXTON HICKS, M.D., F.R.S., Treasurer, in the Chair.

Dr. HEYWOOD SMITH showed a specimen of Blighted Twin Ovary.

Dr. W. S. PLAYFAIR showed a Malformed Heart from a cyanotic child that had lived to the age of nine months. There were two auricles, but practically only one ventricle, the left ventricle being almost rudimentary. Both the aorta and pulmonary arteries took their origin from the right ventricle.

Dr. WYNN WILLIAMS read a paper on a case of Persistent Sickness, in which labour was induced after the full period had elapsed.

Dr. BRUNTON read a paper on two cases of Twins in which, while the first child presented naturally, there was placental presentation with the second.

Mr. SQUIRE read a paper on Temperature Deviations in the Diseases of Children. The first object was to gain a more definite idea of the natural history of the states of disease to which children are most liable; next, to show the value in diagnosis of the observations on temperature, especially as an aid to the early detection of the infectious diseases; and, lastly, their bearing on questions of therapeutics and hygiene. Some of the infectious diseases have a long incubation period, and the temperature falls on the throwing out of the rash, or on the local manifestation; this is seen in measles and in mumps. Others have a short incubative period, the temperature afterwards not having the same readiness to fall, as in scarlet fever. Temperature changes accompanied a definite pre-eruptive period in measles and mumps. The incubative period and the course of the disease, and of chicken-pox and rubella, were traced; a variety of the latter, with scarlet-fever-like rash, was clearly distinguishable from scarlet fever, by a fall of temperature attending the rash. Influenza and hooping-cough were classed with scarlet fever, and numerous temperature observations of the whole course of these diseases illustrated their analogies. Influenza, like scarlet fever, is suddenly febrile, but the pyrexia has a tendency to subsidence on the third day. Where it goes on to bronchopneumonia it is somewhat longer, and then there is a sudden fall of temperature and secretion begins. In passage into diarrhoea, gastric catarrh, quinsy, or herpetic or ulcerated sore throat, was noticed; and three instances in different families given where adults had the latter affection, while children suffered from influenza. Hooping cough is shown to have a preliminary pyrexial period of from five to seven days, most marked in the most insidious cases. This also is true of diphtheria, and forms one of its chief distinctions from scarlet fever. There

is a close correspondence between some of the observations in hooping cough to those made in influenza and croup; but these two diseases, essentially identical, differ from it at first in being suddenly febrile, as well as in the after consequences. In diagnosis, the distinction between typhoid fever and meningitis was illustrated by cases in infants. It is seldom that a single temperature observation could or should be made the basis of a diagnosis; it is not to show *what* a disease is, but *how* it affects the patient that the temperatures are taken. Elevation of temperature is indicative of disease of some kind, but the absence of disease cannot be affirmed because the temperature is unaffected. During the rapid growth of childhood, sudden rises in temperature occur which do not show danger, but only necessity for care after these disturbances, not always subsiding at once if there is bad air, bad food, or bad health. Sometimes pulmonary or glandular congestions, or deposits occur, and are found with a low temperature. The more sudden high temperatures of rapid growth have often been associated with gastric, rather than pulmonary congestion. Quinine has at once checked the pyrexia in the early stage of hooping cough, and has had no effect in its later stages, where a combination of atropine and morphia (one-sixtieth of a grain of each) has been useful; in one case, where at a still later period a temperature of 103 degrees persisted, the use of a solution of chloride of ammonium in the form of spray, and fresh air, reduced this high temperature to 99 degrees in two days. Chloral, though often useful in hooping cough, and of some benefit here, did not reduce temperature, as, by giving sleep, it generally does. While temperature is high, sleep is impossible; and much of the nocturnal delirium and wakefulness of children in some illnesses is owing to this, especially in the first effects of a zymotic poison. This is when quinine is useful. On the other hand, a marked increase of temperature results when the eliminating system is followed too closely. Mr. Squire said that the thermometer had been retained in close contact with the skin from two to five minutes, and the accuracy of the observations secured by frequent comparisons. Evening visits were frequently made because the elevation of temperature at that time is of the greatest importance, and is sometimes the only indication of the ingress of infectious diseases. We may thus prevent the spread of the disease by early isolation. In the scarlet fever temperature tables, the beneficial influence of quinine could be distinctly traced. The same might be said of some cases of hooping cough and tuberculosis.

#### HARVEIAN SOCIETY OF LONDON.

THURSDAY, APRIL 21ST, 1870.

W. F. CLEVELAND, M.D., President, in the Chair.

Dr. W. H. DAY read a paper entitled Introductory Remarks on the Study of Children's Diseases. He directed special attention to the following points. 1. The peculiar forms which disease assumes in childhood, as distinguished from the forms of the same disease prevalent in adults. 2. The rapidity with which functional sometimes passes into organic mischief, during the period of bodily and mental development, so that no ailment should be considered too trivial to escape observation. 3. The great importance of looking to constitutional symptoms rather than to local derangements, because the primary disturbance may be of greater moment than the local effect. 4. The necessity of looking to diet, and adapting the quality and quantity of the food to the age and natural strength of the child. 5. The importance of selecting medicines (when medicine is absolutely demanded) from that class which supports the bodily powers, and assists in maintaining each function, as nearly as possible at a normal standard.

#### MANCHESTER MEDICAL SOCIETY.

APRIL 6TH, 1870.

J. O. FLETCHER, M.D., in the Chair.

Mr. R. D. FOX narrated the case of a man 24 years old, who presented well-marked signs of Locomotor Ataxy. This condition was said to have existed, in a more or less marked manner, from his ninth year. The man died of double pneumonia. At the inspection, three days later, the skull was found to be very thin; the brain seemed large, and presented well-developed sulci, but its size was found to depend on the presence of a large quantity of fluid in the ventricles (about two pints). The brain without the fluid weighed only thirty-six ounces. The deficiency seemed to be completely limited to the white substance of the cerebrum. The cerebellum and medulla oblongata were normal; there was softening of a large portion of the posterior columns of the cord. There were tubercles in the lungs, and there was fatty degeneration of the abdominal viscera.

Dr. ARTHUR RANSOME showed a simple form of rule adopted for the Regional Examination of the Chest.

Mr. BRADLEY showed a case of Patent Foramen Ovale. The heart was removed from a man who died of pneumonia at the age of 55. There had been no signs of the defect during life. The opening was valvular, and measured one inch.

Mr. BRADLEY also showed a case of Transposition of the Colon. The great omentum was absent, and the appendix vermiformis was very short. The descending colon and the rectum were situated on the right side. There were numerous vascular and muscular peculiarities in this subject.

Dr. THORBURN showed an Ovarian Cystic Tumour which he had removed successfully. It weighed twenty-five pounds. There had been no special difficulties in the operation. The wound was washed out with a lotion of carbolic acid; permanganate of potash was rubbed into the stump of the pedicle. The wound healed completely by the first intention, without a drop of pus being seen.

Dr. ARTHUR RANSOME read a paper on the Nature and Quantity of the Organic Matter of Respired Air. The researches on this subject by Nysten, Orfila, Magendie, and Tiedemann, and also the more recent observations of Dr. Angus Smith, were noticed. The method of water-analysis of Messrs. Wanklyn and Chapman was then described, and its application to the condensed vapour from human breath in health and disease. The breath of fourteen healthy, and of twenty-seven diseased persons was examined. The amount of free ammonia varies considerably; but in healthy persons the total quantity of ammonia from free ammoniacal salts, and from organic matter, was very constant; in adult males, from 0.325 to 0.450 of a milligramme in 100 minims of fluid; in females and children somewhat less. In disease the variation was much greater, from 0.150 in the 100 minims, in cases of measles, catarrh, and senile gangrene, to 0.900 in a case of advanced kidney-disease. Urea was sought for in five healthy persons, and in fourteen cases of disease, but it was only found in any quantity in three cases of albuminuria, and slight indications of its presence were found in one case of diptheria, and in a pregnant female suffering from catarrh; no albuminuria being present in these two cases. The microscopic appearance of fluid condensed from crowded meetings, and from the breath of the above cases of disease, was described. The most prominent objects observed were epithelial scales, and red and yellow pigmentary particles. In one case of diptheria, straight-celled greenish confervæ were noticed; and in four other cases—two of measles, one of whooping-cough, and one of phthisis—abundant specimens of a small round-celled confervæ.

## IRELAND.

### OBSTETRICAL SOCIETY OF IRELAND.

SATURDAY, APRIL 9TH.

GEORGE JOHNSTON, M.D., President, in the Chair.

Mr. WILLIAM STOKES read a paper on a new method of effectually remedying the defect of Hare-lip. After adverting to the difficulties which surgeons have experienced, in operations for this malformation, in getting rid of the deformities of the notch at the red border of the lip and the vertical groove, or sulcus, which frequently occurs at the line of the cicatrix, and which is caused by the contraction, or falling in, of the tissues in this situation, he mentioned the attempt made by various surgeons towards obviating the first of these defects. No efforts, however, had been made against the second. To prevent the occurrence of either, Mr. Stokes advocated the adoption of the principle of the utilisation of the parings. Allusion was made to the operations of Samuel Smith of Leeds, M. Nélaton, and the late Mr. M. Collis. The operation is a modification of Sédillot's and Collis's procedure. Several drawings illustrative of its results were exhibited. The advantages to be derived from its adoption are: (1) the avoidance of any subsequent curtailment of the projection at the lower extremity of the cleft; (2) the applicability of the new operation to all forms and varieties of hare-lip; (3) the unlikelihood of the destruction, from twisting, of any portion of the soft tissues; (4) the avoidance of the formation of a notch; and (5) the prevention of any vertical sulcus, or groove, in the line of the cicatrix.

Dr. BEATTY detailed the particulars of the successful case of Transfusion of which mention was made in the pages of this JOURNAL some weeks ago. The patient was a young lady in her third pregnancy, who was prematurely delivered of a six months' child. The labour was complicated by the retention of the placenta, and by consequent excessive hemorrhage. When Dr. Beatty arrived, the patient was cold and

pulseless, and, notwithstanding the administration of beef-tea and brandy by the mouth and rectum, she continued to sink rapidly. Under these desperate circumstances, and after a consultation with Dr. Denham, Dr. Beatty determined to resort to transfusion, and this operation was at once performed by Dr. R. MacDonnell, assisted by Mr. Colles and Dr. Beatty. The blood was drawn from the arm of the lady's husband, and, having been deprived of its fibrin by brisk agitation with a glass rod and subsequent straining, was injected, to the amount of eight or nine ounces, into the median basilic vein. An instantaneous improvement in the patient's state was observed, and after the administration of three successive doses of Battley's solution she fell into a deep sleep, from which she awoke in a few hours warm, with a full and quiet pulse, easy breathing, good expression, and in perfect consciousness. The termination of the case was pre-eminently satisfactory—a complete convalescence took place, and in about six weeks from the date of the performance of the operation, the patient was able to leave town for the country.

### MEDICAL SOCIETY OF THE COLLEGE OF PHYSICIANS, IRELAND.

WEDNESDAY, APRIL 20TH.

THOMAS E. BEATTY, M.D., in the Chair.

Dr. WALTER G. SMITH read a paper on certain forms of Paralysis, and their treatment by Electricity, a sequel to a communication laid before the Society last session. Additional examples of traumatic paralysis were quoted, illustrating the advantages of early electrical treatment. The most interesting was a case of gunshot injury to the left arm of nearly a year's standing. A rapid cure was effected. Dr. Smith remarked that there is little or no practical difference between the so-called primary and secondary Faradic current, independently of their difference in tension—thus confirming Dr. Russell Reynolds's opinion. Another case was one of complete paralysis of the bladder, attended with total analgesia of the perineal region, but unconnected with any other motor or sensory derangement. The case was of long standing; and surgical treatment had proved unavailing. By perseverance in the use of Faradisation directed into the bladder by means of a bougie electrode, and of the wire-brush for the relief of the analgesia, a nearly perfect cure was obtained in some months. Of organic or essential infantile paralysis, two cases, each of considerable duration, were given. Three cardinal points to be remembered during the treatment are, that the muscles may require to be tested with a very strong current; that voluntary power may return although no evidence of muscular contraction can be elicited by electricity; and that perseverance, in the face of scant amendment and tardy improvement, is quite essential.—Dr. STOKES said that he was much struck by the stress laid on the necessity of perseverance in the use of electricity as a remedial agent. He mentioned a case of facial paralysis, the result of rheumatic arthritis of the maxillary bone, in which a *six months'* course or treatment by electricity was eventually crowned with complete success.

Dr. HUGHES detailed the particulars of a case of Cerebral Abscess, consequent on Disease of the middle and internal Ear.

Dr. T. M. MADDEN read a paper on Hydrate of Chloral as a nervous sedative and hypnotic in certain cases. The chief of these were: cancer of the bladder, insomnia from toothache, puerperal mania, tonsillitis, acute pelvic cellulitis, subacute metritis, hysterical peritonitis, rigidity of the os uteri, delirium tremens, and hysterical mania. The author expressed himself well satisfied with the results he had obtained, though in some cases the drug had proved either disappointing or unsatisfactory. The doses varied from 5 to 85 grains, the latter was given only in a case where tolerance of the effects of the remedy had been established by long-continued use. Dr. Madden considered that the great advantage of hydrate of chloral consisted in the rapidity of its action. He usually found its influence pronounced within from twenty minutes to an hour.

WEDNESDAY, MAY 18TH.

HENRY KENNEDY, M.B., in the Chair.

The discussion on Dr. T. M. MADDEN's paper on Hydrate of Chloral as a Hypnotic and Nervous Sedative was resumed.—Dr. GRIMSHAW gave details of numerous cases of different diseases in which he had used the drug. While more or less unsatisfactory results were met with in cancer, angina pectoris, acute rheumatism, and scarlatina, those obtained in phthisis, vesical irritability, and delirium tremens were eminently gratifying.—Mr. J. LALOR, of the Richmond Lunatic Asylum, alluded to the use of chloral in mental disease. He had tried it as a hypnotic with great success in the fits of excitement, mental and bodily,



that frequently follow epileptic attacks in the insane. The doses varied from fifteen to thirty grains. In epileptiform seizures occurring in the course of general paralysis of the insane, similar doses proved of use.—Dr. DARBY had successfully employed ten-grain doses of the hydrate of chloral in a most intractable case of enlarged prostate, with the intention of procuring sleep where morphia had lost its effect. In another instance, one of puerperal mania, sleep was procured by a very moderate dose. In a third case, the patient was a child, six or seven days old, in whom trismus nascentium seemed to be impending. Convulsions, closely resembling epilepsy, set in, and the child seemed to be moribund. Dr. Darby added a drachm of the syrup of chloral, containing ten grains, to an ounce of water, and administered a teaspoonful of this dilute mixture to the infant. The convulsions were followed by a quiet sleep. In this, as in the preceding cases, the drug seemed to have no effect on the progress of the disease, except, indirectly, through the production of sleep.—Dr. HAYDEN bore testimony to the great efficacy of the remedy in the sleeplessness of chronic phthisis. He was in the habit of employing twenty-grain doses. Chloral, however, was not so successfully used in the more rapid forms of this disease. In them, the nausea and sensation of fullness of the head which followed its administration more than counterbalanced its advantages.—Dr. FITZPATRICK drew attention to the importance of investigating the action of other remedies, such as morphia and chloroform, in increasing the effect of chloral.—Dr. T. P. WALSHE had met with satisfactory results from the employment of chloral in cases of facial neuralgia. He had also used the remedy in typhus fever, but it had generally produced violent delirium.—Dr. HAWTREY BENSON had also prescribed chloral in typhus, and, notwithstanding the occurrence of delirium, had persevered until sleep was produced. In stranguary from the administration of turpentine in bronchitis, Dr. Benson had seen the best results attendant on the first dose of chloral.—Dr. JAMES LITTLE suggested barley-water, or new milk, as the most suitable vehicles for a very unpleasant and nauseating medicine. He laid stress on the necessity of the patient being arranged and composed for sleep at the time of giving the dose. In the obstinate hicough of intoxication, great benefit attended the use of a moderate dose of hydrate of chloral. In fever, too, Dr. Little found that small quantities of the remedy were quite sufficient to produce sleep. With Dr. Russell of Glasgow, he believed that chloral exercised a depressing influence on the heart in typhus fever. Hence the necessity for caution in its employment in that disease.

Dr. CORDES exhibited to the Society a novel instrument of recent invention—the pulmonary dynamometer of Bergeon and Kastus. It is termed an *anapnograph* (*ἀναπνῶν*=respiration); and by it the capacity of the lungs, and the amount of air inspired and expired under ordinary circumstances, can be accurately measured.

#### SURGICAL SOCIETY OF IRELAND.

FRIDAY, APRIL 22ND.

ALBERT J. WALSH, M.D., Vice-President, and subsequently RAWDON MACNAMARA, Esq., President, in the Chair.

Dr. ROBERT P. WHITE exhibited the hand and part of the forearm of a young man, who had suffered severe injuries from an Accident by Machinery. The principal of these were a compound comminuted fracture of the phalanx and first metacarpal bone of the thumb, a compound fracture of the metacarpal bone of the first finger, and a deep lacerated wound of the wrist, engaging the annular ligament and opening into the joint. In consequence of the formation of several abscesses, and the resulting disorganisation of the parts, amputation became necessary. The operation performed was that recommended by the late Mr. Teale.

Dr. MURNEY detailed a case which he regarded as one of Paraplegia depending on Spinal Congestion, followed by Subacute Myelitis. The patient had twelve years previously to the commencement of his present illness met with an accident, to the effects of which Dr. Murney was inclined to attribute the paralysis.

Mr. HENRY G. CROLY read the particulars of two successful cases of Amputation of the Thigh by a long and a short Rectangular Flap, which had recently occurred in his hospital practice. In the first instance the patient, a young man aged 17, was rapidly being run down by hectic when the operation was performed. In the second, Mr. Croly performed resection of the knee-joint, but, on finding that the disease had involved the lower end of the femur, he at once enlarged the lateral incisions, and without difficulty transformed the operation into one of amputation by the rectangular flap. Both patients recovered perfectly, and the stumps were all that could be desired.

A paper by Mr. PRATT, of the County Armagh, was then read by the Secretary. The subject was the occurrence of General Emphysema

during Parturition. The author had met with two instances of this complication, and the patients were both primiparae. There was nothing abnormal about the labour in either case, and the emphysema caused no ultimate annoyance.

After the reading of this paper, the PRESIDENT gave a valedictory address, in which he reviewed the work of the Session. He congratulated the Society on the fact, amongst other things, that several papers by country members had been read at its meetings; and he alluded to the great benefits likely to accrue to medical science in this country from the opening up of the mine of information which had hitherto lain hidden throughout the land. A most admirable discourse was brought to a conclusion with the announcement that the Council had decided to hold a *Conversazione* on the 24th of May.

#### PATHOLOGICAL SOCIETY OF DUBLIN.

SATURDAY, APRIL 23RD.

GEORGE H. PORTER, M.D., President, in the Chair.

Dr. E. H. BENNETT showed the Bones of the Leg and Foot of a man who had met with a serious railway accident many years back. The foot had been crushed, and portions of the tarsus and metatarsus were subsequently removed by operation. Some time afterwards, chronic inflammatory action was set up in the remaining bony structures of the limb; and this had resulted in ankylosis of the three outer metatarsal bones. Interstitial absorption of the scaphoid and internal cuneiform bones had likewise taken place. The tibia and fibula were also the seat of changes due to long continued inflammation. The occurrence of extensive superficial ulceration in the cicatrix of the original wound had necessitated the removal of the limb by amputation.

Dr. R. W. SMITH presented an interesting specimen of Intracapsular Fracture of the Head of the Humerus, the patient having been a man nearly eighty years of age. There was no shortening; but the nature of the injury was diagnosed during life by the presence of crepitus, due to the separation of the greater tuberosity, an invariable concomitant of this lesion. After death, the fracture was found to be partly within and partly without the capsule of the joint. The line of separation ran downwards just external to the bicipital groove, and, as before stated, involved the greater tuberosity. The head of the bone was driven down into the cancellated tissue of the shaft, so that the impaction was that of the upper into the lower fragment. Dr. Smith pointed out that the impaction in extracapsular fracture of the head of the femur (a specimen of which injury he also exhibited) was the reverse of that just described; which was, however, strictly analogous to the impaction noticed in extracapsular fracture of the neck of the thigh-bone.

#### NOTES ON BOOKS.

*The Middlesex Hospital: Report of the Medical and Surgical Registrars for the Year 1869.* London: 1870.—This Report contains eighty-five pages, equal parts of which are contributed by the Medical Registrar, Dr. JOHN MURRAY, and by Mr. HENRY ARNOTT, the Surgical Registrar. It consists for the most part of tables, and gives evidence of much labour on the part of its authors. Dr. Murray's Report contains a general table of the cases admitted into the medical wards of the hospital, arranged nosologically; also a table of cases of disease originating in the medical wards; one of the causes of death, as ascertained in 124 *post mortem* examinations; one of 88 cases of acute and subacute rheumatism; one of cases of cancer; and one of cases of chorea. Comments are also given on typhoid fever, on relapsing fever (with the histories of three cases out of four admitted into the hospital), and on cases of pyæmia and of chorea. Mr. Arnott's portion contains, besides a general table of surgical cases, one of 157 cases of cancer; one of cases of pyæmia and cellululo-cutaneous erysipelas, one of cases of disformed; also tables of cases of compound fracture and of strangulated hernia, and of the results of *post mortem* examinations in 98 cases of death in the surgical wards. Mr. Arnott mentions, as proving the improved salubrity of the surgical wards, that the number of cases of pyæmia fell from 10 in 1868 to 3 in 1869; the number of cases of erysipelas remaining about the same. The authors of the Report deserve thanks for the care and judgment with which they have done their work; and we hope that they have found some reward in the increase of knowledge which the performance of the task must have brought to them.



## NOTICE.

THE ANNUAL SUBSCRIPTIONS TO THE BRITISH MEDICAL ASSOCIATION FOR THE YEAR 1870 ARE NOW DUE: and it is a matter of great convenience to the Association, and conduces to the efficiency of its working, that they should be paid promptly.—Members of Branches, and all others who usually receive circulars at the beginning of the year from the local Secretaries, will greatly oblige, and will prevent trouble, by PAYING THEIR SUBSCRIPTIONS TO THE LOCAL SECRETARIES, AND NOT TO THE GENERAL SECRETARY.—All other members should pay their Subscriptions without delay to the General Secretary, T. WATKIN WILLIAMS, Esq., 13, Newhall Street, Birmingham.

Members of the Association residing in the counties of Middlesex, Essex, and Hertfordshire (except those belonging to country Branches), should pay their Subscriptions to Dr. A. F. STEWART, 75, Grosvenor Street, W.; or Dr. ALEXANDER HENRY, 16, Great Cornhill Street, W.C.

Gentlemen wishing to become members of the Association are requested to apply to the General Secretary, to the Branch Secretaries, or at the office of the JOURNAL, when forms of application and the rules of admission will be forwarded.

## BRITISH MEDICAL JOURNAL.

SATURDAY, JUNE 4TH, 1870.

## DOCTORS AND WATER-DRINKERS.

THE position at present occupied by the British profession in reference to the debated usefulness of alcoholic articles of diet is one which greatly puzzles the advocates of their disuse. The social movement in favour of water-drinking has been steadily pushed on for nearly forty years; and, although it has not achieved the rapid and wide-spread success which once seemed probable, there is no doubt that it is now taking strong hold of all classes of moral reformers. Men of all shades of religious opinion are beginning to acknowledge that natural maladies must be met by natural remedies; and thus, in the midst of a zeal for the general benefit of mankind more genuine and wide-spread than was perhaps ever known before, it is not surprising that there is a universal acquiescence in the paramount necessity for a large reform in our drinking customs. The results of these customs are encountered by the missionary, whether religious or secular, at every turn in his work. Visit the physicians' wards at a hospital; sit by the side of a magistrate at petty session; walk through the poorer streets of any British town on Saturday night; examine the registers of prisons, workhouses, and lunatic asylums; converse with working clergymen and sisters of charity; take your evidence, indeed, where you like, you will have the same fact forced upon you—that prominent amongst the causes of human misery, in all its legion forms, is DRINK. We are fighting a fierce battle in the hope of reducing the disease which springs from the vice of prostitution; but, compared with the gin-palace, as a source of physical and moral evil, the brothel is simply nowhere. Were all true of syphilis which Dr. Chapman has asserted, and which Mr. Berkeley Hill's statistics might seem to imply, alcohol would still, as a cause of disease and death, tower as a giant over its puny rival.

In the face of such general facts as we have hinted at, the medical profession maintains a curiously impassive attitude. Some one hundred and thirty of our senators have, we believe, voted in favour of the Permissive Bill (for the control of the traffic), yet we doubt whether the names of a hundred medical men are enrolled in the lists of its supporters. The clergy of all denominations—the guardians of our spiritual health—have recently joined the movement in numbers; but from the conservators of our physical well-being there comes little but passive resistance. The number of medical men who at present take an active share in the advocacy of water-drinking might be counted easily on the fingers. We have the excellent and consistent veteran, Mr. Higginbottom of Nottingham; Dr. Munro of Hull; Dr. Edmunds of London; and a few others, as highly esteemed, but less widely

known; and the list is done. Dr. Beaumont, Dr. Fothergill of Darlington, and Professor Miller of Edinburgh, its champions in the past, are gone from us; and the name of Sir John Forbes, who late in life espoused its advocacy, must unfortunately be mentioned in the same list. In the United States, matters are, we believe, in much the same position; whilst on the Continent there has been, as yet, comparatively little discussion. Now, the medical profession of our own country alone numbers sixteen thousand; and those who compose it are men who have been educated in very various schools—men of very differing brain-capacities and unequal degrees of conscience-tension, but who are one and all familiar with the secrets of social life, and with the details of health and disease. Such a body might surely have been expected to be, if not foremost in connexion with such a work, at any rate contributing a fair quota of its supporters; and in point of fact, before the days of abstinence, the cause of temperance did actually find its main advocates amongst members of the medical profession. It has notoriously been otherwise as regards water-drinking. Although from time to time leading members of our craft have taken up its advocacy, the main body of the profession has stood apart, and perhaps never did so with such a close approach to unanimity as at the present time.

It is not to be concealed that our modern water-drinkers regard this position on the part of the medical profession with undisguised astonishment. "Are you all asleep?" they ask. "Do you not know what has been going on during the last half century? Are you not aware that one of the most vital changes in human habits that has been proposed since the days of Noah is making steady progress; and that it must certainly be largely influential, for good or evil, on the public health? Are you willing to keep aloof in such a movement, giving no verdict upon it but that of silence? Do you not remember that we consulted you in the beginning; and that your leaders, headed by Brodie himself, certified without reserve that intoxicating drinks were not necessary to those in health? Since then, have not many of your leading physiologists and chemists expressed strong theoretical opinions adverse to the dietetic employment of alcohol? Is there one amongst you who has not seen the experiment of habitual water-drinking tried under his nose, and who has not observed that the families of his abstaining patients are just as healthy as others? Those of you who prefer aggregate facts to single ones must surely have watched with great interest the experiment made by the 'Temperance Provident' Insurance Company, which, dividing its insured into two classes, the water-drinkers and those who use alcohol, finds each year that the mortality amongst the former is less than that of the others, and less than that expected from all former calculations. Have you not read the testimony of travellers in all climates, of sailors exposed to all kinds of hardship, and of artisans accustomed to the most laborious work, all uniting in the assertion that they can get on better without stimulants than with them? And how, in the face of such facts, which to us seem as clear as the sun at midday, can you, the guardians of the nation's health, stand opinionless in the matter, or even act in opposition to the plain results of experience? It is to you that the delay in the realisation of our hopes is mainly due; and, to speak candidly, we cannot understand your reasons."

The water-drinker, who chances to be also a medical man, has a few other questions to put to his beer-drinking *confère*. He may ask quite fairly, after a short running *résumé* of well admitted facts as to delirium tremens, various acute diseases, and as to the common cause of our worst accidents, etc., whether Dr. Garrod's opinion as to the invariable paternity of gout is not probably true; next, whether the gouty diathesis is not very hereditary; and whether there are not, in all probability, a host of maladies associated with it which do not gain its name. Is it not likely, he may ask, that the strictly temperate drinkers of wine and beer—those with whom they seem to agree best—are really slowly and insidiously increasing for themselves and their descendants that arthritic dyscrasia which they have already inherited, to which so much chronic disease is traceable? He will further urge, that the

more pathology advances, the more definite becomes the proof which connects chronic diseases of the liver and kidneys, degenerations of arteries and of nerves, and, indeed, of the tissues generally, with the use of alcohol.

We have stated in the preceding sentences, as clearly as we have known how, the kind of arguments which well informed water-drinkers address to our profession. We will now make the best apology we can for the apparently absurd position in which we ourselves stand. It may be urged, in the first place, that we are not the advisers of the community in mass, but of individuals. The question has never been put to the sixteen thousand British doctors, "Are you of opinion that the general health would be hurt or helped by the universal abandonment of alcohol as a beverage?" If such a query were possible, the profession, before taking upon itself the grave responsibility of reply, might well examine such evidence as that of the Insurance Company just quoted, and would find it in every respect applicable. The question as to whether general total abstinence would be better than indiscriminate use is by no means the same as the inquiry as to whether carefully adjusted moderation may not, after all, be the best of the three plans. A medical man has no right to give to an individual patient advice based, not on what is supposed good for his individual case, but for the aggregate. He has to act on the supposition that his patient will be temperate. The Insurance Society contrast is clearly between a group of abstainers and another group, not of temperate men, but of those of mixed habits, probably with a fair sprinkling of drunkards. The averages thus obtained are not trustworthy in application to individuals. Having disposed of this statistical fact, which at first sight might have seemed conclusively in favour of abstinence as contrasted with temperance, we might next suggest that the remarkable unanimity of the profession must excite our suspicions as to the soundness of some of the other arguments, and must lead us to suppose that there is something under the apparent success of abstinence which is not quite so satisfactory as some would have us think. It is not possible that the whole profession, with the exception of a dozen, is swayed by self interest (even if such a motive exists at all in this case), or is influenced in its decision either by caprice or by personal wishes. Amongst us there are the average numbers of crotchety men; of men of scrupulous conscience; of men zealous in philanthropy; and from amongst these, abstainers would certainly have sprung if it were not that special difficulties exist. The mere fact that surgeons have not, in large numbers, become water-drinkers, must, considering the long period during which the question has been debated, be allowed to count for something, however much facts may seem to preponderate on the other side.

Medical men have watched the health of their abstaining patients, and have failed to be convinced that water-drinking is best; for, if they had, they would have adopted it themselves, and would have urged it on others. Probably almost every member of the profession in the three kingdoms himself uses dietetic stimulants, in bold defiance of gout and tissue-degeneration; and honestly believes himself, on the whole, the gainer from them. In the case of the more philanthropic, the belief in the gain must be very strong, otherwise it would not outweigh the moral argument for disuse. We may take it as a fact, that to medical on-lookers the results of the water-drinking experiment have scarcely been satisfactory. Nor do the impressions which they have formed differ from those of the bulk of the community, as illustrated by their actions. A man of forty, not being a fool, is almost as competent as a physician to determine a question of his own daily dietetics. He knows from detailed experience what on the whole agrees with his health, and what does not; and it is, for the most part, only as regards very distant results, that he need seek medical advice as to his food. Now, the opinions formed by these rough and ready observers of themselves and others, after opportunities more or less extensive for noting the results of water-drinking, are decidedly in favour of the moderate use of stimulants. Many have tried both plans; and it might perhaps not be an unfair estimate, that the number of those who have been abstainers and are, solely out of regard for health, no longer such, at least

equals that of those who remain firm. Thus the facts which a surgeon might collect by inquiring amongst his friends would be by no means unanimous, and in many instances might be strongly adverse to exclusive water-drinking. The chemical and physiological evidence is held at a low value by the physician, whose duty is to ascertain the truth as shown by experience and not by speculation. Whether alcohol is or is not "a food" he does not care much. He does not believe that fire-warmth is "food," but he knows that it is better for a man's appetite and digestion that he should dine in a warm room than a chilly one. He may even have deliberately abandoned all notion of the use of alcohol as food, and may believe simply that it is valuable in its power of equalising the circulation, of removing for the time sources of local discomfort, and thus placing the system in a state which gives the viscera a fair chance. In respect to the evidence of improved health under certain special conditions and as to the proved power of endurance of fatigue on the part of water-drinkers, he is compelled to answer that it does not apply very closely to the circumstances of those who seek his counsel. His clients are the city clerk, the student, the shopkeeper, the artisan, the poor woman living in close rooms and surrounded by a large family. They know as well as he does that rest of mind and body, change of air, residence in the country, and plenty of out-door exercise are what they really need in order to secure vigorous health. For him to prescribe such remedies to them would be little better than mockery. They ask him whether, having regard to all circumstances, he thinks them more likely to be able to bear up under the ills of life, to be able in the long run to discharge their duties to others with comfort to themselves with or without the daily modicum of beer. They do not seek from him an opinion based on moral considerations, but one which shall regard solely those of health. Of the rest they are their own judges. The medical man who allows his belief in the moral gain which would result from general abstinence to modify the opinion which he expresses to one who consults him on account of his health acts dishonestly, however excellent may be his motive. He has no right whatever to prejudice the interests of an individual for the sake of good to the community. Here, indeed, is the real stumbling-block. Non-medical water-drinkers may hold what opinions they like, and express them at pleasure. They are not paid to study the subject and to give sound advice, nor do their opinions carry any authority beyond that derived from such facts as they may be able to quote. It is quite open to them to express opinions which may be true of the average, and not true of the individual, but to the medical man this is not permitted for a moment. Again, a surgeon, zealous for the moral reform even to the extent of willingness to make some sacrifice of health considerations, is, if he have misgivings on the latter point, almost certain to lose faith in the practicability of a water-drinking reform. If, he argues, it be really true that a third of the dwellers in cities, for example, are better and not worse for taking beer in moderation, then whatever I and the rest of the profession may try to persuade them, they will find out the fact, and the greater part of them will continue the habit. It is only the real believer in his creed who can heartily advocate it; and it is undeniable, as regards the medical profession, that whatever may be the ardent wishes of the more thoughtful amongst us, it entertains no real belief that water-drinking is universally advantageous to health.

There are many other points to which we should much have liked to advert; but enough has, we trust, been said to prove that the water-drinking movement is entering upon a new phase, and that it has claims of the most cogent character upon the attention of medical men. Its advocates are putting aside very generally many of the old and untrustworthy arguments formerly in use. We shall probably in future hear but little of ingenious attempts to prove that all good Hebrews were teetotallers, and that the wine which was spoken of approvingly in the Bible was always a non-intoxicating fluid. Absurd attempts to show that alcohol is not "food," and therefore must be hurtful, will vanish in the light of common sense, and with it the sister crotchet that alcohol is always a "poison," and therefore always hurtful. We shall not be

asked to decide whether it is or is not "a good creature of God;" nor will any, excepting a few who, with Professor Erasmus Wilson, believe in the "fashioning of our food by the hand of the Almighty," see any argument against its use, in the fact that we do not find it anywhere ready-made. Its friends and its foes will meet on the common ground of a reverential belief that all nature and all the possibilities of nature are God's work, and that to the divinely endowed human intellect are committed the tasks of discovery, invention, estimation, and final choice. If the Jews did drink a spirituous wine, it is no reason why we should continue to do so if it gives us gout, hurts our health, or imperils our souls. If the term "food" be defined ever so accurately, and alcohol be excluded from it, it is still no reason why I should not take it if I find on trial that it does me good. The fact that large quantities are most injurious, proves no more against small ones than does the frightful result of a conflagration imply the propriety of denying oneself the genial warmth of a domestic fire. The time is coming when these plain truths will be admitted by everybody, and when we shall discuss the question as one which in its nature admits of no *à priori* or theoretic decision, but which can alone be set at rest by the honest and passionless employment of the light of experience. We beg to warn the advocates of water-drinking against claptrap and hurry. They have a strong cause, and even if they had not, it could not be permanently aided by resort to exaggeration. The reformation at which they aim is one of such noble proportions that it may well take several generations to accomplish it. They may rest assured that the work they have begun can never be lost, and that any attempt to gather fruit prematurely will result only in disappointment. Upon members of our own profession we would earnestly urge our conviction that, in reference to the health of the community, the use and abuse of alcohol takes precedence in importance of all other sanitary questions. The more it is examined, the wider is its range found to be. We owe it alike to ourselves and our employers to investigate every obtainable fact respecting it with the utmost care. We owe it to a yet stronger sense to our own consciences, whilst the question is still *sub judice*, to guard most scrupulously the terms in which we recommend alcoholic remedies to our patients. In many instances, it is very possible that the physical good to be obtained is trivially small, and weighs not as a feather against the moral evil which may result from our too thoughtless advice.

#### THE BRITISH MEDICAL BENEVOLENT FUND.

THE Committee of the British Medical Benevolent Fund have issued the following appeal, which we most earnestly commend to the favourable consideration of every individual member of our Association. The annual meetings of the Branches which are about to be held, will afford good opportunities for calling attention to the claims of this most excellent institution—which, it must be remembered, is connected with the British Medical Association.

Nearly four years have elapsed since the Committee of the Medical Benevolent Fund last made a general appeal; and they think it desirable, especially as a slight change of name has been made, again to lay before the members of the profession some account of its objects, of its usefulness, and of the manner in which its benefits are bestowed.

The objects of the British Medical Benevolent Fund are twofold—to provide immediate pecuniary relief for qualified members of the profession, their wives and families, when in temporary difficulty and distress; and to grant annuities to the aged and disabled among them.

The number of annuitants is at present thirty-two, most of them receiving £20 a year from the interest of money invested for the purpose. Applicants become eligible for an annuity at the age of sixty years, but in consequence of the number of candidates nearly all those now holding annuities are over seventy years of age. Six very good and comfortable houses, kindly built for the poorer members of our profession or their widows by Mr. Bailey of Chippenham, have been associated by him with the Fund, and are now occupied by annuitants.

The donation department is maintained by annual subscriptions and donations, and from it aid is distributed in sums of from £5 to £20 at the monthly meetings of the Committee according to the urgency of the case; ample and satisfactory evidence of the necessity of the applicant, and of good character and respectability being always required, but

without unnecessary and painful publicity. It is impossible, within the limits of a short communication like the present, to convey any adequate idea of the good done by the timely grants made from month to month, not merely in relieving pressing need, but at times in re-establishing in practice a medical man who has been reduced to want by illness or misfortune; or in affording a start in life to a struggling widow or daughter. Not unfrequently also, by making a grant from the Fund conditional on the raising of a certain sum by friends, a stimulus is given to exertions which result in some permanent provision for the applicant. In the year 1869, £1,007 was thus expended among 124 persons.

The Committee would call special attention to the fact, that almost the entire income of the Charity is directly devoted to its ostensible objects, and that no part of it whatever is expended in administration. All its agencies and offices are honorary and voluntary; the room in which the meetings of the Committee are held is gratuitously furnished by one of their number; and the only expenses are those incurred in collecting subscriptions, and in printing and postage.

Another special and distinguishing feature of the British Medical Benevolent Fund is that the benefactions are made and the annuitants elected without any canvassing, which, as is well known, involves delay, expense, trouble, and anxiety to the poor candidates (who can little afford the required time, money, and labour), and is necessarily attended with publicity, from which men and women of education and refinement shrink. When the benefits of a charity are obtainable only by an election, it is certain that many of the most deserving cases are never brought forward at all, and it is always uncertain whether the most successful will succeed. The system pursued by the Committee of the British Medical Benevolent Fund is one which, they believe, combines the advantages of securing, as far as possible, discrimination of proper from unworthy cases, and of apportioning the relief to the need, at a minimum of expense, trouble, and pain to the applicant. A form of application is provided for the purpose of eliciting the facts of the case, which, when filled up, is required to be signed by two medical men, certifying the statements therein made, one of whom must be a subscriber to the Fund. This form, accompanied by two or more letters, is sent in to the Committee, who thereupon, if satisfied on all points, at once make a grant.

In the election of annuitants a similar course is pursued. The names of candidates over sixty years of age, if qualified in the opinion of the Committee by infirmity and necessity, are placed on a list. As vacancies occur, forms and letters from all the candidates on the list are placed before the Committee, and the candidate whose case seems most urgent and proper is at once elected. No fewer than eighteen candidates are now on this list, anxiously waiting their turn for admission.

The Committee feel that if the good which the Fund is the means of doing be made generally known, it cannot fail to secure a great measure of support from medical men, who are always ready to recognise the claim upon them of their less fortunate brethren; and they trust the time will soon come when every member of the profession who can afford to do so, will give a helping hand to a Fund, the usefulness of which is only limited by the extent of its means.

Donations and subscriptions for these objects are most earnestly solicited, and will be most thankfully received, by the Treasurer, Charles J. Hare, M.D.; by Stamford Felce, Esq., L.R.C.P.E., Honorary Secretary, 12, Chippenham Road, Paddington, W.; and especially by R. Thorne Thorne, M.B., Honorary Financial Secretary, 42, Seymour Street, Portman Square, W.; by any member of the Committee; by all the Honorary Local Secretaries; by the Bank of England, Western Branch, Burlington Gardens, W.; by Herries, Farquhar, and Co., Bankers, St. James's Street, S.W.; Mr. Hatchard, Piccadilly, W.; Mr. Churchill, 11, New Burlington Street, W.; and by Mr. W. E. Poole, Collector, 32A, George Street, Hanover Square, W. Post-office orders to be made payable at Vere Street, W.

Donations may be appropriated to the general purposes of the Society, or to the Fund for Annuities, according to the wishes of the donors. Forms of application for relief can be obtained from the Treasurer, Honorary Secretaries (especially Stamford Felce, Esq.), and all the Honorary Local Secretaries.

It will be observed that it is a special feature of the Charity that applicants are relieved and annuitants elected without canvassing, which process necessarily involves delay, expense, and, worse than all, a painful exposure of their distress; there is also an absence of all paid agencies and offices, and hence the income is in reality devoted to its ostensible objects, no part of it being expended in administration. As an example of the numberless painful cases which come under the notice of the Committee, we would refer to that of a medical man who at the last meeting was elected an annuitant. He was 82 years of age, and after



having practised his profession for nearly sixty years, he was, owing to infirmity and pressing want, about to become an inmate of the work-house.

It is proposed to erect a Cottage Infirmary at Petersfield.

THE Hampstead Fever Hospital will be closed on the 25th instant, relapsing fever having happily now so far disappeared as to render unnecessary the continued use of this Hospital.

AT the recent examinations of the Pharmaceutical Society, Dr. Headlam Greenhow attended as assessor on behalf of the Privy Council, and has expressed himself well satisfied with the character and sufficiency of the examinations.

Nature believes that the Government will propose to Parliament that the New Natural History Museum shall be built on the site occupied by the Exhibition of 1862, south of the Royal Horticultural Gardens. The ground was purchased some time ago for the sum of £120,000.

NEARLY £300 has been subscribed for a testimonial to Dr. Ward of Huntingdon, of which not less than £250 is to be handed over in money, and the remainder expended in purchasing a suitable piece of plate, which is to be accompanied by an alphabetical list of the subscribers on vellum.

A FANCY bazaar, fine art, and industrial exhibition will be held on board two of the largest vessels available in the mercantile marine on Wednesday and Thursday, the 6th and 7th of July, in aid of the funds of the Poplar Hospital.—A similar bazaar will be held in the Hanover Square Rooms on the 20th, 21st, and 22nd of June, under the patronage of H.R.H. the Princess Mary of Teck, in aid of the funds of the National Hospital for the Paralysed and Epileptic, and especially for the establishment of the country branch.

#### ST. GEORGE'S HOSPITAL.

THE sum collected since the announcement of the public meeting held on May 26th, and noticed by us last week, amounts already to about £5,000.

#### ROYAL COLLEGE OF SURGEONS.

MR. BIRKETT commenced his course of six lectures on Monday last, in the theatre of the Royal College of Surgeons, on the Nature and Treatment of New Growths.

#### MEDICAL CLUB.

THE next house dinner of the Medical Club will take place on Wednesday, June 8th, instead of on the Derby-day. John Brady, Esq., M.P., will preside.

#### INQUIRY AT ROCHESTER.

DR. BUCHANAN, one of the Public Health Inspectors of the Privy Council, has been making inquiry into the sanitary state of Rochester. It appears that some time since a letter was addressed to the Corporation by the Privy Council calling their attention to the Registrar-General's return of the number of deaths there from fever, and asking for a report on the subject. But the last issued return of the Registrar-General shewing that seven deaths had, during the first three months of this year, occurred in Rochester, the Privy Council have ordered an inspection to be made of the sanitary state of the place.

#### BEAUMONT MEDICAL SOCIETY.

THE annual *soirée* of this flourishing east-end association was held at the vestry-hall, Bancroft Road, on Friday, May 27th, Dr. Andrew Clark presiding. There was a very full attendance of members and their friends, including a large number of ladies. The display of microscopes and other scientific instruments was highly creditable to the exhibitors and to the exertions of the subcommittee. During the evening there was an excellent performance of vocal and instrumental music.

#### THE TYPHUS EPIDEMIC AT WHITEHAVEN.

THE report which Dr. Buchanan, the Privy Council Inspector, has made on the typhus epidemic at Whitehaven, reveals the usual state of things in such cases. Filthy dwellings; overcrowded houses, and localities without ventilation; foul middens, ashpits, and tub-closets; sewers imperfectly ventilated, and but very partially used—in fact, bad hygienic conditions, except contaminated water—are the rule, and not the exception, in the town. The result of all this is, as regards the present epidemic, a fever death-rate for Whitehaven about four times greater than the worst epidemic fever-rate for a part of London equal in size to Whitehaven. The Whitehaven Local Board of Health, to judge from Dr. Buchanan's report, appear to have neglected their duty most shamefully.

#### NURSES.

THAT form of bravery which is stimulated by a religious fervour, and associated with the enthusiasm of humanity, is happily characteristic and nobly becoming of women. In the sublime fields of labour and distinction which it opens to them, they are working with an activity which has been much quickened of late years. The Protestant Deaconesses' Institution and Training Hospital at Tottenham, one of the fruits of this activity, held lately its first meeting, under the presidency of Mr. Samuel Morley, M.P. The report of the Council stated that there were at present eighteen ladies serving as nursing sisters; and that, during the past year, thirty-five had gone out to attend patients at their own homes, and braved the dangers of fever and small-pox. During the same period, 304 patients had been received into the institution; but of fifty beds, thirty-five were unoccupied.

#### PURE BEER.

THE recent discussion in the House of Commons on the subject of adulteration has directed attention once more to the quality of the malt liquor sold in London, and, as will be seen on reference to the reports we have published, there is no doubt much reason to believe that in many instances publican's beer is not what it should be. But nothing can be so obstructive of any attempts to prevent adulteration as the exaggerated and misleading statements such as those put forward in a letter that appeared in the *Times* of Wednesday, headed "pure beer". It is absurd to speak of the water used in brewing as an adulteration, and to take the colour, or even the amount of spirit in beer, as being indications of its quality; and these errors, as well as the absurdity of the salting notion, are properly exposed in the reply of a chemist, published on Thursday. He shows, as we have long since done, that the spirit alone is not a measure of quality, but that the determination of the proportion of malt used in brewing may be taken as an index. Even in that case, beer made from sugar or molasses, instead of malt, may present the character of true beer, though it would not be regarded as equal to that made from malt. The results we have published in our reports show, moreover, that much of the beer sold in London is inferior to that obtained direct from the brewers, notwithstanding the heavy rate of profit that the publican obtains from high charges and small glasses.

#### THE FRIENDS OF SMALL-POX.

MR. CANDLISH has a vaccination Bill before the House of Commons, of which the object is to limit the number and diminish the amount of the penalties which have been imposed for the omission to cause a child to be vaccinated, and for refusal to comply with the provisions of the Vaccination Act. This Bill also proposes to facilitate the use of unofficial certificates as to the unfitness of the child for vaccination. We cannot but regard this Bill with regret. It is a concession to the most ignorant and dangerous form of prejudice. It ought to be unnecessary to plead theoretically for a proceeding which is based upon the solid logic of serried millions of facts. By the general acquiescence of reasonable and intelligent persons, and by the operation of imperfect legislative measures, the mortality from small-pox has been so reduced in this country that the estimated annual saving of life from this cause

amounts to thirty-four thousand lives annually. By a measure similar to that lately passed for England, small-pox has been nearly stamped out in Scotland in six years; and it may be said to be extinct at this moment in Ireland, for only three deaths were reported last quarter, and these were imported cases. Among several million cases of vaccination which of late years have been brought under the notice of our Government inspectors, no single case of serious or constitutional injury of any kind has been reported. The annual mortality of seven hundred persons from small-pox amongst us is only part of the tribute which we pay to the miserable folly and fanatic prejudices of the few agitators who call themselves "antivaccinators". That number of deaths implies, of course, a much larger amount of suffering, disablement, deformity, and blindness, amongst those who escape. The presence of small-pox as an endemic of even small dimensions amongst us, when it has by vaccination been successfully stamped out elsewhere, is not only a reproach to the country of Jenner, but a standing danger. As the present example of Paris shows, the disease, while permanently endemic, may at any moment become epidemic. In the force of intensity and general diffusion which it assumes, then, under the unknown laws of epidemic influence, it spreads among the imperfectly protected by vaccination. Vaccination will no more uniformly protect against small-pox than a previous attack of small-pox will do. Hence, in nursing amongst us a spark, we are always keeping alive the danger of a fire. We cannot but regret any efforts to relax the stringency of the law of 1867 for enforcing vaccination.

#### THE SMALL-POX IN PARIS.

THE lessons taught by the very serious and prolonged epidemic of small-pox in Paris are of no small importance. The remarkable severity of type manifested shows that this devastating and loathsome disease has lost none of its horrors or of its fatality. In some cases, the mortality has averaged 66 per cent; and the hæmorrhagic variety of the disease, which is its most intense form, has been frequently met with. At the Hôpital Cochin, six patients were admitted in the course of the first three months of this year; they all suffered from this form of the disease, and all died. The efficacy of vaccination to protect has been very fully marked. Thus Dr. Bessier reports that not one of the large medical, nursing, and pupillary staff engaged in the small-pox wards has been attacked. Careful vaccination has for years effected the same result for the staff of the London Small-pox Hospital, who are constantly exposed to contagion. The Report of the Commission on Epidemic Diseases also states that the established fact has again been illustrated, that where the protection afforded by vaccination has not been complete, it has so considerably modified the disease that the mortality has been comparatively small, and the disfigurement and constitutional results proportionately less severe. Very good results are reported by some physicians from the local and internal use of carbolic acid. We need not say that such conclusions must be accepted with great caution; they have been so often arrived at, and in the end so rarely verified. The "Indian remedy", *sarracenia purpurea*, is again vaunted. We may refer our French *confrères* to Mr. Marson's printed experience for the proofs of its utter uselessness.

#### LORD SEYMOUR'S BEQUEST.

THE hospitals of London will at length benefit by the legacy of the late Lord Seymour. After prolonged litigation, and the expenditure of what will, we fear, prove to be a considerable proportion of the fund, in legal expenses, a decision has been arrived at which will hasten the division of the money amongst the metropolitan hospitals. Some forty institutions will be entitled to about £700 each. A part of this sum will be immediately paid over. The importance and value of a bequest is likely to be overlooked, if not diminished, when it is divided amongst so large a number of institutions, without discrimination of their respective endowments, their relative wants, and their individual necessities. This, we fear, has been the fate of Lord Seymour's magnificent gift.

#### ST. BARTHOLOMEW'S HOSPITAL.

THE ophthalmic wards are progressing towards completion—little more than the internal arrangements remain to be carried out. The appointments to this department are not yet made.

#### GRESHAM LECTURES.

DR. SYMES THOMPSON will deliver lectures during the present week, on June 2nd, 3rd, and 4th, at 7 P.M., at Gresham College, on "The Epidemics of the Middle Ages," on "Sedatives," and on "Narcotics."

#### MR. NUNNELEY OF LEEDS.

OUR readers will regret to hear of the death of Mr. Thomas Nunneley, of Leeds, which took place on Wednesday. It may be remembered that Mr. Nunneley gave the Address in Surgery at the last meeting of the Association. He had, we believe, enjoyed excellent health till the commencement of the acute illness which has closed a career of great activity in connection with surgery and its allied sciences. We shall give an obituary notice next week.

#### ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.

THE last meeting of this association was held on May 21st, Dr. Aldis in the Chair. Dr. Calvert explained a number of experiments made by him on the action of various antiseptics in arresting decomposition and putrefaction. Dr. Letheby then read a paper on "The Present Prospects of the Sewage Question in relation to the Public Health, with a brief review of the First Report of the Commissioners appointed in 1868 to inquire into the best means of preventing the Pollution of Rivers."

#### THE CLINICAL SOCIETY.

THE last meeting of the Session took place on Friday in last week. Three reports were read:—one by Mr. Callender and Mr. Kesteven, "On the Action of Copper upon the System"; a second by Dr. Bäumlér, Dr. Duffin, and Mr. Berkeley Hill, "On Oscillations of Temperature in Syphilis"; and a third by Dr. Murchison, Dr. Symes Thompson, and Dr. Hermann Weber, "On the Effects of Quinine upon the Temperature in Pyrexia." These reports, which contained very important and novel information, will appear in the forthcoming volume of the Society's *Transactions*. Papers were also contributed by Mr. Paget, Dr. Goodfellow, Dr. Buzzard, and Dr. Oppert.

#### ST. MARY'S HOSPITAL.

DR. LYON PLAYFAIR, M.P., presented the prizes to the students of St. Mary's Hospital on Tuesday afternoon. Dr. Playfair delivered an admirable address on the occasion, relating chiefly to the history of public hygiene, which he illustrated with many apt quotations and references, showing its condition in different ages, and its vast influence on population. In concluding, the speaker observed that it was a great mission to stand between the living and the dead, and to bid the plague to cease. The relations between the State and medical men were at present in a very unsatisfactory position. It behoved the latter, however, not to wait until the Government became fully awakened to its responsibilities with regard to sanitary reform, but to work earnestly, each with individual vigour, for the great end of the public good.

#### QUACK ADVERTISEMENTS.

THE majority of the respectable newspapers of the metropolis now exercise great care in the exclusion of obscene and immoral advertisements, assuming the form of medical announcements. When in 1868 we emphatically called attention to the facilities afforded for crime by a class of advertisements which afforded an easy cloak for the practice of abortion and child-murder, the majority of the papers responded to the appeal made to their conscience, and took measures for the exclusion of such announcements. A scandal has sprung up lately owing to the statement incidentally made by a Mr. Orr at the Mansion House, that by payment of exceptionally large prices he could obtain the insertion of such advertisements in the *Daily Telegraph*. This statement has

been emphatically and earnestly denied on behalf of that journal by Mr. Montagu Williams, who appeared before the Lord Mayor for the purpose. Mr. Orr the next day handed in what purported to be a receipt for 20s. for the insertion in that paper of the following advertisement:—"To Ladies only. Dr. Bruce, late of the United States, is now in England. His pamphlet on all delicate and doubtful cases sent, post free, for eight stamps. Address—Dorking, Surrey." We shall, no doubt, hear more of the matter. Meantime, it is a result which affords matter for congratulation—and one which is largely due to the action of this JOURNAL in carrying out the investigation referred to—that the admission is stopped of advertisements which, till recently, found their way into respectable journals without let or hindrance.

## SCOTLAND.

MR. SYME.

WE regret to hear that Mr. Syme has had a recurrence of his malady, and that his state remains unimproved.

### NORTHERN INFIRMARY, INVERNESS.

The annual meeting of the managers of the Northern Infirmary was held at Inverness on the 25th ult. The statement of accounts submitted by the treasurer showed that the expenditure for the past year had been £1,579 and the revenue £1,258, showing a deficiency of £321. The ordinary contributions amounted to £816, as compared with £716 last year. A legacy of £100 had been intimated from the late Mr. Colin Davidson, shipowner, and £500 from the late Mr. Robert Smith, with £200 for the proposed children's ward.

EDINBURGH ROYAL COLLEGE OF SURGEONS AND MEDICAL REFORM. The following petition has been forwarded to the House of Lords.

"That your petitioners have always advocated medical reform—such reform as might tend, by improving the education of medical men, and rendering more efficient the examinations necessary for testing the knowledge of candidates, to elevate the medical profession, and benefit the public. That your petitioners consider that the Medical Act of 1858 has done much towards the accomplishment of these great ends. That your petitioners believe that the time has come when it is necessary to amend the Medical Act of 1858 in various respects, and in an especial manner to render compulsory that which was only made permissive in section 19 of that Act; viz., the reduction of the large number of boards (amounting to nineteen) by which licences to practise are conferred. That your petitioners are of opinion that the establishment of three Examining Boards—viz., one in each division of the kingdom, by the combination of the present Licensing Boards in some such way as that proposed by the 'Medical Act (1858) Amendment Bill' recently introduced into your Lordship's house; if so arranged as to insure that all, without exception, entering the medical profession, shall in the first instance pass through the examinations by one or other of these Boards; so arranged also as not to cripple, much less destroy, existing institutions—would effect every useful purpose. That your petitioners protest against the proposed exemption of graduates of Universities from the examinations by one of these combined Boards, as inconsistent with the unity and impartiality of the foresaid Bill, and also as unnecessary, if intended as a means of keeping up University degrees at a higher standard than simple licences to practise, because it lies in the power of the Universities to superadd to the minimum essential examinations of the conjoined Boards such additional subjects of examination, or such higher standards of examination, in all or any of the subjects included in a medical curriculum, as they may think fit—additions which are clearly called for as distinctive of University degrees. That your petitioners, while admitting that the Medical Council, as at present constituted, has done much and important work, believe that it is desirable, in order to secure for it the confidence of the profession, and to increase their interest in its proceedings, that a certain proportion of its members (say four for England, one for Scotland, and one for Ireland) should be elected by the direct votes of registered practitioners. This object might be best effected, your petitioners would humbly suggest, without any material addition to the number of members of the Medical Council, were the Crown henceforth to appoint only two members instead of six as at present; were the President to be elected from among the mem-

bers of the Council itself; and were one additional member to be added to the Medical Council; making its total number 25 instead of 24 as at present, according to the following scheme: University representatives, 8; representatives of medical Corporations, 9; representatives elected by suffrage of registered practitioners—England, 4; Scotland, 1; Ireland, 1; Crown nominees, 2; total, 25. Signed in name and by appointment of the Royal College of Surgeons of Edinburgh, James D. Gillespie, M.D., President.—Edinburgh, 26th May, 1870."

## IRELAND.

### QUEEN'S UNIVERSITY.

THE Summer Examinations for the M.D. and M.Ch. degrees begin on the 13th instant, and the clinical test will be again carried out.

### IRISH MEDICAL ASSOCIATION.

MR. TUFFNELL, Chairman of Council, will entertain the members at breakfast at Nine o'clock on Monday next, at the Shelbourne Hotel.

### IRISH SANITARY LAWS.

THESE statutes are most numerous and confusing; but a work just published by Mr. J. O. Byrne, Barrister, will do much towards facilitating their employment. A large collection of cases and a copious index are added.

### ROYAL COLLEGE OF SURGEONS.

THE annual meeting was held on Monday last, and the report of the Council was adopted without any discussion. The Council had held thirty-six meetings. The number of Fellows was 376, and of licentiates 2,026. It appears that the receipts had been increasing, and the expenditure decreasing, for each of the past three years. The election of Council takes place on Monday next by ballot, from 1 to 3 o'clock, all the present Council seeking re-election, and there being two other candidates.

### THE JUNE MEETINGS.

THE meeting of the Irish Medical Association will be held at 12 o'clock, and the annual dinner at 7 o'clock, on Monday, in the Halls of the College of Surgeons. Dr. Darby will move the following important resolution.—"That powers should be sought for by the Association to establish a Fund from which the Widows and Children of deceased Medical Officers of the Workhouses and Dispensaries in Ireland shall be entitled to relief." The Royal Medical Benevolent Society will hold its yearly meeting at 4 o'clock on the same day, at the College of Physicians.

### ULSTER MEDICAL SOCIETY.

THE petition of this body to the House of Lords against the Medical Bill, contains the following clauses.

1. Your petitioners disapprove of the too absolute power of rejecting any scheme proposed by the Medical Council conferred upon the Privy Council by Clause VII. 2. Your petitioners pray that the diploma of Licentiate in Medicine and Surgery, to be granted by the Examining Boards, be an imperial diploma, and that the register shall not show in what part of the United Kingdom the licence referred to was granted, as it does in Clause XIV. 3. Your petitioners further pray that the Lord President of the Council may introduce into the Bill a clause providing for the reconstruction of the Medical Council. They believe that much good would be likely to follow from extending the franchise in the Universities and Corporations, or otherwise providing a more direct representation of the profession in the General Medical Council. 4. Your petitioners are strongly of opinion that for the satisfactory working of the new Act, in this part of the United Kingdom, it is necessary that the Apothecaries' Hall of Ireland should not be constituted one of the medical authorities under the Act, and that it should no longer send a representative to the General Medical Council. Your petitioners submit that the apothecaries should be restricted to their proper sphere, the science and practice of pharmacy, and that their functions as a body competent to license medical practitioners should be annulled by the Act.



## THE CLINICAL NOMENCLATURE OF DISEASE AND PERIGNOSIS.

[FROM A CORRESPONDENT.]

THERE is a certain element of power in a wish. We are very apt to overlook this, for many of our wishes prove themselves to be vain and futile. True, a wish is not itself a power; yet in a way it is even more. Indeed, in relation to our own capabilities a wish is the very possibility of power. For, certainly, unless we desire a result we shall not use our power to gain it, and thus wishes become the originators and governors of our proper and voluntary machinery. When we cease to have wishes that lead us out in fresh trials of strength, then we are becoming senile and used up. When "desire shall fail," there will be something the matter with the golden bowl and the silver cord; always excepting such of us as have reached that happy perfection which leaves nothing to be desired.

We are among those who gladly welcome any signs of fresh and healthy effort in direction to extend or correct the plan and aim of Medicine. We detest grumbling, and have no sympathy with inactive discontent. The demand must be made sternly of all who would complain of existing arrangements. What better do you offer? But it will be a dull declining time in the tale of physic when we are wanting in zest and energy to follow out suggestions that promise to make our knowledge larger or more to the point, or to organise it so that it shall be better fitted to the grasp and use of the practitioner. Have we reason to be content with the present state of our knowledge of diseases, especially with the form in which it is presented for our mutual discourse and for the comparison of experience—perhaps we should say, with the means offered for us for collecting and communicating our knowledge? This is an important question, and one very suited to the present time. The Nomenclature of the Royal College of Physicians has now been before the profession long enough to allow us to conclude as to its fitness. It is time to raise the questions—Does it supply the want which it was framed to satisfy? If not, can we point out a way of improving it so as to make it more useful?

Now, as to the first question—Does it now supply the want which it was framed to satisfy?—we think we must respectfully give it as our opinion that it does not. The test of a thing intended for use by people who wanted a thing for such an use is—*Is it used for such an use?* Now we believe that we are within the mark when we say that 75 per cent. of the copies of the Nomenclature lie quite unused on the tables of the practitioners who received them. We have made repeated inquiries, and the answer is almost invariable, "It is no good to me." Many men have quite forgotten that the Government was so liberal as to distribute to each of us a copy of the Nomenclature. What, then, is the reason of this? It may, of course, be that there is no want such as the book purports to supply, or else it must be that the book is somehow unsuited to the want that it is meant to satisfy.

Now, that there is a want of a system of names for diseases, which shall meet with the sanction of general adoption and employment, is a proposition which we shall not stay a moment to establish. It commands itself at once to every one of us, seeing the various and hesitating language which we are constantly compelled to employ over our patients. If, then, the Nomenclature of the Royal College of Physicians lies unused, it is wanting in fitness. The truth is, that when names are wanting there is always something wanting besides. In our case, at present, ideas are wanting, or rather a certain shaping of ideas to call for names by their precision and usefulness. In the number of *Guy's Hospital Reports* recently published, there is a paper by Dr. Moxon, in which this question is freely handled. The issue raised is very important, and there is certainly some truth in the view which the author of the paper advances. What the paper to which we allude urges is, that the Nomenclature fails to be useful, because it is grounded too much on morbid anatomy; and it also urges the demand that the College of Physicians should give us a Clinical Nomenclature. It will be no waste of time to consider whether we do want such a nomenclature, and whether we have any prospect of ever obtaining one.

Diseases have two entirely distinct systems of mutual relation; the one symptomatic; the other anatomic. These relations bring them together in strangely different groups. For instance, considerations of an anatomic kind bring together tubercular phthisis, typhoid fever, and leukaemia; and these are ranged by anatomical pathologists close together; while clinically no three more divergent kinds could be shown. Again, in clinical characters, cancer of the liver, cirrhosis, and

chronic atrophy, are often scarcely distinguishable or undistinguishable; while, anatomically, they are the most opposite conceivable conditions. This difference in the grouping of diseases on clinical and anatomical grounds respectively is not at all reconcileable, but, on the contrary, is so plain that every one who reflects at all must be familiar with it as a fact. The present fashion is to overlook it; and we believe that the neglect which it receives is due to a hope, on the part of all workers, that at some time the two will be brought to unite and yield us a sound well-based system of medicine, with harmonious union of anatomical and clinical knowledge—an ever receding mirage of hope, which we follow even in despair of ultimate attainment; a holding out a prospect too noble to allow our scope and aim to be set to anything less complete.

But, unhappily, it is too true that the recent progress of anatomical pathology has continually widened more and more the separation between morbid anatomy and clinical medicine. Unwelcome as this truth may be, it is so true that we think that, for the present purpose of the art of medicine, the clinical and anatomical relations of disease must be viewed, treated of, and classed as different things. Why should we not have the clinical history of diseases made complete in disregard of their anatomy, and the anatomical history of diseases made complete in disregard of the clinical history? If we could prevent the results of this divergence by ignoring it, we might well pass over what divides the aim of the science of medicine. But we do not prevent these results by ignoring them. This divergence has already done much to alter the practice of physic. It is too real not to have its effect, and its effect is accordingly too rough, though not very evident, without reflection. What has happened is this, that the clinical features of disease are no longer studied as attentively as they used to be studied; we hold to the anatomic and despise the clinical alternative. If the College nomenclature does no more than embody, prove, and bring prominently forward, this unfortunate one-sidedness of recent medical progress, it will do some service; and the Nomenclature does bring this prominently forward, for in it we see that our ideas of disease have become so much more morbid anatomy, and that our names of disease are names of changes in the anatomy of organs.

It is evident that this devotion of the main line of our thought to the anatomy of disease must have some plausible justification, or it would not sway the entire profession as it does now. For the recognition of diseases and their management still make up the aim of medicine. We believe this plausible justification is to be found in a too easy assumption that morbid anatomy corresponds with the kind, and especially with the severity, of the symptoms. No doubt, if it did so, it would be an admirable means of bringing home a judgment of the nature, and a measure of the severity of each case. But, unhappily, this is very far from being so. For, just as the scientific classification of poisons, disregards the colour, odour, and other external and external characters of the plants, their poisonous and sapid or nourishing qualities, because these do not respond to the structural points which determine their family relations, so the scientific arrangement of the anatomy of diseases is compelled to overlook their transient functional vital characters, because these functional characters do not closely follow the structural characters. Nevertheless, in the case of plants, for their use, and of disease for their cure, these unscientific or informal features are the points in their nature that are practically most important. And so it is true that, even if we could discern the anatomy in every case, it would not form a criterion of the nature and indication of the case at the time. For, in every case, due account would have to be made of the functional and vital powers at play in the case, and by these latter, rather than by the anatomy, would the issue of the case be governed.

If everything that the *post mortem* examination reveals were known at the bedside, we should still need to know the relation to life which all this dead change is bearing—What of it is coming, and what is going? Morbid anatomy takes no notice of, whether the changes are advancing or receding. Or, in fact, what morbid anatomist is able to say, in the majority of cases, why the disease was fatal at that particular stage at which he views it? He sees a considerable degree of pneumonia, and, seeing this, says that it caused death. But what morbid anatomist can say why a little more pneumonia was not endured, or why a little less did not kill? Certainly we often see that different extents of pneumonia kill different people. Now this is the very question which we ask at the bedside: we may know there is pneumonia, and even the extent of it, but the proportion which it bears to the life-power of the patient, that is the question we want to solve, and morbid anatomy will not have power to tell us this when we know it ever so well.

Morbid anatomy is thus insufficient for clinical medicine, even when we assume that its revelations are available; and though this is quite enough to prevent us from making it the main point in clinical classification, yet this is not the main reason why we think it cannot permanently hold the position which it now occupies. There is a much more potent

reason. It is a reason that requires us to look at our abilities with unpalatable honesty before we can appreciate its force. The reason is this: that we neither are able now, nor ever shall be able, to detect during life one in ten of the morbid anatomy diseases that the College puts in its Nomenclature. For instance, let any one refer to the list of diseases of the kidney; we know that these several diseases are mostly undistinguishable; we need not quote our experience of the practice of leading physicians to prove this. It may be thought that there, nevertheless, is unmixed benefit in thus enumerating pathological curiosities as diseases, because each of these anatomical states put down as a disease constitutes an addition that enriches the nosology, makes it fuller, more complete. But let us use a little reflection and we shall see a great danger in this plan, and one that threatens the whole scope of the art of medicine. The danger may appear far fetched, but that is because whoever thinks so mistakes what is insidious and near, nay, what is now as work, for what is remote, being deceived by the little noise that is made about it. This danger is that we are encouraging a habit of clinical indifference through the nature of the task which such a nomenclature sets before us. The danger arises in this way. Many of the "diseases" that are set down in the nomenclature are such as, without an inspection after death, cannot possibly be recognised nor even surmised with ordinary certainty. But it is disorganising to the mind to be constantly facing hopeless questions. We become accustomed to defeat, and lose the confidence that success engenders. Further, we become disposed to ask the demoralising question, "Of what service is this effort which we now see is only vainly made to search out the anatomic nature of the disease?"; and that demoralising question, if it be indulged, must accustom us to put in doubt the usefulness of careful observation of our cases.

Now, certainly, whatever be the leading view in clinical practice, this must ever be watchfully kept, as the very appetite for breath of clinical medicine—the thirst after accurate knowledge of the individual case. But, it will be said, does not the aim to know the morbid anatomy arise out of, and show, and further this thirst? Before saying "yes" to this question, let us see that the desire of accurate knowledge divides itself at once, under a proper analysis, into two main and leading and contrary pursuits: first, the search to find the situation, kind, and degree of change in the individual before us; second, the recognition of the kind of case to which such a change corresponds. If we trace these different aims, we shall find that the first aim—that which seeks to evolve the exact characters of the individual lesion—carries the clinical inquirer into what has undergone changes, which, when he has discovered, he can only cauterise or cut out. It is an aim only fitted to the practice of the surgeon. The physician does not cauterise or cut out, and we have no medicines for morbid anatomy. The second aim, on the other hand, seeks not to know the changed part, but the states of the unchanged remainder. It looks the whole case over, and observes the action and estimates the disturbance in all the organs and their functions. It cares nothing to know more of the case than will identify its nature with reference to medical art; and the further progress of this aim will consist in a better recognition of the grouping of symptoms rather than a more intimate knowledge of the anatomical changes of organs. This aim is what the physician must adopt; the former being known as diagnosis. Dr. Moxon suggests the word perignosis for this latter aim—the proper aim of the physician. Without adopting the word, we think that this distinction between certain of the aims of the surgeon and of the physician is important, in centering the one on the anatomical aspect of disease, the other on the functional. But as the anatomical and the functional aspects of disease differ from each other *to calo*, there is an obvious propriety in preserving apart the whole series of such incongruous things. An anatomical nomenclature is essentially necessary in identifying the nature of diseased products, and settling the surgical practice that concerns them. And so a functional nomenclature is necessary for the identification of disordered states of the functions of organs which concern medical practice.

The following considerations will show the advantages offered by a distinct clinical nomenclature.

1. Morbid anatomy often cannot be known during lifetime, and few cases are inspected after death.

2. The present naming of diseases by undiscoverable morbid anatomy discourages clinical observation, because accurate observation does not lead us to identify the case with anything the profession recognises and names.

3. It is possible to limit our view of each case to the knowledge of its discoverable symptoms; and, if we did so, to compare, classify, and name all cases.

4. If this were done, there would be no longer any excuse for the man who cannot give a proper account of every case. At present, since

the most acute and industrious must fail to identify and name the undiscoverable "diseases" of the nomenclature, the careless practitioner rests content with the present inexact ideas and names of those functional states, beyond which the skilful cannot go, but which the careless might be obliged to know better and study more observantly.

In thus generalising and classifying the partial knowledge of all cases that we can clinically obtain, we shall, in a measure, be retracing our steps, and again adopting the system attempted by Cullen and other nosologists. This, however, is no objection to the plan when we reflect how it is that changes occur in our fundamental views from generation to generation; namely, because we are always letting drop some good views to reach after others. The enthusiastic pursuit of morbid anatomy which the last twenty years has witnessed, has brought a great and permanent gain in establishing the knowledge of morbid changes; but the clinical knowledge has fallen back out of view. Now, there is no need of letting slip our morbid anatomy; but it is necessary that the symptomatic and functional aspects of diseases should again be held to their main and most important aspects.

While saying this, we must express our opinion that the paper that Dr. Moxon has written is not altogether warranted in the assumption which it appears to include, that the College has largely neglected the clinical side of disease. It appears to us that the nomenclature does give a great number of clinical names. But we should like to see in the next decennial edition the clinical names gathered together into groups distinct from the names of the anatomical changes, and care taken that the clinical names should be made into a complete system, so that a clinical name should be provided always applicable to every case, whatever its morbid anatomy may be. There is a marked incongruity in placing together such things as asthma and aneurism; and in a list of things comparable they should not stand together. Many cases really aneurism, no doubt, will be returned as asthma, from ignorance of its morbid anatomy. Now, if the College would supply names for the asthmas, chosen as we now-a-days should be able to choose them, so as to carry with them an account of the sort of asthma, then the named kind of asthma would almost identify the aneurism. If the aneurism be known, it could be returned as well in its proper place. If the disturbances in the function and action of organs were gathered together and named, as a group, apart from the structural changes which should compose a distinct group, the two kinds of knowledge would then not be incongruous, distracting, and conflicting, but would mutually aid and support each other.

#### PROPOSED PUBLIC MEMORIAL OF THE LATE SIR JAMES SIMPSON.

A VERY influential meeting was held in the Royal Hotel, Edinburgh on Monday, to consider what steps should be taken to inaugurate a memorial of the late Sir James Simpson. The Chair was occupied by the Right Hon. the Earl of DALHOUSIE. The Duke of Argyll, the Earl of Selkirk, the Hon. Arthur Kinnaird, M.P., Dr. Lyon Playfair, M.P., and others, sent letters apologising for their absence, but expressing their fullest sympathy with the objects of the meeting. The following resolutions were unanimously agreed upon.

The LORD PROVOST moved—"That the death of Sir James Y. Simpson, Bart., is an irreparable loss, not only to his friends and to Scotland, but to the civilised world."—Dr. HALIDAY DOUGLAS, President of the Royal College of Physicians, seconded the resolution.

Principal Sir ALEXANDER GRANT proposed the second resolution, which was seconded by Dr. GILLESPIE, President of the Royal College of Surgeons. It ran as follows: "That the rare and eminent genius with which he was endowed, and the perseverance and energy with which he directed his talents for the good of others, and the amount of human suffering he has prevented by various improvements introduced by him into medical and surgical practice—more especially by his application of chloroform for the relief of pain—call for the perpetuation of his name and memory by some suitable and lasting memorial." The third resolution was proposed by Dr. ALEXANDER WOOD, and seconded by the Rev. Provost GAZENOVE: "That, while the University of which he was so bright an ornament, the various professional bodies with which he was so long and intimately associated, the many scientific and literary societies in this and foreign countries which were proud to add his name to their rolls, the Christian Church of which he was so respected a member, the city where he dwelt and which no temptation could induce him to leave, might each wish separately to commemorate his connexion with them,—it nevertheless appears to this meeting to be desirable that all separate action should be merged in an united effort to raise some national memorial to the memory of one



whose fame was world-wide, and whose discoveries in and applications of science have benefited the human race."

Sir W. GIBSON-CRAIG moved the fourth resolution, which was seconded by Mr. T. J. BOYD: "That certain noblemen and gentlemen be appointed a provisional committee to carry these resolutions into effect, with power to add to their number; to form a large general committee, under the presidency of the Right Hon. the Lord Provost of Edinburgh; and to subcommit. Also, that corresponding committees be formed in London and elsewhere."

Sir GEORGE HARVEY moved the last resolution: "That the Right Hon. the Earl of Dalhousie, K.T., be requested to act as chairman of the provisional committee; the Right Hon. Lord Rosehill, the Hon. George Waldegrave Leslie, Sir George Warrender of Lochend, Bart., and Edward S. Gordon, Esq., Q.C. M.P., Dean of Faculty of Advocates, as vice-chairmen; Dr. Alexander Wood and Councillor Coulston, as honorary secretaries; and W. J. Duncan, Esq., Manager of the National Bank, as honorary treasurer."

## SPECIAL CORRESPONDENCE.

### PARIS.

[FROM OUR OWN CORRESPONDENT.]

Paris, Monday, 30th May, 1870.

1. *Small-pox and General Mortuary Statistics.*—2. *Meeting of Medical Practitioners and the Public to Discuss Vaccination and the Small-pox Epidemic.*—3. *Large Hospitals, Hospital-Tents, and Parisian Public Opinion.*—4. *Dr. Ogier Ward's Health and his Paper on Cephalopoda.*

SMALL-POX AND GENERAL MORTUARY STATISTICS.—I have again to state that the mortality from small-pox goes on increasing. According to the official bulletin, this disease carried off 218 persons during the week ending 28th May. The deaths from small-pox during the preceding week—the week ending 21st May—was 105.

The following is a summary of the bulletin for the week ending 28th May.—Total deaths, 1254; of which 218 were from small-pox, 19 from scarlatina, 19 from measles, 25 from typhoid fever, 1 from typhus, 7 from erysipelas, 78 from bronchitis, 105 from pneumonia, and 5 from puerperal affections. Making allowance for the difference in the number of inhabitants in the two cities, the last week's total mortality was greater in Paris than in London.

MEETING OF MEDICAL PRACTITIONERS AND THE PUBLIC TO DISCUSS VACCINATION AND THE SMALL-POX EPIDEMIC.—This meeting, to which I referred in my last letter (p. 558), was held last Wednesday night in the Gymnase Paz, 34 rue des Martyrs. The smallness of the number present, and the desultory character of the speaking, disappointed me. When the proceedings began there were only between 90 and 100 in the great hall; and when the attendance was at its maximum there were never quite 150 present. I make this statement positively, having several times counted the company. The various newspapers state variously the attendance at from 100 to 200, the latter being the number given by the *Gazette des Hôpitaux*, under whose auspices the meeting was convened. As the non-medical were invited to meet the medical public on this occasion, it is probable that a large portion of these present were not medical practitioners. The female sex was represented by one lady.

The first business was to elect office-bearers—or, as they say in France, *établir le bureau*. Dr. Caffé was elected President; Drs. Gallard and Marchal (de Calvi), Vice-Presidents; and Drs. Le Sourd, Révillout, and Dailly, Secretaries.

The printed programme—a very admirable programme—having been read, the speaking began, ostensibly, on the subject first in the list; viz., "the comparative value of human and animal virus, and the dangers—real or supposed—attaching to each respectively." Very little was said, however, upon the text, and the little said regarding it was not of the slightest value in a scientific sense.

The first speaker was a young physician, Dr. Amédée Tardieu of the Observatory at Montsouris. He spoke with great fluency in support of the proposition that the long prevalence of north-east winds accounted for the epidemic; and he showed that these winds explained the greater proportion of ozone in certain *arrondissements* of Paris than in others, and that it was always in them (ozone being most abundant) that "the first signals of all Parisian epidemics were given." There was another category of *arrondissements* in which (as usual in other epidemics) the second signals of the prevailing epidemic had been given—the quarter inhabited by washerwomen. Contagion was the cause of the disease spreading to, in, and from these latter localities. He showed

in an interesting manner how the trade of washing linen diffused contagion in Paris. The question of treatment, though not ostensibly before the meeting, was constantly being referred to. One speaker extolled carbolic acid in doses of ten drops, largely diluted; and Dr. Duffin, a country doctor, spoke enthusiastically of the benefits derived, in his practice, from sulphate of quinine. If given in the early stages of the disease, he said, it marvellously moderated its severity. Some conversation arose as to the proportion of deaths to cases. There seemed to be a pretty general concurrence of opinion that, viewing all cases and districts collectively, the present proportion of deaths to cases was about one in twelve. All seemed to agree that an enormous proportion of those who died were unvaccinated persons. Dr. Lanox, the apostle of "animal" vaccination, declaimed in favour of "animal" virus, and urged the dangers of communicating syphilis when the arm-to-arm system was adopted. His speech was very flimsy, and not worth reporting. The meeting adjourned at half-past 10 P.M. to Wednesday next at half-past 8 P.M. to this same place. Every effort is being used by the promoters to get up a great gathering; and it is announced that numerous speakers are already *inscrits*. This system of speakers being called in the order in which they have previously sent in their names to the secretaries as desirous of speaking, makes a French public meeting very dull as compared to one in England. Here we have a series of prepared orations, and not a real debate, as in England.

LARGE HOSPITALS, HOSPITAL-TENTS, AND PARISIAN PUBLIC OPINION.—There is decidedly a feeling arising both in the public and the professional mind adverse to the large hospitals of Paris. "This has been clearly shown in several ways within the last few weeks. I specially refer to discussions within the profession connected with "free" medical teaching, and to discussions without the profession in relation to the inordinate cost of the new Hôtel-Dieu, and the certainty of its being a less wholesome residence for the sick than the uncouthly hospital-tents which (in deference to modern sanitary science) have been recently erected in the gardens of the Hôpital Beaujon, rue du Faubourg Saint-Honoré, and in the gardens of the Hôpital Cochin, rue du Faubourg Saint-Jacques. It is understood that these experimental hospital-tents are fully answering expectations, and that similar constructions will, ere long, be added to the *surgeonal* accommodation of most of the Parisian hospitals. Reform in this direction will be much appreciated by the tax-payers of Paris, who grumble as much at hospital expenses for the poor as both Parisians and provincials complain of having to pay part of the price of opera-tickets for the rich.

A few days ago—a *propos* of a fire at the present temporary opera-house—a writer in *Le Gaulois*, under his well-known pseudonym of "Joé Trézel," thus ventilated these topics in an imaginary dialogue.

"Walking quietly along the Boulevard, the other evening, I heard the cry—*the Opera is on fire!* I at once imagined that flames were devouring the immense professional building of wood and plaster where, for the last fifty years, an opera has been sung two or three nights every week. Happily, the disaster was much less serious than I had feared. Looking at what was going on, I observed, close beside me, a friend, a young dramatic author. We soon got into conversation regarding the new gigantic pile of building which is about to replace the present structure. 'You know,' said he, 'that the Imperial Academy of Music has never been able to cover its expenses; and that to make up the deficiency, the State—that is, the tax-payers of France—have to contribute an annual subsidy of rather more than eight hundred thousand francs. Taking at the lowest estimates the ground, construction, decorations, and furnishing, the cost of the new opera-house will be at least forty millions, the annual interest of which amount, without allowing anything for maintaining the fabric, will be two millions; this, with the subsidy, will be two million eight hundred thousand francs. During the year there are about 160 performances, so that each performance costs the nation 17,000 francs. It comes to this, that the opera-goer who pays 10 francs for admission, receives a present from the State of 22 francs, because the real cost of each place is 32 francs! This extravagance, I admit, benefits the trade of Paris, and poor people living in Paris can at least have the pleasure of seeing from afar the rich going to and from the opera. But it cannot be very amusing to artisans living in remote districts to know that from their hard-earned wages they have to contribute towards the price of the Parisian dandy's stall at the opera.' 'But, sir,' said I, 'the poor are not forgotten in the public expenditure; for them, that magnificent edifice, the new Hôtel-Dieu, has been erected.' 'Ah, yes,' sneeringly replied my implacable companion, 'let us talk about the Hôtel-Dieu. I admit that it is a costly palace for the sick poor; but can more be said in its favour? It is an hospital intended to contain 700 beds; experience has shown that diseases cannot be successfully treated in hospitals having more than 60 or 100 beds. It is a dark building with thick walls and closed courts; contagion and infection must be deadly and constant sojourners there.



Science tells us that air and light ought to be freely admitted to hospitals. Look at what they are doing at the Hôpital Beaulieu—performing all the great operations of surgery in mere sheds, almost in the open air! At your boasted new Hôtel-Dieu, it has been calculated that the interest on the cost of the site and construction, with board and attendance, will bring up the daily cost of each patient to 12 francs. How much more might be done for this same expenditure! The 12 francs would enable the patient to be cared for at his own house, and would likewise suffice to keep his children from want. What can you say to this, sir? I was silenced; I could only mutter—"I am profoundly ignorant of arithmetic."

When the great questions of large or small hospitals—of hospitals with or without air and light—emerge from the medical journals and become added to the stock-in-trade of the Parisian *feuilletonist*, we may be sure that public attention is aroused, and that practical changes will not be long in coming, particularly as health, life, and money, can all be saved by one and the same reform.

DR. OGIER WARD'S HEALTH, AND HIS PAPER ON CEPHALOPODA.—Many members of the British Medical Association will rejoice to learn that Dr. Ogier Ward—after many years of great suffering and physical disability—is now in excellent health, and as active in body and in mind as of old, when (ere the Association was "British") he did good and hard work as Secretary of the Metropolitan Counties Branch, before and at its formation, as well as after its establishment. Dr. Ward read a paper, on the 22nd of last month, before the "Section des Sciences", of the great meeting, held in Paris, at the Sorbonne, of delegates from the scientific societies of the departments. He appeared as a delegate from the Linnean Society of Normandy. The object of his paper was to give an account of numerous observations which he had made upon the fossil shells of the cephalopoda. He showed that most of the fossil partitioned shells of the cephalopoda must have been enclosed within the body of the animal, in the same way that the shells of the spirula of our seas are enclosed. I had not the pleasure, as I had intended, of hearing Dr. Ward read his paper, but I had a still greater pleasure of meeting him some hours later at Dr. Shrimpton's hospitable board. I can therefore state, without any qualification, that he had nothing of the sick man left. He did full honour to salmon, champagne, and the like, after which he attended a great scientific reception at the Institute. I mention all this, not as mere matters of gossip and personal interest, but as medical facts of general interest. For many years, Dr. Ward suffered from an exceedingly painful tumour in the abdomen; sometimes it went away; but he was often for months at a time confined to bed. Well, one night, two years ago, weak and prostrate, he went to bed with the tumour, and suffering great pain in the abdomen. In the morning, pain and tumour were gone, and have never since returned. What was the malady from which Dr. Ward suffered so much and so long, and which disappeared so abruptly, leaving no trace behind? I should not have mentioned these details had not Dr. Ward already (when a suffering man, and perplexed as to the nature of his malady) laid the facts before the profession in the JOURNAL of the Association, and asked for opinions diagnostic and therapeutic. Hitherto, Dr. Ward has been residing at Caen, in Normandy, but he has, within the last few weeks, removed to Saint-Germain-en-Laye, near Paris.

## ASSOCIATION INTELLIGENCE.

### NORTHERN BRANCH.

THE annual meeting of the above Branch will be held in the Athenæum, Sunderland, on Tuesday, June 14th, at 1.30 P.M.; E. H. MALING, Esq., in the Chair.

Dinner at the Queen's Hotel, at 4.30 P.M.  
Gentlemen intending to read papers or describe pathological specimens, are requested to communicate with the Secretary without delay.

G. H. PHILIPSON, M.D., *Honorary Secretary*.

Newcastle-upon-Tyne, May 30th, 1870.

### BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

THE annual meeting of the above Branch will be held at the Great Western Hotel, Birmingham, on June 17th, at 3 P.M.; THOMAS UNDERHILL, Esq., President, in the Chair.

The annual dinner will take place after the meeting, and at the Great Western Hotel, at 5 o'clock punctually. Dinner Tickets, including waiters and dessert, 7s. 6d. each.

T. H. BARTLETT, *Honorary Secretary*.

### SOUTH MIDLAND BRANCH.

THE fourteenth annual meeting of the above Branch will be held at the Infirmary, Aylesbury, on Thursday, June 30th, at 1 P.M.; CHARLES HOOPER, Esq., President, in the Chair.

Gentlemen who propose reading papers or cases, are requested to furnish the names or titles of same forthwith to Dr. Bryan, Northampton.

J. M. BRYAN, M.D., Northampton } *Hon. Secs.*  
G. P. GOLDSMITH, Esq., Bedford }

Northampton, May 31st, 1870.

### BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

AT a meeting of this Branch, on April 14th, the following resolution was proposed by Dr. PERCY LESLIE, and carried.

"The members of the Birmingham Branch of the British Medical Association, convinced of the great and ever-increasing anomalies of the present system for administration of gratuitous medical relief, both as regards the public and the profession, hereby propose to form a board of inquiry, which, without committing itself to any particular line of action, shall by all legitimate means seek to obtain information as to the causes of complaint, and direct by public discussion, publication of statistics, and correspondence with governing bodies, the best course to be taken to obtain redress."

### GLOUCESTERSHIRE BRANCH.

THE spring meeting of this Branch was held at the Cheltenham Hospital, on Friday, May 27th. Present: Dr. Sankey, F.R.C.P., President; Dr. Rumsey; Dr. Wilson; Dr. Smith; Dr. F. Smith; Dr. Cook; Dr. Batten; Mr. Hickes; Dr. Haviland; Dr. Bradley; Dr. Walters; Mr. Alland; Mr. Gimblett; Dr. Stott; Mr. Winterbotham; Mr. Askwith; and Mr. Fleischmann, *Honorary Secretary*.

Dr. SANKEY delivered an opening address, in which he considered the following points: medical reform generally; the Contagious Diseases Act; the fusion of the metropolitan medical scientific societies; and the right of representation in the General Medical Council, as striven for by the medical profession.

Dr. WILSON read an interesting paper on the last Quarterly Report of the Registrar-General, showing the many fallacies that creep into the Reports, due to the system of employing unfit men as local registrars.

Dr. SANKEY also read a most able paper, illustrated by some valuable microscopic specimens, on the Physical Conditions of the Cerebral Capillaries in General Paresis and in other Forms of Insanity.

The members afterwards dined together.

A special meeting is to be called on June 23rd, to consider the Medical Bill now before Parliament; and it is believed that a large attendance will be secured.

### BATH AND BRISTOL BRANCH: ORDINARY MEETING.

THE fifth ordinary meeting of the session was held at the York House, Bath, on Thursday evening, April 14th; C. H. COLLINS, Esq., President, in the Chair. There were also present thirty-three members and ten visitors.

*New Members*.—Joseph Nash, M.D., Ashley Manor, Box, was elected a member of the Association and of the Branch. Mr. Morgan, of Chilcompton, was proposed as a new member, and will be balloted for at the next meeting.

*Communications*.—1. Mr. STOCKWELL exhibited a patient on whom he operated nearly four years ago for Malignant Disease involving a large portion of the Lower Jaw, which was rapidly increasing. He divided the bone through the symphysis menti, and then cut off portions until he came to perfectly healthy structure. The patient has been in good health up to the present time; but recently the inferior maxillary glands have become enlarged.

2. Dr. BRABAZON read the details of a case of Cystic Sarcocele of the Testis, conjoined with Tubercular Disease of the Pancreas. The patient, aged 35, had been in the army, and had seen much service in the Crimea, and afterwards in Bermuda, where he had yellow fever. He first consulted Dr. Brabazon for severe lumbar pain, occasional vomiting, anorexia, and progressive emaciation. These symptoms had existed for about a month previously. He had rarely suffered from abdominal pain, but had for some time troublesome constipation. On examination, Dr. Brabazon discovered a scrotal tumour, as large as a small cocoa-nut. It apparently occupied the whole scrotum, and presented obscure fluctuation; it was not painful nor tender to the touch.

The right testicle was not distinguishable from the tumour. The left testicle was displaced to the upper and back part of the scrotum. The tumour was perfectly opaque, and did not present any feeling of inequality of surface or lobulation. There was very slight enlargement of the superficial inguinal glands. There was an abdominal tumour of considerable size, situated at the junction of the epigastric and umbilical regions, and extending laterally towards the left lumbar region across the vertebral column. It was lobulated, and covered by the intestinal mass. There was no evidence of aneurism. The patient stated that the scrotal tumour had commenced three months previously, without any known cause, and was only inconvenient from its great size. He had not been aware of the existence of the abdominal tumour. He had suffered from gonorrhoea, but never from syphilis. On December 23rd, Dr. Brabazon explored the scrotal tumour with a small trocar and cannula, but only obtained about three ounces of dark grumous fluid. A probe introduced moved freely about in a cavity; but the tumour was not sensibly diminished. Mr. Stockwell now examined the case with Dr. Brabazon; and they conjointly arrived at the conclusion that the scrotal tumour had been originally a hydrocele, and had become converted into an hæmatocele from the bursting of some vessel, with great thickening of the tunica vaginalis; while the abdominal tumour might be a collection of feces in the colon; or that the scrotal tumour was some serious disease of the testes, and the abdominal tumour somehow connected with it. Treatment in accordance with the more favourable view was first adopted, but unsuccessfully. The tumour was again explored, with the same result; and, as signs of irritative fever and erysipelas appeared, it was agreed to ascertain the nature of the disease, and, if necessary, to remove the testicle. The tumour was freely laid open, and the necessity of immediate castration was made apparent. The testicle, on removal, was found to be a completely disorganised mass, made up of cysts, interspersed with tubercular matter and sanguineous semi-purulent fluid. There was no evidence of malignant disease afforded by microscopical examination. The patient died on the third day after operation, apparently from inanition, as he exhibited no symptoms of shock, peritonitis, or pyæmia. *Post mortem* examination revealed the abdominal tumour as being formed by diseased pancreas, the proper structure of which was completely occupied by quantities of tubercular matter, to the total destruction of its functions. None of the symptoms described as peculiar to disease of the pancreas were present during life. There was no microscopical evidence of malignant disease.

3. Mr. HALLETT gave an abstract of a paper on Contagious Disease in its Medico-legal Aspect. Admitting the superior aim of those who would root out prostitution as a whole, he argued that the prevention of diseased prostitution as a part cannot in reason, and need not in fact, be incompatible with such aim; that a law directed against the more virulent form of an evil cannot necessarily imply legalisation of the less virulent. While, however, holding that diseased prostitution should be subject to the direct surveillance of the Executive, he considered the present Act to be unjust in its exclusiveness, and unnecessarily severe and expensive in its working; and therefore he suggested an amendment, of which the following is a comparative abstract.—Section 16 provides that "the justice present, on oath being made before him, substantiating the matter of the information to his satisfaction, may, if he thinks fit, order that the woman be subject to a periodical medical examination by the visiting surgeon.....for the purpose of ascertaining whether she is affected with a contagious disease." In place of this was suggested the following: "The justice present, on oath being made before him substantiating the matter of the information to his satisfaction, may, if he thinks fit, order that the woman either find sureties (reputable friends, clergymen, moral institution, etc.) of altered life, or that she be subject to the periodical production of a certificate of examination by some legally qualified medical practitioner (male or female, private or charitable), for the purpose of ascertaining whether she is affected with a contagious disease." The Act also provides that "if, on any such examination, the woman examined he found to be affected with a contagious disease, she shall thereupon be liable to be detained in a certified hospital." For this Mr. Hallett proposed to substitute: "If, on any such examination, the woman examined be found to be affected with a contagious disease, she shall thereupon be liable to the periodical production of a certificate of medical treatment; becoming further liable to arrest and penalty, if found in the public haunts during such treatment."

4. Dr. DAVEY also read a voluminous paper on the Contagious Diseases Act. He began by stating that, in his opinion, the sanitarian had to all appearance, in the particular instance under consideration, mistaken his high vocation. After sketching the successive Acts of the legislature, he proceeded to consider first the consequences of the Act to women generally—to those fallen, as well as to those of good cha-

racter. Instances were given where respectable and modest women had been greatly abused by the police—i. e., suspected with no sufficient cause, etc. It was attempted to be shown that the Contagious Diseases Act had a bad effect on the prostitute herself; that the *surveillance* insisted on was calculated rather to aggravate than to diminish the vices inseparable from her calling and pursuits; and that the reformation or reclamation of the fallen women was more difficult at Portsmouth and Devonport and such places than under other and past circumstances. Further, the demoralisation of our soldiers and sailors was declared to be inseparable from the fearful encouragement now given to sexual congress among them. Dr. Davey dwelt with much earnestness on the more than probable increase, among our troops, of nervous disorders and insanity, as the direct consequence of the abuse of the amatory instinct. The relationship of legalised to clandestine prostitution was shown; and it was argued, that a certain balance appeared to obtain between these. Thus a falling off in the former was attended with a proportionate increase in the latter; the absolute number of fallen women remaining the same, or nearly so. The author believed that, whilst syphilis and gonorrhoea were kept under among the legalised prostitutes—on those submitted to the provisions of the Act within any given area—yet must it be confessed that among clandestine women these disorders were much on the increase. The assumed diminution in the gross number of prostitutes at Devonport, Portsmouth, and elsewhere, was not true; the fact being, that very many of the women hated the periodical inspections of their persons, as well as the other official restraints of their calling, and hastened, like all others immorally inclined, to be freed from the trammels of the law which environed them. The attempt to extend the Contagious Diseases Act to the civil population was condemned in no measured tones. It was said: "Remove yet more the fear of disease from the mind of many a civilian—and he neither young nor single—and much of that time now passed at home and within the bosom of his family will be disposed of at a brothel and in the company of harlots. Where, in this case, shall we look for domestic happiness? How limit the sin and sorrow to follow in the wake of the first transgression?" In treating of the first cause of prostitution, Dr. Davey visited on the seducer the fullest measure of his wrath. He, it was said, forged the first, the strong link, in the chain of vice. The seducer and the brothel-house-keeper were especially criminal; neither should escape. Houses of undoubted ill-fame should be stamped out of being—treated as our health-officer would any filthy cesspool. The whoremonger, the drunkard, the gambler, the pugilist, and the man guilty of cruelty to animals, equally infringed the moral law, and put themselves outside of good citizenship; and therefore, it was argued, they should one and all suffer. Lock hospitals and lock wards, as affording the means of cure, as well as those of reclamation, of fallen women, were recommended; but, said the author of the paper in conclusion, "to the moral and intellectual advancement of our kind must we look for the adoption of virtuous principles and acts among both men and women."

A long discussion ensued, in which Mr. Bernard, Mr. Stone, the President, Dr. Hunter, Dr. Beddoe, Mr. Crossman, Mr. Bartrum, and others, took part. Eventually, Mr. BARTRUM moved the following resolutions: "That, in the present state of the question, it is undesirable that the operation of the Act should be disturbed. That this meeting disapproves of the proposal to extend the provisions of the Act to the civil population." No division, however, took place on them, as formal notice was deemed essential.

## UNIVERSITY INTELLIGENCE.

### UNIVERSITY OF CAMBRIDGE.

TRINITY COLLEGE.—The authorities of this College have instituted a Frelectureship of Physiology, and appointed Dr. Michael Foster to the post. We understand that the lectures will be open to all members of the University; so that this liberal act on the part of the College is practically equivalent to the foundation of a Professorship of Physiology in the University.

NATURAL SCIENCE SCHOLARSHIP AT ST. PETER'S COLLEGE.—There will be an examination at St. Peter's College on Tuesday, June 14th, for a Natural Science Scholarship, of the value of £60 *per annum*. It will be open to all persons who may desire to enter at the University. The subjects are, Chemistry, Comparative Anatomy and Physiology, and Botany. Names of candidates must be sent a week previously to Rev. J. Porter, Tutor of the College, from whom further information may be obtained.

## OBITUARY.

JOSEPH CHAPMAN, ESQ., OF HOUNSLOW.

We have to record the death, on the 13th ultimo, of Mr. Joseph Chapman, Surgeon, a member of the Association, at Woodville House, Hounslow.

He commenced his professional studies at the Norwich Hospital, where he was a pupil of Mr. John Greene Crosse, and afterwards proceeded to University College. He obtained the licence of the Apothecaries' Company in 1839, and the membership of the College of Surgeons in 1840, and soon afterwards settled at Hounslow, where, by perseverance and earnestness of purpose, he soon obtained an extensive practice. He was a neat and dexterous operator, and a judicious and sound practitioner. To the poor in his neighbourhood he was a kind and beneficent friend, as many still alive can testify. Some years since, finding his health failing, he assumed as his coadjutor Dr. Whitmarsh, on whom the conduct of the practice now devolves. Nothing could more strongly indicate the respect in which he was held, than the long train of the humble classes who voluntarily followed him to his last resting place in the Churchyard of Heston. He leaves a widow to mourn his loss.

HENRY LAW KEMPTHORNE, M.D., M.R.C.P.LOND.

It is a grievous thing to have to record the premature death of so promising a man as the late Dr. Henry Law Kempthorne. Taken away after a few days' illness, at the early age of twenty-nine, with a prospect of success in life that older men might have envied, it cannot yet be said that his brief life was spent in vain; for, if we begin with his medical history as an article pupil at a country hospital, and trace his career at King's College, where, besides other honours, he obtained the Todd Clinical Medal, and held the appointments of House-Physician and Physician-Accoucheur to the Hospital, and note still further his distinctions at the University of London, which culminated in obtaining the Gold Medal at the Doctor of Medicine Examination against a large field of competitors, we shall see that, throughout, he was an example of hard work to his contemporaries and a pattern of hope and courage to follow. Dr. Kempthorne chose lunacy as the goal of his professional life, and after obtaining the post of Assistant Medical Officer at Bethlem, the highest preferments were mere matters of working and waiting—and Dr. Kempthorne worked only too well; for the anxieties of his work, and the worry connected with the procuring of a large public appointment which he had in view, so far injured his health that he succumbed to what might have proved a trifle to a less conscientious and a lazier man. Dr. Kempthorne became a member of the College of Physicians in 1869, and was a staunch upholder, amongst the younger men in lunacy of the great liberal principles on which that specialty is founded. Well versed in psychology, and in the solid materialism on which all true psychology is founded, most persons anured for him a bright future in lunacy, inasmuch as his graciousness of manner, love of work, deep sense of responsibility, and thorough professional attainments, were just those qualities calculated to promote confidence and to ensure success. If time was not allowed for perfecting a treatise which might have commemorated him, there are numbers of professional men in London who can bear testimony to his aptitude; and it is the tribute of these to his memory that we desire now to pay.

At his father's church at Wedmore, on Saturday, May 21st, the last obsequies of Henry Kempthorne were performed, and the funeral sermon was preached to a crowding and mourning congregation, amongst most of whom he had done good service.

## MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on May 28th:—

Hyde, William Derby, L.S.A., Hemel Hempstead (Charing Cross)

Phillips, John, L.S.A., Whitland, Carmarthen (Guy's)

On the same day, the examination for the Fellowship of the College, which had occupied the Court of Examiners all the week, were brought to a close; when, out of the twenty-one candidates who underwent the final examination for this distinction, only two were referred to their professional studies for the usual period of twelve months. The names of the successful candidates cannot be published until after the meeting of the Council, on Thursday next.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, May 26th, 1870.

Atkinson, Alfred James, Bessborough Gardens, S.W.

Boddy, Hugh Walter, Salford Hospital

Hyde, William Derby, Hemel Hempstead

Lawton, Joseph, Torquay

Phillips, John, Whitland, Carmarthen

Osborn, Samuel, Gresham Park, Brixton

Wayman, Clement Page Scott, Great Thurlow, Suffolk

As an Assistant in compounding and dispensing medicines.

Gill, Joseph William, Fendleton

## MEDICAL VACANCIES.

THE following vacancies are declared:—

BETHLEM ROYAL HOSPITAL FOR LUNATICS—Assistant Medical Officer: applications, 10th.

BIRMINGHAM AND MIDLAND FREE HOSPITAL FOR SICK CHILDREN—Resident Medical Officer: applications, 13th; election, 20th.

BUCKINGHAMSHIRE LUNATIC ASYLUM, Stone, near Aylesbury—Assistant Medical Officer: applications, 10th.

CASTLE WARD UNION, Northumberland—Medical Officer and Public Vaccinator for the Whalton District: applications, 4th; election, 6th.

CHALMERS HOSPITAL, Banff—Superintendent and House-Surgeon.

COCKERMOUTH UNION, Cumberland—Medical Officer for the Cockermouth No. 2 District.

EAST SUSSEX, HASTINGS, and ST. LEONARD'S INFIRMARY—Assistant-Surgeon: applications, 10th.

GREAT-WESTERN and BRISTOL and EXETER RAILWAY PROVIDENT SOCIETY—Surgeon for the Exeter District: applications, 7th; election, 21st.

HALSTEAD UNION, Essex—Medical Officer for the First Division of District No. 1, in the Wharfedale: applications, 10th.

"HAMADRYAD" HOSPITAL SHIP, Cardiff—Resident Assistant Medical Officer: applications, 16th.

HUNSLY UNION, Yorkshire—Medical Officer for District No. 2.

INFIRMARY FOR CONSUMPTION AND DISEASES OF THE CHEST, Margaret Street—Visiting Physician: applications, 8th.

LEEDS GENERAL INFIRMARY—Surgeon.

LONDON FEVER HOSPITAL—Assistant Physician: applications, 7th; election, 10th.

MARKING, Fifehire—Parochial Medical Officer: applications, 6th.

METROPOLITAN ASYLUM DISTRICT—Medical Superintendent of Asylum for Imbeciles, Catterham: applications, June 16th.

ROSCOE UNION, Tipperary—Medical Officer for the Subdistrict of Ballybrit in the Roscoe Dispensary District: 6th.

ROYAL SEA-BATHING INFIRMARY, Margate—Consulting-Surgeon.

ST. MARLYBONE PROVIDENT DISPENSARY, Duke Street, Portland Place—Medical Officer in Ordinary: applications, 28th.

SUNDERLAND GENERAL INFIRMARY—Two House-Surgeons: applications, 17th; election, July 8th.

## MEDICAL APPOINTMENT.

Names marked with an asterisk are those of Members of the Association. RETT, Adam Scott, M.D., C.M., appointed House-Surgeon to the Northern Infirmary, Inverness.

## BIRTHS.

IRELAND.—On May 29th, at the Limes, Linton, Cambridgeshire, the wife of \*Edward Ireland, M.R.C.S.E., etc., of a daughter, stillborn.

KETTLE.—On May 31st, at Small Heath, Birmingham, the wife of \*Henry Kettle, M.R.C.S. Eng., of a daughter.

MURCH.—On May 28th, at the wife of \*William Mutch, L.R.C.P. & S.Ed., Orton, Westmorland, of a daughter.

## MARRIAGE.

KEMP—GREENWOOD. On February 17th, at Nelson, New Zealand, by the Rev. G. H. Johnstone, \*William George Kemp, Surgeon, son of Major Kemp, Canterbury, Kent, to Charlotte, daughter of D. Greenwood, Esq., of Woodland House, Nelson.

MR. TOMKYN, Surgeon, of Yeovil, has met with an accident. He was riding on horseback, when the animal was frightened at a bicycle, sprang on to the pavement and fell, throwing Mr. Tomkyns, who was severely bruised.

LINCOLN COUNTY HOSPITAL.—According to one of the rules of the Lincoln County Hospital, all the officers must be communicants of the Church of England; but notice has been put in the Board-room that a motion will be made at the next quarterly meeting in October to alter it by substituting the words "shall be members of a Christian denomination." The notice is signed by Lord Monson, Major Ellison, and Captain Bicknell, who are all churchmen.

## BOOKS, ETC., RECEIVED.

A Practical Treatise on the Diseases of Children. By J. Forsyth Meigs, M.D., and William Pepper, M.D. Fourth Edition, revised and greatly enlarged. Philadelphia and London: 1870.

Observations on Fundamental Principles and some Existing Defects in National Education. By Neil Amott, M.D., F.R.S., etc. New Edition, revised, with additions. London: 1870.



## OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.  
 TUESDAY.....Guy's, 1.30 P.M.—Westminster, 2 P.M.—National Ophthalmic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.  
 WEDNESDAY.....St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.15 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—St. Thomas's, 1.30 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Cancer Hospital, Brompton, 3 P.M.—King's College, 2 P.M.  
 THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Ophthalmic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 3 P.M.  
 FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.  
 SATURDAY.....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.—East London Hospital for Children, 2 P.M.—Hospital for Women, 9.30 A.M.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Epidemiological Society.—Entomological Society.  
 TUESDAY.—Anthropological Society of London.—Pathological Society of London, 8.30 P.M. Special Meeting to consider the Amalgamation of the Societies.  
 WEDNESDAY.—Royal Microscopical Society, 8 P.M. Mr. John Bell (of the Laboratory, St. George's House), "Experiments on Fermentation and Parasitic Fungi"; Mr. John W. Stephenson, F.R.S., "A New Form of Binocular Microscope";—Epidemiological Society, 8 P.M. Dr. Jelly (formerly of Chilly), "An Account of the National System of Vaccination in Chilly."  
 THURSDAY.—Royal Society.  
 FRIDAY.—Royal Astronomical Society.

## EXPECTED OPERATIONS AT THE HOSPITALS.

UNIVERSITY COLLEGE HOSPITAL, Wednesday, June 8th, 2 P.M. Lithotomy, by Sir Henry Thompson.

## NOTICES TO CORRESPONDENTS.

All Letters and Communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen Street, Lincoln's Inn Fields, W.C.  
 CORRESPONDENTS not answered, are requested to look to the Notices to Correspondents of the following week.  
 To PURCHASERS.—To insure attention, it is requested that all orders sent to the Office for extra copies of the JOURNAL, be accompanied with stamps for the amount.  
 We CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.  
 CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

## IRIDESCENT FILMS ON URINE.

ENQUIRER writes:—"It is very common to observe floating on the night's urine an iridescent oily-looking film. Can any of your readers give me information as to the nature and cause of this appearance, and refer to any work on urinary deposits where it is described? Does it imply dyspepsia or errors in diet; and, if so, what direction? I have been disposed in my own case, and in that of one of my patients, to suspect claret as a cause. Does it go with a tendency to rheumatism?"

## TEST FOR ALBUMEN.

SIR,—In the *Lancet*\* for May 14th, 1870, p. 621, there is a short article headed "On a New Test for Albumen." (The italics are not Dr. Tidy's.) Dr. Tidy proposes a mixture of alcohol and carbolic acid as a most delicate test for albumen; and states that he has been able to obtain a distinct precipitate with a solution of 1 part of albumen in 15,000 of water, whereas in 15,000 is the smallest quantity discoverable by nitric acid.

I am sorry to disturb Dr. Tidy's claim as to priority; but I must beg to call his attention to an article by M. Mchu, in the *Journal de Pharmacie et de Chimie*, Février, 1869. In his interesting paper M. Mchu states that, after numerous trials, he finds the following solution a most satisfactory test for albumen:—Phenic acid (carbolic acid), 1 part; acetic acid of commerce, 1 part; alcohol at 86 per cent., 2 parts. Dr. Tidy at first made use of a mixture of carbolic and acetic acids, but M. Mchu also employs this solution for the qualitative examination of albumen, and remarks that the phenic acid does not seem to enter into combination with the albumen; it simply coagulates it. The acetic acid prevents the precipitation of the phosphates, etc., by the rectified spirit. M. Mchu further remarks that neither diabetic sugar, nor sulphate of urea, iodide of potassium, nitrate of potassium, nor chloride of sodium, interfere with the result. Carbonate of ammonia does not hinder the precipitation; but the precipitate has all the appearance of the casein of milk. M. Marchal, in the succeeding number of the same journal, confirms M. Mchu's test; and I have had reason to be well satisfied with it in the few cases in which I tried it at the Adelaide Hospital. I am, etc.,  
 121, Lower Baggot Street, Dublin, May 1870. WALTER G. SMITH, M.B.

NOTICE TO ADVERTISERS.—Advertisements should be forwarded direct to the Printing-Office, 37, Great Queen Street, W.C., addressed to Mr. RICHARDS, not later than *Thursday*, twelve o'clock.

## LADY-STUDENTS.

SIR,—In reply to a letter from an "University Student," which appeared in your last number, you will perhaps allow me to make a single remark. Being in no way responsible for the paragraph, to which your correspondent refers, I do not feel called upon to point out the inaccuracies of his statement. As he appears, however, in one respect, to be echoing a somewhat general belief, it may be perhaps as well that I should gratify his curiosity so far as to state, that the course of Lectures on Zoology, which I am now delivering to a mixed class, is identically the same as the course which I delivered last winter to my ordinary class of male students. I have not hitherto encapsulated my lectures in any way whatsoever, nor have I the smallest intention of doing so. In acting, I am guided by the fact, that conviction that little stress is to be laid on the purity and modesty of those, who find themselves able to extract food for improper feelings from such a purely scientific subject as zoology, however freely handed. To the pure all things are pure. I am, etc.,  
 Edinburgh, May 30th, 1870. H. ALEXYEN NICHOLSON.

A PROBATIONER FELLOW.—We understand that full particulars of the annual election of Fellows into the Council will be posted this day to all the Fellows in the United Kingdom whose addresses are known to the Secretary.

## MEDICAL EDUCATION OF WOMEN.

SIR,—In your last number, you gave a list of those members of the profession who signed the petition to the House of Lords in favour of the medical education of women. One would like to know their reason for thus deliberately trying to cut away the ground from under the feet of their less exalted brethren? Be it remembered that the general reason referred to is nearly, if not quite, the same; namely, that which class will, without doubt, profit largely by the introduction of women into practice. "Further advice" will then be more frequently sought, either from a lack of self-reliance on the part of the medical women themselves, or what is more likely, from want of confidence in them, by their patients. The consulting class has, therefore, everything to gain, while the general practitioner has everything to lose by the innovation. I am, etc.,  
 June 1870. GENERAL PRACTICE.

NOTICES of Births, Marriages, Deaths, and Appointments, intended for insertion in the JOURNAL, should arrive at the Office not later than 10 A.M. on Thursday.

## PROVIDENT DISPENSARIES.

SIR,—In my paper on Provident Dispensaries (*BRITISH MEDICAL JOURNAL*, May 21st, 1870), I meant to say, in speaking of free members: "A man with a family, earning not more than thirty shillings a week, is considered a suitable case for admission." The word *less* is used instead of *more*; and, as the mistake is important, I hope you will allow me to use the word in the JOURNAL.  
 Belsize Park, June 2nd, 1870. I am, etc., J. FORD ANDERSON.

## THE APOTHECARIES' HALL OF IRELAND.

SIR,—I request you will have the goodness to publish in the forthcoming number of the JOURNAL, the following resolution, which was passed at a meeting of the Court of Directors of the Apothecaries' Hall of Ireland held this day.  
 "That the Court of Directors have read with surprise the statement contained in an article under the head 'Pharmacy in Ireland,' which appeared in the BRITISH MEDICAL JOURNAL of the 28th ultimo; namely, 'that several Directors of the Hall approve of such a change in the constitution of their Institution, as the writer of the article advocates; and they hereby meet the statement referred to by an unanimous contradiction.'  
 Dublin, June 1st, 1870. JOHN SHEA, M.D., Governor.

We are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Indian Medical Gazette, May 2nd; The New York Medical Gazette, May 14th; The Parochial Critic, June 1st; The New York Medical Record, May 19th; The Boston Medical and Surgical Journal, May 19th; The Madras Mail, March 21st; The Gardener's Chronicle, May 28th; etc.

## COMMUNICATIONS, LETTERS, ETC., have been received from:—

Mr. L. E. Roberts, London; Dr. J. Ford Anderson, London; Dr. J. Thompson Dickson, London; Dr. W. S. Playfair, London; Mr. Walter W. Reeves, London; Dr. G. Naylor, London; Dr. F. B. Nunneley, London; Dr. W. R. Warwick, Southend; A Member of the British Medical Association; The Secretary of the Edinburgh Royal College of Surgeons; Mr. H. A. Nicholson, Edinburgh; Dr. C. H. Lect, Dublin; Mr. W. Mutch, Orson; Mr. J. N. Radcliffe, London; Mr. T. H. Bartlett, Birmingham; Dr. Nunneley, Leeds; Mr. G. E. Horton, Dudley; Dr. Gull, London; Dr. Reih, Aberdeen; Mr. H. M. Morgan, Lichfield; Dr. J. C. Browne, Wakefield; etc.

## LETTERS, ETC. (with enclosures) from:—

Dr. W. H. Corfield, London; Mr. T. Cammack, Spalding; Mr. R. H. Nicholson, Hull; The Secretary of the East London Hospital for Children; Mr. H. King, Morningside; Mr. Thorn, Norwich; Mr. T. Wastell Williams, Birmingham; Mr. S. W. North, York; Dr. G. H. Philipson, Newcastleton-upon-Tyne; Dr. R. Risdon Bennett, London; Dr. W. T. Greene, London; Dr. Wilks, London; Mr. Alfred Fleischmann, Cheltenham; Madame Brenner, London; Mr. J. B. Bradbury, Cambridge; Dr. G. M. Humphry, Cambridge; Dr. C. C. Hayman, Eastbourne; The Registrar-General of England; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; Mr. T. M. Stone, London; The Registrar of the Medical Society of London; Dr. E. Meryon, London; The Secretary of the Royal Medical and Chirurgical Society; Dr. E. Symes Thompson, London; The Secretary of the Epidemiological Society; Dr. E. Ballard, London; Dr. R. Thorne London; Dr. Morell Mackenzie, London; Dr. T. Clay Shaw, London; The Secretaries of the Bath and Bristol Branch; Dr. Mapother, Dublin; Dr. Boulton, London; Dr. Letheby, London; Dr. J. MacCormac, Dublin; Mr. E. Ireland, Linton; Dr. Jameson, Aberdeen; Dr. W. Shea, Dublin; etc.

\* Dr. Tidy's observation on this subject was mentioned at p. 367 of the BRITISH MEDICAL JOURNAL for April 9th.

# LUMLEIAN LECTURES

ON THE

## NATURAL HISTORY AND DIAGNOSIS OF INTRATHORACIC CANCER.

*Delivered before the Royal College of Physicians, 1870.*

By JAMES RISDON BENNETT, M.D.,

Fellow of the College.

### III.

PROCEEDING to the third division of my subject, *or mediastinal tumours*, we find much greater diversity in the symptoms during life, and in the effects produced on the lungs and other contents of the thorax. The complications are greater and more numerous. The lungs may be invaded or not, and either with or without ulceration. The signs of pressure may be connected mainly either with the circulation or the nerves, or simply the bronchi. And with any of these signs and unquestionable evidence of intrathoracic tumour, there may still be considerable difficulty in deciding whether we have not to do with an aneurismal, or other tumour, rather than cancer. In many of these cases, although it may not be easy to lay down rules of diagnosis for the guidance of others, it is very easy for a good practised clinical observer to decide on the real nature of the disease. But in other instances, this is very far from being the case. The coexistence of pleuritic effusion often adds greatly to the difficulties of diagnosis, as does also the early occlusion, in many cases, of the bronchi, by which all respiratory and vocal phenomena are prevented. The first illustration that I shall adduce may be regarded as a typical case. There was no difficulty in the diagnosis when first I examined the patient; and throughout, the phenomena corresponded with what might be anticipated from the increase of the growth. Nevertheless, in some of its features the case bore a strong resemblance to certain forms of aneurism.

*Intrathoracic Cancer.*—E. R., aged 40, married, a small spare woman of healthy aspect, was admitted into St. Thomas's Hospital, under the care of Dr. Bennett, on March 25th, 1856. She stated that she had always enjoyed good health till the beginning of the present illness; and particularly that she had never suffered from rheumatism in any form. About three months ago, she first experienced difficulty of breathing, which had gradually increased, attended by a sense of constriction across the upper part of the sternum; and of some obstructing cause situated behind the trachea, interfering greatly with her swallowing. There was neither lividity nor swelling of the features, nor anything indicative of much pulmonary obstruction, although the colouration was rather deeper than usual. The breathing, however, was forced and heaving, and accompanied by loud and prolonged stridor. The voice was unaltered, and she spoke without any difficulty. She appeared to suffer much from the pain and constriction referred to the upper part of the sternum, although the face was not expressive of great anxiety. The dysphagia was such that she would not attempt to take anything but liquids, which she swallowed with difficulty. There was nothing abnormal observed in the external conformation of the thorax; nor any particular venous turgescence. There was complete dulness, on percussion, over the whole left antero-superior region of the chest, extending across to the right of the sternum. Posteriorly, the dulness, though not so great, extended to below the angle of the scapula. The tracheal stridor interfered greatly with any examination of the respiratory sounds; but, from time to time, during the temporary subsidence of the stridor, the respiratory murmur, although feeble, could be heard over the whole right side, mixed, posteriorly, with mucous crepitation, especially towards the base of the lung. Over the whole of the right side, except towards the base of the lung, there was fair natural resonance on percussion; but scarcely any respiratory sounds could be heard on the left side; and what was heard was faint, distant, and bronchial. Pain and tenderness were complained of, on percussion, over the upper part of the sternum. There was a certain amount of cough, attended by grey, frothy mucous expectoration. The action of the heart was irregular and occasionally intermitting, but free from *bruit*; its impulse was great. The sphere of cardiac dulness was apparently much enlarged; but as the pulmonary dulness extended to the cardiac region, it was difficult to say whether it was referable to the heart or the lungs. The right radial

pulse was stronger and fuller than the left, and both were irregular. The temperature was natural, and there was not the least indication of febrile disturbance, nor of disease elsewhere than in the chest.

Such was her condition on her entrance into the Hospital. Subsequently the dulness of the left posterior region of the thorax increased, with entire absence of all respiratory sounds, and of all vocal thrill. The dyspnoea increased with paroxysmal exacerbations of great distress. She lay frequently on the face, which posture appeared to give some relief, both to the dyspnoea and to the pain referred to the top of the sternum. The action of the heart continued forcible, and the dysphagia became extreme. The pulse, especially on the left side, was exceedingly feeble, and little or no pulsation could be detected in the large vessels of the neck. Slight temporary relief was afforded by a small cupping, by antispasmodics, and by morphia. She died on April 2nd, after prolonged and extreme agony and struggling for breath.

**POST MORTEM EXAMINATION.**—The left pleura contained a quart of clear serum. The left lung was very much reduced in size, the upper lobe being pale and oedematous to an extraordinary degree, but crepitant throughout. Its bronchial tubes were pale, and filled with casts of transparent, colourless, jelly-like mucus. The lower lobe was crepitant throughout its greater part, but much less oedematous than the upper. The tissue retained its natural tenacity, and on squeezing it, a considerable quantity of frothy, but puriform, fluid escaped. The contents of the bronchial tubes were semifluid, opaque, and puriform. The lung, towards its root, was adherent to a malignant tumour situated in the mediastinum; and the whole of the inner surface of the lower lobe was similarly attached. A layer of dense fibroid tissue was prolonged from the tumour a little way over the surface of the lung. The right lung and the right pleura were perfectly healthy. The pericardium was healthy. The heart appeared rather larger than natural; but the ventricles were distended with partially coagulated blood, and the walls were thin. The valves were healthy. In the upper part of the anterior mediastinum, and corresponding to the position of the manubrium of the sternum, a somewhat lobulated growth was detected, which proved to be a portion of a malignant tumour, nearly as large as an ostrich's egg, seated chiefly in the posterior mediastinum, in the posterior part of the root of the lungs. The mass was somewhat irregular in shape, and lobulated on the surface. It extended from the origin of the great arteries of the neck above, to the diaphragm below; and laterally, from one lung to the other; the root of the left being much more involved than that of the right. The greater bulk of the growth was situated in the upper half of the mediastinum, behind the ascending arch. It completely surrounded the transverse arch, and the origins of the left common carotid and subclavian arteries, without however causing their obstruction. The right branch of the pulmonary artery was free; but the left was completely surrounded by the tumour, and its calibre greatly reduced. The trachea was pushed to the right side, and its lower part surrounded by the growth, excepting on the right side. The right bronchus was free; the left enveloped by the tumour, and its sides so compressed together as to be virtually obliterated. The descending arch and the thoracic aorta, in its whole length, were completely invested by the tumour. The right pneumogastric nerve and its recurrent branch were not interfered with; but it was evident that the left was involved, and probably destroyed, though it was not traced through the tumour. The diseased mass was moulded on the anterior and left two-thirds of the thoracic vertebrae. In section, the tumour was found to consist, for the most part, of a whitish, slightly translucent, and glistening material, yielding, on pressure, a creamy juice. It was abundantly studded, here and there, with a network of opaque buff-coloured streaks and spots; and presented, at some points, extravasations of blood, and in others blackish masses, apparently indicating its origin in the bronchial glands. The mass was prolonged, in an irregular lobulated form, for some distance into the substance of the left lung. The liver, spleen, intestines, pancreas, kidneys, and peritoneum, were all healthy. In the left ovary was a malignant tumour about the size of a marble; and in the right a cyst as large as a hen's egg, filled with transparent fluid, and its lining membrane studded with small warty growths.

In this case, the condition of the lung, on the affected side, is deserving of special notice. Notwithstanding the occlusion of the main bronchus, the destruction of the left pneumogastric nerve, and the great obstruction of the corresponding branch of the pulmonary artery, the tissue of the lung had not undergone any great amount of change. It was compressed, oedematous, and to a great degree bloodless, but still retained its tenacity, and was to a considerable degree crepitant. The reverse conditions of lung are more often seen in the case of similar conditions of the nerves, and vessels, and bronchi, as will be shown in another case to be subsequently given. But, inasmuch as a considerable amount of fluid existed in the left pleural cavity, it is impossible to say how far the physical signs in the infero-posterior regions during



ife were modified by, or were dependent on, such effusion. So far as regarded the upper regions of the thorax, the evidence of a progressive tumour was unmistakable; nor did the difference in the radial pulses, or the obstructed circulation through the large vessels of the neck, shake my confidence that the symptoms were due to a malignant growth, and not to an aneurismal tumour.

In the following case (M. Riley) the phenomena differed considerably from those of the preceding. The subject was much younger, a girl in her twentieth year, and came under my observation at an earlier period, so that the thoracic symptoms could be traced from their first appearance through their various stages. At the onset the pulmonary symptoms were those of bronchial irritation, showing in the sequel that these symptoms are by no means characteristic of disseminated cancer alone, but may be the first evidence of mediastinal tumours.

*Malignant Disease of the Thorax and Abdomen.*—May 25, 1868, Mary Riley, aged 20, living at Brixton—a small but well-proportioned and well-nourished girl—was admitted complaining of swelling and pain of the abdomen. For five months the catamenia had not appeared, and for some time she had complained of pain of the belly. A pyriform tumour occupied the centre of the abdomen, firm and uniform to the touch, not tender, showing a close resemblance to a uterus in the fifth or sixth month of pregnancy. The breasts were a little swollen and areolae rather dark. There was slight febrile disturbance, with a little cough. She stated that a month or so she had what was called an attack of pleurisy, and fancied that she had taken cold. She was examined by Dr. Barnes in reference to supposed pregnancy; but the result of his examination still left this question in doubt. The tumour, however, he thought was connected with the uterus. It remained stationary in size and free from movement or pain and the catamenia did not return. The febrile symptoms partook more of the character of a mild typhoid fever than any thing else, but with more than ordinary bronchial complication. The chest was everywhere resonant on percussion. Behind, there was more or less bronchial rhonchus and crepitation, particularly on the left side, and about the apex. The expectoration, which was thin mucus, was occasionally slightly tinged with blood; and it was suspected that she was phthisical. In the first week of June, the febrile symptoms had pretty well subsided; the tongue was clean and the appetite better; but the pulse was quick and the breathing a little short and frequent, and she still had slight cough. As the signs of bronchial irritation subsided, she complained of more pain of the chest, and there were here and there on the left side limited friction-sounds; but she never made any complaint of any thing, and was always rather apathetic and quiet. Towards the second week in June, there were signs of consolidation, and pressure of the left lung, indicated by dulness and harsh and tubular breathing. The following note was made on the 15th June: Signs of mucous irritation, but none entirely disappeared; but there is extensive dulness of the left apex and side. The respiration is nowhere entirely absent, but everywhere more or less harsh and blowing. Percussion-note in the left clavicular region is tympanitic when sharply and fully struck, and of a marked "cracked pot" character, so as to be readily demonstrable to bystanders; a slighter percussion gives a completely dull sound. The "cracked pot" sound is also elicited in the suprascapular region, where there is bronchophony and tubular breathing. Respiration in right lung puerile; a little bronchial behind. Heart's sounds transmitted through the whole left lung; pulse quick; appetite fair. She is prevented from sleeping by the cough, which is accompanied by slight clear mucous expectoration. Face free from congestion, and not distressed; skin cool.—June 18th. Complete dulness of left apex, both anteriorly and posteriorly; but the "cracked pot" sound has entirely gone. Respiration heard throughout the apex, but very faint and more or less tubular, attended here and there by a little deep-seated crepitation and clicking; a little superficial crackling of pleuritic character over the mamma. Within the last two or three days a tumour has become visible at the base of the left sterno-cleido-mastoid muscle. Some apparently transmitted respiratory murmur is heard in the lower part of the left lung.—June 21st. Dulness great over nearly the whole of the left side, but more or less bronchial breathing is to be heard in most parts. There is so little vocal fremitus on either side that any difference is not perceptible. There is to-day manifest and considerable displacement of the heart, which is beating in the epigastrium and with augmented sounds, and a systolic beat heard along the sternum. The resonance of the right side is still good, and the respiration everywhere puerile. Decubitus is now on the left side, breathing being difficult either on the back or on the right side. She, however, rests very fairly; says she feels better; the tongue is clean and appetite better.—June 28th. Breathing evidently more difficult, though she considers herself much better. Large superficial veins, very distinct and distended, running over the front of the chest and side of the neck; heart beating forcibly in the epigastrium, and the

breathing now attended by a distinct tracheal stridor. Respiration of right side more harsh and bronchial. At each inspiration the sternal extremity of the left first rib is thrown forward so as to give the appearance of a pulsating tumour. Pulse, 140; skin cool; a little short, troublesome, but not distressing, cough.—July 2nd. Pulse very small and frequent; skin cool; cough accompanied only by a little transparent mucus; great dulness throughout the left side; left suprascapular region elevated and rounded, and some pleuritic friction is heard there; heart beating violently under the xyphoid cartilage. She complains now of shooting pain in the base of the left lung and in the neck.—July 5th. Breathing forced and heaving, and croupy noise more distinct; and there is now some dulness under the right clavicle.—July 9th. Died, having had several paroxysms of extreme dyspnoea and syncope.

The *post mortem* examination revealed cancerous disease of the anterior and posterior mediastinum, of the left lung, and of the ovaries and mesenteric glands, with effusion into the pleura and displacement of the heart. There were a few old and firm adhesions at the back of the left lung, and flakes of recent lymph elsewhere. The whole anterior mediastinum was occupied by a large, irregular, encephaloid growth, which above and to the left of the pericardium involved the anterior portion and root of the left lung. In front, the cancerous mass was also continuous with large globular masses, like enlarged glands, in the posterior mediastinum, having a similar encephaloid aspect. There was also an enlarged, similarly diseased gland, close to the origin of the left carotid artery. The outer portion of the left lung was free from cancer, but compressed and airless. Towards the root, however, the cancerous deposit was continuous into the lung tissue, involving the bronchial tubes and the pulmonary vessels, which were pervious, but compressed, and their walls completely softened and infiltrated with cancer. The right lung was healthy and crepitant, excepting a small portion of the base which was compressed. The right bronchus was slightly encroached on by the cancer, which had infiltrated its walls to some extent. The pericardium contained a little serum. The heart was displaced, its base being pushed downwards and towards the right side, so that rather more than half of the organ was to the right of the median line. The valves were healthy; the right cavities contained some partially decolorized clot; the left auricle was encroached upon by the cancer, which formed a large, rounded tumour, causing a bulging of its posterior wall on the inside. Pharynx and oesophagus healthy; peritoneum healthy; liver slightly congested; spleen small, healthy; pancreas congested; stomach and intestines pushed forward and slightly distended with gas; mucous coat of the stomach softened. Solitary glands of the ileum and colon very prominent, filled with a whitish substance. Mucous membrane of ascending colon congested. Mesenteric and lumbar glands formed a large mass of soft cancer, in some places semi-fluid. The kidneys were small, and their texture healthy. The bladder, also, was healthy.

The greater part of the pelvis was occupied by a large oval tumour, occupying the median line in front of the uterus. This tumour, on removing the parts, was found to represent the left ovary, which had been converted into a mass of encephaloid cancer. Into the greater part of this tumour, hæmorrhage had taken place; so that on section a large portion of the tumour appeared to be made up of decolorized fibrine. The fibrinated extremity of the left Fallopian tube was also involved in an irregular cancerous mass. The right ovary formed a tumour of the size of an orange, infiltrated with cancer; the corresponding Fallopian tube was healthy. The uterus itself was healthy, and of the ordinary size of a multiparous uterus. Vagina healthy. The thyroid gland and suprarenal bodies were healthy. The body was not emaciated, and there was no œdema.

Some of the cancer from the lumbar glands was examined microscopically, and the juice found to consist entirely of nuclei, mostly round, of the size and appearance of pus-corpuscles, but not acted on similarly by acetic acid; the more solid portions contained nucleated fibres, round and oval nuclei, and a few small fusiform corpuscles. The nuclei were rendered more distinct on the addition of acetic acid, and in some of them a nucleolus was visible.

This case presents many points of great clinical interest. As regards the signs of bronchial irritation and pleuritic inflammation, which were the chief symptoms referable to the chest, in the early stages of the disease, there was great difficulty in deciding to what cause they were attributable. The history which was obtained of the case, prior to her admission to the Hospital, naturally raised the suspicion that the symptoms in question were due to tubercular disease; and her age and general appearance, and the occurrence of hæmorrhage, confirmed this suspicion. But the progress of the case and the depressed apathetic condition of the patient, led me to doubt whether the symptoms were not rather due to enteric fever, with more than usual bronchial complication, although there was no eruption detected, nor any disturbance of



the bowels. The abdominal tumour was supposed to be, in all probability, a fibroid tumour connected with the uterus, if it were not ovarian. As soon, however, as the signs of pulmonary consolidation made their appearance, associated with unmistakable evidence of excentric pressure, I had no longer any doubt of the real nature of the case, especially as with the supervention of these signs there was a remarkable subsidence and eventual disappearance of the signs of mucous irritation. The physical signs were unmistakably those of consolidation rather than of effusion. The disappearance of all signs of mucous irritation, and the non-occurrence of any evidence of ulceration, rendered it extremely improbable that the consolidation was due to tubercular deposition; and the history of the case, as well as the general symptoms at this time, contradicted the notion of pneumatic consolidation. It is difficult to explain the occurrence and subsequent entire disappearance of the tympanic cracked-pot sound. This phenomenon, it is well known, is not unfrequently met with in connection with consolidation of the apex, both from pneumonia and pleurisy. The absence of vocal fremitus, the marked transmission of the heart's sounds throughout the lung, and the existence of an apparently pulsating tumour at the sternal end of the left first rib, are also very noteworthy. A little attention, however, soon proved that the apparent pulsation was a respiratory phenomenon, and was due to the partial dislocation and consequent movement of the end of the rib during respiration. In the later stages of the case there could be no reasonable doubt as to its real nature. The displacement of the heart; the distension of the superficial veins; the stridulous breathing; the extension of dulness across the upper part of the median line; the pain and forced breathing; and, finally, the appearance of external tumours at the base of the neck, all pointed to the existence of an intrathoracic tumour, and that of a malignant character.

The varieties in form, size, and precise situation, presented by mediastinal tumours, are very great and numerous. The particular anatomical relations of these growths, it is evident, will give to their symptoms corresponding varieties. Both the immediate and the ulterior consequences of the pressure that they exert, as well as the kind and amount of inflammatory action induced, differ greatly in different cases. A small tumour may, from its particular site, at a very early stage give rise to symptoms both of pressure and deranged innervation of great severity; whilst another will attain to a considerable magnitude before the patient experiences any distress, or before any decided evidence of pressure is manifested. Thus dysphagia has been in some instances a very early symptom, and in others has been absent throughout; and the same may be said of dyspnoea, spasmodic action, and cough. The diagnosis, in so far as relates to the direct signs of tumour of some kind, may be often easily made, when it will be difficult or quite impossible to say what that tumour is. But the diagnosis between aneurism on the one hand or cancer on the other may be approximately arrived at, by careful consideration of other circumstances, especially of constitutional condition. In more advanced stages of intrathoracic cancer, there is nothing that presents greater difficulty in the diagnosis than the kind and degree of inflammatory action that supervenes, and the existence or absence of effusion. Adhesions more or less general take place very early in some cases, and serous effusion is prevented; in others, there are few or no adhesions, and considerable effusion. Changes in the tissue of the lung, with varying degrees and forms of consolidation, are met with not infrequently; whilst in many others one or more lobes of the lung remain permeable to air up to a very late period. In no less than six of the thirty-nine cases that I have examined, there was copious effusion into the pleura. It is evident, therefore, that the mere fact of the existence of signs of effusion cannot be conclusive against the existence of cancer. But, on the other hand, it must be admitted that the physical signs of effusion are sometimes very closely simulated by a large cancerous tumour, where no effusion exists. Neither the form of the chest nor the state of the intercostals will be sufficient to protect us from error. I have met with one case in which the early history was that of recurring attacks of pleurisy, and where, subsequently, tenderness and a liquid impulse during cough over the most prominent part of the enlarged side so deceived the medical attendant as to induce him to puncture the chest—convinced that the case was one of empyema of necessity. Time would not allow of my illustrating more than a few of the varieties and clinical puzzles that are presented by mediastinal tumours.

My colleague Dr. Sutton has furnished me with the details of a case that fell under his notice, which well illustrates the difficulty of diagnosis in some of those cases where the side is dilated by the magnitude of the internal growth.

A little girl, eleven years of age, was admitted into the London Hospital, supposed to be the subject of pleuritic effusion of the left side, and suffering from great dyspnoea, with lividity of countenance. There was absolute dulness throughout the left side, before and behind. In

front, the respiration was inaudible, except under the clavicle. There was bronchial breathing close to the spine on the left side, where tactile vocal fremitus, which was elsewhere absent, could be perceived. The heart was displaced, and was felt beating to the right of the right nipple. The left side was bulged, and apparently enlarged. The epigastrium sank in during inspiration. The temperature was normal; pulse variable; respirations from 32 to 36. The diagnosis was, *very great effusion into the left pleural cavity*; and the chest was twice punctured. The points chosen for puncture were between the eighth and ninth ribs, in front and behind the angles. A little dark blood issued on each occasion, and on the second occasion something like pus. The dyspnoea increased, and the child died on March 26th. Before making the *post mortem* examination, Dr. Sutton found, on measurement, that just below the nipple the left side measured an inch more than the right; and so convinced was he of the existence of fluid, that he thrust in a trocar between the fifth and six ribs, when some brain-like substance escaped through the cannula. On laying open the thorax, the entire left side was found to be occupied by a mass of medullary cancer, which had pushed the heart considerably to the right. The left lung was collapsed and pushed backwards, and spread over the cancerous mass.

The patient was repeatedly examined by so accomplished an auscultator as Dr. H. Davies, as well as by others; and all came to the same conclusions—that the chest was full of fluid. The case, therefore, sufficiently proves how very deceptive are the ordinary physiological signs of effusion, when the side is distended by a large cancerous tumour. I believe that, in similar cases, importance may be attached to the peculiar sense of resistance under percussion which characterises a solid growth. This has sometimes been observed to a degree that has been painful to the finger under percussion. In cases of some standing, the persistence of great dyspnoea, associated with signs of pressure, will usually be in favour of a solid tumour, rather than of effusion.

There is another point of some importance in connexion with such cases as, from their history, are liable to mislead on this point of pleuritic effusion; viz., that effusion probably does occur to some extent, is absorbed, and adhesions take place long before the growth has attained sufficient size to distend the chest; whilst in others effusion of a more passive character only occurs late in the disease, long after undoubted signs of pressure have existed. In these latter cases, if they have been watched for any time, it will be found that the dulness has extended from above downwards, rather than from below upwards, except in some very exceptional instances, where the growth has invaded the lower lobes of the lung in the first instance. I need not say that but little assistance can be expected from any modification in the phenomena produced by alteration of position.

## ON THE NATURE OF THE CONDITION CALLED EPILEPSY.\*

By J. THOMPSON DICKSON, M.A., M.B. Cantab., M.R.C.P.,  
Medical Superintendent of St. Luke's Hospital.

CLINICAL observation shows two very distinct conditions as the extremes of epilepsy, though the means exhibit almost every conceivable blending of the one condition with the other. The extreme conditions are expressed as *le haut mal* and *le petit mal*.

The former, characterised by violent convulsions, has loss of consciousness in variable degree, and usually has little or no mental disturbance as a secondary stage. In December 1869, in a paper on Catalepsy, published in the BRITISH MEDICAL JOURNAL, I mentioned, among others, one case of *le haut mal* which may be considered as an extreme. In it the stage of perfect unconsciousness quickly passed away, leaving most violent convulsions, during which the patient was able to observe what was passing around.

The latter—*le petit mal*—has for its dominant symptom loss of consciousness only, and this sometimes only momentary in its duration. It is always, however, followed by mental disturbance, sometimes of the most profound character. In November 1867, I published in the BRITISH MEDICAL JOURNAL the details of a remarkable case of *le petit mal*, in which a girl had cut her throat during the *non compos mentis* period which follows the *petit mal* seizure.

In discussing epilepsy, however, we have one purely physiological element to take into consideration; viz., that currents pass along the nerves in one direction only—from the periphery to the centre. The heads of the evidence of this fact I gave in a paper on Matter and Force, published in the *Journal of Mental Science* for July 1869. If we admit, as we must do, that in health there is a perfect balance of

\* Concluded from page 569 of last number.

control between the nervous and other systems, it only needs a disturbance of that balance to produce any anomalous action. A muscle remains in tone so long as the nerve-centre which presides over it continues its control, but the moment that is removed the muscle contracts. Now the centres of muscular control are themselves under the governance of the surface-cells of the brain; hence it follows that, if we have surface-lesion according to the degree of surface-destruction, a corresponding loss of central control will result; and if convulsive manifestations occur, the position and degree of them will always be determined by the particular centre affected and the extent to which it is deprived of its potentiality. The fact must not, however, be lost sight of, that neither convulsion nor the diminishing of the potential energy of a central ganglion are essential to epilepsy, and both may occur without it. They often, however, coexist with epilepsy; and my object in speaking of them at this point is to embrace the opportunity of clearly showing how they are secondary.

Additional evidence of the localisation and degree just mentioned is to be found in the fact that the muscular affection of epilepsy is always more marked on one side than the other, and that side is always the opposite of the one where lesion is found; and further, certain limited regions are sometimes affected alone, and in some cases single muscles only. The duration of the muscular manifestation depends entirely upon the extent to which the central organ is affected. If in any given seizure the centre be almost entirely deprived of its potentiality, the muscular spasm will continue until the potentiality of the muscle is also so far exhausted that it balances that of the centre; or, in other words, the contraction and spasm continue until the muscle is exhausted to a degree beyond that of the centre. The centre, again, is in the ascendancy, and able to control it. It thus clearly appears that, if a portion of the surface be destroyed by tumour, pressure, atrophy, or any other cause, part of the governing organ of some centre is wanting; so that, if the brain be deprived of its blood, the imperfectly governed centre will be the one which most speedily loses its potentiality, and also the one which is longest in regaining its control.

The foregoing, however, points to the conclusion that muscular contraction and spasm—or, as it is commonly described, convulsion—is an accident only of epilepsy. In *le petit mal* there is not any particular location of lesion. It is certain that the attack may be dependent upon pressure or destruction of the brain's surface; but the lesion in such a case is at a position not seriously involving the seats of muscular control, or that portion of the surface which has under its governance the centres of muscular control. The mental disturbance, however, in this form of the epilepsy is sometimes profound, and seems often, though not necessarily, to bear an inverse ratio to the duration of the stages of unconsciousness. The actual degree and duration of the mental disturbance are, however, dependent upon the extent and degree of the general imperfection of the brain's surface, which may range from a condition of almost health, or a very slight stage of atony, to an almost perfect condition of fatty degeneration and atrophy.

Whatever be the exciting cause of the condition in any individual—whether tumour, atrophy, pressure on membranes, distant irritation, poison, or depletion—the *modus operandi* of a fit appears the same, and is often as well expressed in the dramatic descriptions which patients themselves sometimes give of *auræ* as in more finely drawn and scientific explanations. A patient will describe a sensation commencing in a toe or a finger and running up a leg or arm to the head, or he will become the subject of illusion or hallucination of either sight or sound—more frequently the former—and he feels what he calls the "sensation" running towards his brain; he then becomes unconscious. What the patient really experiences is the final and imperfect current conveyed from the periphery to the exhausted centre; and if this, for instance, be in association with the centre of sight, or sound, or touch, it is not surprising that "mistake of the sense," *illusion*, or even that "a baseless creation of the fancy"—*hallucination*—should occur.

The patient becomes unconscious; the centre to which the current producing the *auræ* was conducted, has become exhausted and irritable, and its exhaustion and irritability, communicated to the seat of its control on the surface, has brought about contraction of the small arteries and capillaries of the surface. If a centre be imperfect, it is much more readily exhausted than the remainder of the brain; and continuance of the cause of the exhaustion appears to produce irritation, and this in its turn contraction of the smaller vessels.

Thus it would seem that epilepsy, fearful as the manifestation often is, may almost be regarded in some cases as a conservative effort on the part of Nature to provide rest for an exhausted centre. The ordinary effect of over-work of brain or any organ is irritability, so that the idea of the "sufficiency" of irritation from exhaustion in an imperfect brain to induce capillary and arterial contraction can hardly be considered as wholly hypothetical.

I must here remark that what I have said above in connection with "aura" is intended merely as an illustration of the general principle of the *modus operandi* of epilepsy; and I have chosen the example because it may be considered as an extreme one. "Aura" is not a common attendant of epilepsy; but its interpretation is an expression through the senses of the source of the exciting cause of the attack, and it points to the direction of the centre which is affected; or, in other words, it is a pointing out of the source of the exhausting influence which produces the attack.

Further evidence that exhaustion is usually the immediate exciting cause of the attack is to be found in the fact that epilepsy occurs very frequently during sleep—perhaps as often as during the period of wakefulness. The amount of blood circulating in the brain during sleep is much less than that which courses through its vessels during the period of wakefulness; and it appears that at the moment when sleep occurs—*i.e.*, at the moment when the cervical sympathetic ganglia become primary centres and lessen the size of the central arteries—the diminution of the quantity of circulating fluid often produces sufficient irritation to contract the minute vessels and capillaries of an imperfect brain. The moment of going to sleep is very often the period of the invasion of an epileptic seizure. Again, I have seen many cases in which the period of attack was the moment of rising in the morning; and in a large proportion of these I have found that a little food, taken before getting out of bed, usually had the effect of warding off the fit.

The last point to which I shall refer is the comparative conditions of the brain in *le haut* and *le petit mal*, the only real difference between them being that the former is attended with muscular manifestations, while in the latter they may be altogether absent. If, from coarse disease, for instance, or from any other cause, a limited portion of the surface be destroyed, and all the remainder be healthy, or sufficiently so for average performance of function, if that portion so destroyed be the seat of control of the ganglion presiding over a muscle or a set of muscles, any irritation primarily affecting either the muscles, the ganglionic centre, or the seat of lesion, will, the moment it bears on the seat of lesion, induce contraction of the lesser vessels, and the epileptic seizure; *i.e.*, loss of consciousness and complete loss of control, will take place. As the circulation begins to return—and it always does so within forty seconds, and frequently within ten seconds—consciousness commences to be restored, and is completed more or less quickly according to the degree of healthiness of that part of the surface not involved in the lesion. The centre of muscular control, however, exhausted by the seizure, comes under very slender governance, since the lesion involves the portion of surface presiding over the centre. The result is that, though the tonic spasm disappears, clonic spasm takes its place, and continues until the muscles are exhausted to such a point that their potential energy balances that of the centre; control is only then restored. In the case of *le petit mal*, as a rule, the whole surface of the brain is more or less abnormal—usually atrophic; there may be a specific and localised lesion, but the essential condition affects the whole surface. It is unusual in this case for the muscular centres to be involved in any marked degree; and consequently, after the recurrence of the contraction of the small arteries and capillaries and anæmia of the brain, muscular spasm in the secondary stage is often absent, or nearly so, or at all events is often only very slightly expressed, while the perversion of intellect is often exaggerated, and continues for many hours, sometimes days; its duration indicating in some degree the extent of the cerebral imperfection, and pointing to the incapacity of the brain-material for ordinary cerebration until normal control has been restored to its cells. This is effected through the medium of rest, nutrition, and a more equable circulation. The seizure of *le petit mal* may be momentary and fleeting. Its duration often seems like momentary vertigo; and very often the patient, if walking, walks on or stops and staggers, and for an instant seems bewildered; and, having forgotten where he is, he tries to re-collect his ideas and thoughts; or, if he is talking, he will lose the thread of his discourse, and he may or may not remember his train of thought immediately. It is not by any means a rule that he should fall. Often his actions and conversation are incoherent, senseless, and unreasonable, for some time after the attack; and, as a rule, when mental equilibrium is restored, he has not the slightest recollection of what occurred during the period of mental aberration.

The detail of many of the manifestations of epilepsy has been unavoidable, since their analyses demonstrate their relation and bearing on the subject of this paper; namely, the actual pathology or the actual nature of the condition we call epilepsy; and this, I think, now cannot but be admitted to be a contraction of the small arteries and capillaries commencing on the surface of the brain, whereby the thinking and controlling material becomes bloodless; and I think we may fairly draw the following conclusions from the facts I have brought together.



1. The essential condition of epilepsy is a contraction of the cerebral small arterial vessels and capillaries.
2. The occurrence of the contraction is sudden.
3. The duration of the contraction is variable. It may be momentary, or it may continue as long as forty seconds.
4. The cause of the contraction is irritation, which may be direct, but is frequently remote, and the result of a variety of causes, all of which, however, tend to exhaustion, which in its turn secondarily bring about an irritable condition of the lesser vessels.

The phenomena corresponding with the conclusions we have adduced are—

1 and 2. With the contraction of the vessels we have loss of consciousness, always sudden, though the patient may have some warning of the attack through the medium of the irritation by which the attack is brought about.

3. The duration of the loss of consciousness will vary with the continuance of the capillary and arterial contraction. It may be so instantaneous as to appear only as a momentary vertigo, or even to escape observation altogether; or it may be most profound and of long continuance. There is no rule for determining any difference in the duration of unconsciousness between *le haut mal* and *le petit mal*; while the only essential difference between the two forms of the disorder is the muscular manifestation. In short, the two forms of epilepsy named have been used as extreme illustrations; but they are not by any means natural divisions of the disorder, if it be considered in the light of a *claustrum*. In fine, epilepsy is loss of consciousness, the result of contraction of the cerebral small arteries and capillaries, induced by irritation, either direct or secondary to exhaustion. Epilepsy may be attended with an endless variety of phenomena, all of which are manifestations of an arrest of control. None of them are essential, and all are dependent upon accidental cause. All are secondary, with the exception of the "aura", which certainly is not primary, and can only be regarded as an imperfect and uncorrected mental impression.

## PRACTICAL REMARKS ON THE EXAMINATION OF RECRUITS FOR THE ARMY.

By GEORGE SAUNDERS, C.B.,  
Surgeon-Major, Bristol Recruiting District.

THE efficiency of an army, when called upon to perform active duties against an enemy in the field, almost entirely depends upon the measures which have been adopted for its training during the time of peace. The experience gained in actual warfare should obviously form the basis of such training, every link in the chain being tested by the most practical and approved means.

The British nation, having great resources, and occupying so important a position in relation to other countries, should possess an army approaching the nearest to perfection; not necessarily a large force, but model-like in its construction and organisation, and capable of any extension without impairing general efficiency. And what, in a primary sense, applies to the regulars, is, at least in a secondary sense, applicable to the militia, the true source of supply for any sudden emergency.

What Sir Charles Napier said of his few hundreds at the battle of Meane may serve to characterise the material of which the British army is composed: "They went forth to victory, not counting their enemy's numbers." It is in England's severest difficulties, when her flag is menaced by foreign potentates, that the knowledge of this fact—the bone and sinew of her trained soldiers, as well as the skill of her generals, inspires confidence to ministers in the dictation of their despatches.

The regulations for the admission of candidates into the service are unavoidably subject to change, being invariably relaxed when the demand is urgent, and more stringent when the need is less pressing—referring not only to stature and age, but also to physical capacity. The medical examiner has, therefore, to be guided in his inspections by existing instructions. No man, however, of inadequate physical strength, or possessing any manifest disqualification, should be allowed to enter the service.

Napoleon's opinion holds good to the present time. Speaking of boys, he exclaimed, "They serve only to fill the hospitals and encumber the roadside." Or, in the words of Mr. Marshall, an army surgeon, who wrote thirty years ago, "to enlist recruits before they have acquired sufficient strength to qualify them to execute their duties, and to undergo the fatigues of a military life, is to multiply the victims of disease and vexation, and to augment the expenses of an army, without adding to its strength."

As it is generally admitted that it takes five years to make a man a

serviceable soldier, it is evident that an army chiefly composed of recruits would prove a lamentable failure, if military precision, energy, and success were the objects to be desired. It would be like sending a ship-of-war to sea manned with landsmen. Moreover, the discipline of such a force would not be so manageable, on account of the offences committed by young soldiers—disobedience to orders, violence to superiors, desertion; added to which, inexperienced non-commissioned officers would greatly augment such difficulties, for on them mainly depends the maintenance of discipline and good order throughout the ranks.

The medical examiner may have his mind stored with theoretical knowledge relative to his duties as inspector, and yet frequently fail in the selection of eligible men, unless his eye be also trained as to the requisite qualities of a soldier. There can be no greater mistake than to conclude that, because a recruit may not exhibit any apparent infirmity, he is therefore eligible. A man, for example, may be free from blemish, and yet not possess the requisite aptitude and strength. He may, moreover, be able to read and write, without having sufficient mental decision for the efficient discharge of military duty. In order to form a sound judgment as to the fitness of a recruit, it is absolutely necessary to keep in remembrance "the toil, hardships, and exposure incidental to military life," and how readily certain trifling affections are liable to be considerably aggravated in the soldier, rendering him incapable, perhaps, of serving beyond two or three years, which, in the ordinary occupations of civil life, would be of no detriment.

A recruit, to be eligible, should be sound all over—not only well formed in every respect, but fully developed, with clear reason, clear sight, clear voice, and distinct hearing. He should be free from marks of medical treatment, such as cupping, extensive leeching, blistering, etc. particularly if such marks exist at the nape of the neck, the region of the heart, or liver. There should be no cicatrices adherent to bone, resulting from serious injury; no abnormal curvature of the spine, or contraction of the joints; and no deformity of the chest. Tattooing below the left nipple must be closely examined, for the detection of the letters D. or B.C., denoting "deserter" or "bad character". In examining the head and face, it is important to notice the condition of each auditory passage, to be certain that it is in a healthy state. The corneæ require close inspection, for the detection of opacities; the nostrils, for polypus; and the throat, for enlarged tonsils. The teeth should be generally sound, and the speech free of impediment.

As a general rule, no recruit should be passed, who, at the time of examination, is suffering from any disease requiring treatment in hospital. It is also important to note that no blemishes exist, which, though apparently trifling in themselves, would afterwards form the plea of alleged causes of unfitness for the service. Recruits are disposed to make light of any defects at the primary examination, but afterwards may find it convenient to magnify such complaints, if a release from engagement be desired.

The disqualifications which are commonly overlooked at first inspections are the following: syphilis, primary and secondary; muscular tenacity and debility; diseases of eyes and eyelids, including corneal opacity, strabismus, and oscillatory eyeballs; disease of heart; disease of reins, constituting varix; hernia; varicose; defects of the lower extremities from fracture, contraction, luxation, bunions, overlying of toes, very flat feet, etc.; malformation of chest and spine. It will be observed that the foregoing causes of rejection claim special attention. The greatest possible diversity of opinion exists with regard to what is termed "flat feet." A clear judgment is, therefore, necessary in such cases, that no defects exist likely to interfere with marching.

The Adjutant-General writes: "It is considered very detrimental to the service, and distressing to the individuals, that men once passed as medically fit for recruits should be afterwards rejected by Military Medical Boards."

Now that "all recruiting is to be carried on in an open manner, like any other agreement between employer and the party engaging to serve," and that "no recruit is to be enlisted in a state of intoxication, which would render his enlistment void,"—it will very seldom happen that recruits will be found to simulate infirmities when undergoing examination; but sometimes they do, and it is proper to be guarded against such sources of imposition. Two men presented themselves for my inspection, who had been previously passed by a civil practitioner. The one declared that he could not see the test-dots at any distance with the right eye, while the other man alleged that he could not see with the left eye. I passed both these men; for, forwarding at the same time to the medical officer of the regiment to which they belonged a report of their cases, with my opinion thereon.

Though the examining surgeon is not responsible for the chest-measurement, yet he ought to satisfy himself that the circumference is agreeable to regulation. The tape should be carefully placed round



the chest over the nipples, with the arms hanging, instead of placed straight above the head; while the recruit is directed to cough once or twice, or count slowly from one to ten.

"It must be borne in mind," says Professor Longmore, "that many men, from practice and power of compensation, or from one habitually falling into disease, can see without difficulty at certain distances when both eyes are open together, who could not accomplish the same result with either eye singly. It is absolutely necessary, therefore, in examining recruits, always to test each eye separately. Many mistakes occur from neglect of this rule."<sup>1</sup>

Professor Longmore has given the following instructions for the examination of recruits' vision, to which particular attention should be paid.

"Each test-dot on this card is one-fifth of an inch square, and corresponds, at a distance of fifteen feet, with the bull's-eye two feet square at six hundred yards, required by order to be distinctly seen by every acceptable recruit.

"*Memo.*—With perfectly acute vision, these test-dots ought to be clearly visible in full light at nineteen yards.

"*Directions for Using the Card of Test-Dots.*—1. Measure off fifteen feet with precision. 2. Hold the test-dot card perfectly upright in front of the recruit, and let it face the light so as to be fully illumined. 3. Examine each eye of the recruit alternately; the eye which is not under trial being completely shaded by the hand of an assistant, who should take care not to press upon the eyeball. 4. Expose some of the dots—not more than seven or eight at a time; and desire the recruit to name their number and relative positions. 5. Vary the groups frequently, to provide against deception. The covering card can be shifted into six positions; and thus numerous variations may be obtained, without exceeding the number of dots above mentioned."<sup>2</sup>

## CLINICAL NOTES.

Reported from the Practice of Dr. WILKS, at Guy's Hospital,  
by Mr. MURPHY.

### NO. II.—INTERMITTENT TETANY.

JOHN THOMAS R., aged 3, was admitted on March 23rd, 1870. He had always good health, except during the time of the occurrence of infantile disorders. On March 17th, whilst having his face washed, he complained of pain in his feet, and asked to have his boots taken off. As soon as this was done, his feet were found to be contracted. He was brought to the hospital in the afternoon, when three grains of grey powder were ordered. The spasm gradually passed off, and he continued better until the following Monday, when his legs were again suddenly contracted. The spasm evidently caused him a good deal of pain, as he screamed loudly; it lasted about ten minutes, and then subsided, but his feet did not regain their natural position afterwards. The spasms occurred several times during this day, and became less severe on the next. This morning the child had a severe spasm, in which the hands were also affected; the fingers remained extended afterwards. On admission, both legs were affected, the feet being drawn into the same position as in talipes varus, the calf of the leg being very hard; the knees were flexed, and the thighs on the abdomen. The muscles of the arm were less affected, the fingers being extended and brought together in a conical form. The child was constantly calling out from the pain caused by the cramp, and was continually moving from side to side in the bed in order to procure relief. The legs were rubbed, but with no apparent benefit, and so cold water bandages were applied; these evidently afforded ease, as he immediately became tranquillised. He was also ordered three grains of hydrate of chloral three times a day. On the following day, March 24th, the spasms were not so severe, and had only occurred in paroxysms three or four times in the twenty-four hours. On the 25th, the spasms were gradually passing off. No effect was produced by pressing on the femoral artery. On the 27th, there were no spasms, but the feet remained contracted. After this, the spasms gradually wore off, and he left the hospital.

CLINICAL REMARKS BY DR. WILKS.—Dr. Wilks remarked that such cases were more common than was supposed, but had hitherto received less consideration than they deserved, on account of the absence of a distinct appellation by which to know them. But when such

terms as idiopathic muscular spasm had made way for a definite name as intermittent tetany, a fresh interest was thrown over the disease. Such a name, given by Trousseau, was quite justifiable when the same group of symptoms were constantly seen to occur in different individuals.

The disease is mostly met with in children, and might be passed over as one of convulsions; but the recurrence of the symptoms and those characterised by tonic spasms, show that the disease is a peculiar one. A child may be ill a few days and then recover; or the complaint may continue for a much longer period, and the whole body be affected, as in tetanus, whilst in others the limbs may be alone involved. The legs are drawn up towards the body, and the muscles are rigid, as in cramp; the arms may also be affected in the same way. If most of the cases were of this description, and like that of the boy in the present instance, the term tetanus might be objected to, seeing that in the tetanic state, excepting during the violence of the paroxysms, the spasmodic rigidity is confined to the neck, chest, and abdomen, those parts, in fact, which are more especially employed in respiration, whilst the limbs remain flaccid; there is in this an important distinction between the effects of tetanus and those of strychnine. In the present case, the spasms were confined to the limbs. The disease has always been regarded as a functional one, both on account of the remission of the symptoms and its non-fatal character. It might also be remarked how the fingers are extended and held stiffly together, just as is seen in hysteria, and it also sometimes happens that there is some amount of anaesthesia. As regards the cause of the disease, since teething, worms, etc., are sufficient to produce convulsions, so it has been conjectured that like causes may be present to produce intermittent tetany. This boy was a remarkably fine and muscular lad, and no cause whatever could be thought of sufficient to produce the malady. As the boy was suffering much agony, chloral was suggested, and this he took for some time; but, in order to afford immediate relief, some cold bandages were wrapped round the limbs. These were suggested by the remembrance of their great service in the cramps of cholera. As the disease under discussion subsides spontaneously, and as in this very case the paroxysms had already, on more than one occasion, rapidly abated, little can be said of the merits of the remedies employed.

### BRIEF REPORT OF THE LAST ILLNESS OF T. NUNNELEY, F.R.C.S.; AND OF THE POST MORTEM EXAMINATION.

By SAMUEL HEY, Esq., F.R.C.S., etc.

It has been stated that Mr. Nunneley's health was good till his last acute illness. It should, therefore, be premised that this was not the case. He had suffered from more or less frequent attacks of sickness for many years, especially after taking food beyond his ordinary quantity. His own statement was, that this tendency existed for at least ten years; that of his son, that it was for a much longer period. Albumen was observed in his urine six weeks before his death; whether it had existed previously is not known. Vomiting was constantly recurring during the last six weeks of his life. Three weeks before his death he was present at operations at the Hospital. On noticing the illness after he pressed in his countenance, he said, "So would you look ill if you had been vomiting constantly for sixty hours." His great energy was exhibited in his performing one operation, then going aside to vomit, and returning to perform another. After this he went away from home, hoping that rest and change of air would restore the tone of his digestion, but he returned in three days much worse.

On account of the appearance of a small quantity of blood in the urine, and the continuance of vomiting, then incessant, I was asked to see him on Saturday, May 21st. He thought the hæmorrhage was due to the passage of a small calculus from the kidney. A dose of medicine brought away a large scybulous motion, and relief was therefore anticipated. But on Monday, the hæmaturia was decided, in considerable quantity, and several purpuric spots were observed in the skin. Dr. Chadwick was then requested to see him, and attended with me twice a day up to his death. The hæmaturia continued to the end, but changed in character. At first pure blood, it became disorganised blood, separating speedily from the fluid, and forming patchy deposit at the bottom of the vessel, and, finally, simple black granular deposit. The vomiting, which continued till two days before his death, had a melanic appearance. The motions were of a similar character. One of the most prominent causes of suffering was excessive hyperæsthesia of the surface of the body over the region of the liver; so that it was at no time possible to examine the state of that organ by the touch. I ought also to mention that he had cramps in the limbs, and severe occasional neural-

<sup>1</sup> *Notes on the Examination of the Visual Fitness of Recruits for Military Service, with special reference to Instruction in the Use of the Rod.* By Thomas Longmore, Deputy Inspector-General, Professor of Military Surgery. Pp. 462. Army Medical Department Report for the year 1866. Printed by Harrison and Sons, for Her Majesty's Stationery Office.

<sup>2</sup> *vide* Appendix, Recruiting Department, Adjutant-General's Office, Horse Guards, 1st August 1867. Printed by George E. Eyre and William Spottiswoode.

gic pains from the hips to the toes. The purpura regularly increased until there were several patches on the back as large as the hand, besides smaller ones on the limbs and abdomen. For the last week the symptoms were chiefly those of uremia, producing a degree of confusion of mind, or, as he said himself, "A jumble of ideas;" and also an aberration of vision, causing one side of the room to appear as "studded with spangles of gold." This state gradually increased, yet his great energy of mind and will continued, though confused, to the last. He died on June 1st, quietly and rather suddenly, at 2.45 P.M.

**POST MORTEM EXAMINATION,** June 3rd, thirty hours after death.—*Heart* much enlarged; left ventricles hypertrophied and dilated.—*Aorta* much dilated, and presenting large patches of atheromatous deposit under the lining membrane.—*Aortic Valves* a little thickened; the others healthy.—*Stomach* empty and contracted; mucous membrane roughened, but not abraded; no colour of blood; the intestinal viscera also empty and colourless.—*Pylorus* and entrance of the duodenum much contracted, but not carcinomatous.—*Liver* very large, dark in colour, deeply congested, but not degenerated.—*Gall-bladder* much distended.—*Pancreas* large, and in two parts so hard as to cut like cartilage.—*Right Kidney* one-third smaller than natural; the constituent parts confused.—*Left Kidney* contracted and much smaller even than the right, dark coloured, both externally and on section; the capsule adherent; the cortical and tubular substance blended together, and it appeared that the blood had come mainly from this source.—*Both Kidneys* were surrounded by a very dense cellular tissue, which rendered their separation more difficult than common; but also appeared to come under the description of granular and gouty kidney. The immediate cause of death would seem to be general blood-poisoning, chiefly from the state of the organs last mentioned, though influenced by that of others indicated in this report.

## PROFESSOR FLOWER'S HUNTERIAN LECTURES ON THE COMPARATIVE ANATOMY OF THE MAMMALIA.

*Delivered at the Royal College of Surgeons of England.*

### LECTURE XIV.—Wednesday, March 16th.

THE skull of the Rhinoceros resembles that of the Horse in many essential points. The supraoccipital bone is much developed, and the parietals meet it, so as to form a crest, reaching from the frontal to the occipital, in which large air-cells are developed. The frontal is expanded and flat; the nasal region is wide and thick, and supports the great median horn. When two horns are present in the Perissodactyla, the posterior one is always borne on the frontal bone. The orbit has no posterior boundary; the postorbital process of the frontal bone is wanting. The lacrymal bone forms a large surface, and projects in front of the orbit. The premaxilla is very small. The maxilla do not send up long processes to join the frontal bone as in the Horse. The pterygoids are very small. The paracalcials are supported in front by the posttympanic process of the squamosal bone. The tympanic bone is rudimentary, and is ankyloused with the petiotic bone, which is very small, and has no true mastoid process. There is no distinct tympanic bulla; the tympanum is much encroached on above by the upper element of the interior arch of the hyoid. The stylohyal element is large, and less compressed below than in the Horse; it is ossified with the keratohyal. The thyrohyals are ankyloused with the basihyal. The glossopharyngeal is smaller than in the Horse.

In the Tapir, there is a high and compressed parieto-occipital crest. The peculiar character of this animal is the extent and direction of the anterior nares: the front of the face appears to be hollowed out by them, and the space from the orbit to the nares is reduced to a narrow ridge. The premaxillaries are small and bent down; they do not form part of the wall of the nares, being shut out by the maxillæ. The mesethmoid is well developed, and is spread out above, to support the nasal bones. In the American Tapir, the mesethmoid cartilage is ossified a long distance in front of the nasals; and the projection is clasped on each side by a process from the maxilla. In some of the extinct Rhinoceroses, the nasal septum was ossified. In the Tapir, there are grooves on the nasal bones for the lodgment of cartilaginous tubes proceeding from the outer wall of the nasal chamber. In the hinder part of the skull, the Tapir is intermediate between the Horse and the Rhinoceros. The occipital and squamosal bones meet below,

but not above, and allow a small portion representing the mastoid to appear. The tympanic bone is generally supposed to be absent in the Tapir; but Mr. Flower had lately had an opportunity of dissecting a dead Tapir, and had found, by careful search, a very rudimentary ossified tympanic bone; it is not ankyloused with the petiotic, and hence is very easily lost.

Among the Artiodactyla, the Pig may be taken as the type. A section of the skull shows that the face forms an angle downwards from the basiscranial axis. No idea of the size of the cranial cavity can be formed from external view, on account of the largely developed air-cavities. The face is much elongated; the mesethmoid and turbinal bones are large. The orbit is not marked off from the temporal fossa. The nasal bones are very long. The palate is long, and extends backwards. The pterygoids are rudimentary. The paracalcial process of the occipital bone is very long. The tympanic bulla is large, and filled up with cancellous bone. The tympanic ring is completely ankyloused to the squamosal at an early period; the petiotic bone is free and loose. The mastoid portion is very small; no part of it appears on the outside. The auditory meatus is long, and runs upwards. The anterior cornua of the hyoid bone is but little ossified. There are well marked keratohyals; but the stylohyals are represented by only one or two slightly ossified points. The thyrohyals are large and strong, and early ossified.

In the Hippopotamus, the orbits form almost tubular processes, in which the eyes are placed. As in the Pig, there is a long paracalcial process, and the mastoid is wedged in so as not to be seen at the surface. The tympanic bulla is rather large, and cancellate. The lacrymal bone is largely dilated in front of the orbit.

Among the Pecora, as the Sheep, the face slopes downwards from the basiscranial axis, and the occipital plane is inclined forward. The nasal bones are long; the orbits are encircled by bone; the zygomata are long; and there are well developed premaxillary bones. There are large paracalcial processes; the tympanic and petiotic bones are united, but remain separate from the squamosal. A small slip of the mastoid process appears externally. There is a well marked tympanic bulla. The skull in the Ox generally resembles that of the Sheep; but the occiput rises, whereas in the Sheep it slopes backwards. The parietals form long narrow strips between the occipital and the frontal, and are very early ankyloused with the supraoccipital bone. The skull of the Ruminants is modified very uniformly in structure. In an Antelope, the facial part is modified somewhat as in the Tapir, the nostrils being thrown much backwards. In the Deer, the planes in which the bones lie resemble those of the Dog rather than of the Sheep. There is often a large cavity on the side of the face in Ruminants between the frontal, maxillary, lacrymal, and nasal bones. In the Camel, the mastoid portion does not come to the outside of the skull; and the tympanic bulla is cancellated as in the Pig. In the Tragulidæ, the structure of the tympanic bulla is similar; but the mastoid appears slightly at the surface.

In the Proboscidea, the skull undergoes great modification in passing from the foetal to the adult form, in order to provide for the support of the trunk and muscles. The tables of the skull are widely separated in the adult Elephant, and the air-sinuses are exaggerated in size and filled with trabeculae; while in the young animal the walls of the skull are thin and compressed. The supraoccipital bone is large, and slopes forward; there are a large squamosal bone, a complete zygoma, a very small malar bone (it is large in most Ungulata), a large parietal, a narrow frontal bone, a small lacrymal bone, and a very large premaxilla. The anterior nares are directed upwards and forwards, somewhat as in the Cetacea. The nasal bones are very short, but are massive, conical, and excavated. The bones of the upper part of the skull become united into one mass, hollowed out by cavities; in some cases, even the mesethmoid and vomer have air-cells. The petiotic bone is large, and is ankyloused with the tympanic. The mastoid bone does not appear externally; it is wedged in by the squamosal.

Among the Edentata, the Great Anteater has the skull much elongated. The parietals are narrow, the frontals very straight, and the nasals very long; the premaxillary bones are very rudimentary, forming mere rings. A depression above the middle of the side of the skull and a slight projection from the squamosal represent the incomplete zygoma; the malar bone is small, and is sometimes absent. The anterior portion of the palate is formed by the maxilla, and is very long; and the internal pterygoid bones send out horizontal lamellæ, which continue the palate backwards. These are expanded, and have cavities into which air passes from the tympanum. This construction is met with also in the Manis, but not in all Edentata. The skull of the Cape Anteater is more like that of ordinary Mammalia. It has small pterygoids, and (as also the skull of the Armadillo) a rudimentary tympanic ring.

## REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN  
THE HOSPITALS OF GREAT BRITAIN.

## THE ROYAL SURREY COUNTY HOSPITAL.

[BY OUR OWN REPORTER.]

ON an elevated piece of ground above the Guildford Railway Station, and about a quarter of a mile out of the town, is situated the Royal Surrey County Hospital. We confess we were at first somewhat surprised at finding the Hospital where it is, isolated on a hill, and removed from the town of Guildford, whence we presumed the great proportion of cases are derived. Further consideration, however, altered our views. It is of importance that a hospital should combine the maximum of convenience and efficiency—that the site should be salubrious and extensive, and at the same time at hand for urgent cases. Now the town of Guildford, from its confined position in a valley, in the upper part of which, moreover, a sluggish stream flows in summer and overflows in winter, does not offer in any prominent degree a spot such as this for a large hospital; while, on the other hand, the present building is in an open and healthy situation, close to the railway station, from which the great proportion of accidents are obtained. Besides, the handsome offer of Lord Onslow to present the Governors with the ground on which the Hospital is now built, had very properly considered weight in deciding upon the present situation.

The Hospital is situated on the road from Farnham to Guildford. It is a substantial-looking building one storey high, except in the centre, an additional floor being here added. It consists of a long range of buildings running east and west, of shape indescribable, but somewhat like a dwarfed letter **H**, the body of which has become exceedingly stout, and sent off a prolongation behind, to minister in most part to the temporal wants of the patient. The Hospital, which stands back a little from the high road, is surrounded by extensive grounds. In front, the slope is neatly arranged with shrubs and flowers, while there is a large airing ground and garden behind, divided into two parts, one for males and the other for females. This part is also supplied with sheds for the shelter of the patients and carriages in wet weather; the laundry, the *post mortem* room, and dead-house. The Hospital and grounds cover altogether a space of about two acres.

The Surrey County Hospital, according to a tablet let into the wall on the left of the entrance, was erected in memory of his Royal Highness Albert Prince Consort, and the foundation-stone laid on the 31st July, 1863, by Lewis Lloyd, Esq., High Sheriff. On the other side of the portal the visitor is informed that the Hospital "was opened on the 27th day of April, 1866, and was dedicated to God's glory and to its humane purpose by the Right Reverend Charles Richard Sumner, D.D., Lord Bishop of Winchester." There is a small entrance hall to the Hospital, in which are placed a cast of Mr. Theed's well-known work "The Good Samaritan", presented by the artist; and an excellent engraving of Canova's magnificent monument in the church of Augustines, Vienna, to Christina of Saxe Teschen, "Uxor optime Albertus." In the centre hall of the building at the foot of the staircase stands an excellent white marble bust, by Mr. Theed, of his Royal Highness the late Prince Consort, presented to the Hospital by her Majesty the Queen.

On the basement-floor of the Hospital, to the right, are the matron's department, the board-room, and the secretary's office; to the left, the house-surgeon's apartments, splint-rooms, the dispensary, and out-patient rooms, in their respective order. These are all large, ample, and admirably arranged. The dispensary specially deserves mention, from the ingenious way in which the space has been economised, without in any way interfering with its efficiency. The members of the medical staff have in this department, as indeed in all other matters pertaining to the effective working of the Hospital, taken much personal interest. There are separate rooms for the male and female out-patients, with conveniences attached to each.

The culinary department is also on the basement, and contained in the offshoot behind the main body of the Hospital. There is the kitchen supplied with all the modern inventions; cooking by steam, and such like; the neat servants' dining and day-room; the ample sculleries; and the weighing room, where bread, butcher-meat, and other

vians, are weighed on delivery. From the kitchen the diets are sent in tin dishes kept warm by hot water chambers (the invention of a member of the staff), and the joints are carved and served in the ward. Kent's cinder-sifter appears to be a favorite means of economising in the kitchen and throughout the Hospital.

The wards are on the first floor. They afford altogether accommodation for 52 patients. In the main building are the two large general wards—a male and female, with two special wards attached to each—and behind, over the kitchen department, are other special wards and operating-theatre. Between the two general wards is the nurses' dining-room, which answers also the purpose of a library for the patients.

The general wards are large and cheerful, lighted on both sides, and their walls are tinted; they measure 91 feet 9 inches in length, 25 feet in breadth, and from 15 to 18 feet in height; they afford accommodation for 21 beds, thus affording 1800 cubic feet of air to each patient. Attached to the near end of each ward is a nurses' day-room and a scullery, fitted up with a stove, which may be used, if necessary, for occasional cooking. At the further end is a bath-room and lavatory on one side of the ward, and admirably ventilated water-closets on the other. Attached to the latter is also a closet for patients' clothes. A glass door at this end of the ward opens into a balcony for the use of the patients. The walls of the wards are adorned with pictures and illustrated texts, which add much to their appearance of comfort and cheerfulness. Each bed has a commodious locker and towel-rack, leaving no excuse for untidiness on the part of the patients. The wards are scrupulously clean and in good order. The means afforded for heating the wards, especially considering the exposed position of the Hospital, appeared to us quite inadequate. On inquiry on this point, we ascertained that, although every available means had been employed in a case of urgency during the winter, the temperature of one of the wards could not be raised above 47° Fahr. Additional means for heating the wards, whether by hot-water pipes or additional stoves, should not be omitted another winter. The heating of the Hospital would also be facilitated by placing a stove or pipes between the kitchen and central hall. In summer, the wards are equally exposed to excessive heat, and should be protected by coloured blinds. The four special wards attached to the large general wards adjoin the scullery and nurses' day-room. The two smaller are set apart for ophthalmic diseases, and contain one bed each; the larger contain three beds each, and are used for other special cases. The small wards at the back of the Hospital (two in number) are intended for accommodating three beds each. These wards are reserved for special operative or other cases, and for the isolation of patients labouring under infectious diseases. A nurses' room is attached to each. There is a shaft in this part of the Hospital, down which the dirty linen is thrown and carried to the laundry. Another shaft conveys the cinders to the patent sifter below. The medical officers on one occasion adopted the precaution, in order to prevent the spread of infection in a case of scarlatina, of pitching a tent on a grass plot in the grounds of the Hospital—a plan which might be more frequently adopted with other patients in summer. We understand that the recommendation made in this JOURNAL a few weeks since, and advocated by Dr. Morton, the Medical Officer of Health for Guildford, for the erection of isolation houses for infectious cases, is about to be carried out at Guildford. The small wards present the same air of comfort as the general wards. The operating-theatre is in this part of the building—a large room spoiled by the excessive glare of light shed upon the operating-table on all sides. The light would be greatly improved if the side walls were deeply tinted.

In the centre of the main building a second storey has been added, which affords sleeping accommodation for the nurses. The nursing arrangements are excellent. The nurses are trained in the Hospital by the matron, Miss Bishop, who may be also congratulated on the general efficiency of her department.

The *post mortem* room adjoins the airing-ground behind the Hospital. It is supplied with a most inefficient table and bad water-supply. We were surprised to hear that with so modern and well-appointed a Hospital, there was no museum. The great importance of having a museum attached to a hospital such as the Surrey County Hospital, is too evident to require further remark. There is ample room for building on the ground adjoining the *post mortem* room; and we doubt not that, if properly brought before the Committee, who appear to supply the wants of the staff in a liberal manner, the erection of such a museum would be secured.

The total cost of the Hospital and furniture, together with the expense of laying out the grounds, amounted to upwards of £15,000.

We have given a short and very imperfect sketch of the Surrey County Hospital. There are many details, however, which we would have referred to in the description and management of the building had space



permitted. We can state, however, that it is one of the most complete and best appointed provincial hospitals in the country, and to those of our readers who may happen to be in the neighbourhood a visit to the Hospital would well repay the trouble. Visitors would be received, we are sure, with pleasure by the members of the staff and by Mr. Flower, the able House-Surgeon, who paid us most courteous attention.

At the date of our visit, May 8th, there were several cases in the wards which presented considerable clinical interest. The first was that of a boy, aged 15, under the care of Mr. Eager, who, six years previously, had received a severe injury to the right arm from a reaping machine, which rendered amputation above the elbow necessary. Since that time, the boy had suffered much from a painful cicatrix, the end of the bone protruding through the skin. To relieve this, Mr. Eager amputated the stump, much to the ultimate relief of the boy; and the wound was now, a fortnight afterwards, almost healed.

In the same ward was a remarkable case of double popliteal aneurism, under the care of Mr. Eager. The patient, a male, aged 36, and a vagrant, had come to the Union Workhouse three weeks previously, with the left knee much swollen. He was there seen by Mr. Eager, and sent into the Hospital. The patient stated that he had been perfectly well until a short time before, when he commenced working immersed to the knees in water, repairing dykes; he had, however, suffered from syphilis some years before, and was still covered with the remains of a copper-coloured eruption. When first seen, it was supposed that the patient was suffering merely from rheumatism; and this idea was strengthened by the right knee also becoming affected. On further examination, however, a pulsating tumour was found in either popliteal space. The tumour in the left was now the size of an orange, and felt hard and was somewhat unyielding; that on the right side was little more than half the size: it was very elastic, and communicated to the hand a strong and equable impulse. There was a loud systolic blowing murmur over both aneurisms, and an accentuated second sound was heard at the base of the heart, but no definite cardiac murmur. When admitted, the tumour in the left popliteal space was already becoming hard, and undergoing spontaneous cure. The patient was kept quiet in bed, with the legs flexed; the left was allowed to remain in this position untouched, while a tourniquet was kept applied over the right femoral artery. The sac on this side had now also diminished in size, and was getting harder. It was observed that when the limb was straightened after the removal of the tourniquet, no pulsation was felt in the aneurismal sac. Accordingly, the limb was ordered to be kept in an extended position, but the pulsation returned in a few hours. It is now tightly flexed and is rapidly getting well.

In the same ward we saw a boy, twelve years old, under the care of Dr. Stedman, with ulceration of the leg, the result of a scald two months previously, which had been exceedingly obstinate. The wound refused to heal under the prolonged use of stimulating and astringent lotions; but at length, after alternating rapidly lotions of lead, carbolic acid, sulphate of zinc, etc., healthy granulations began to spring up, and the ulcer was now rapidly healing over.

In the female ward was a case of very slight acute articular rheumatism in a young woman under the care of Dr. Stedman, of an in-structive character. It was her first attack, and when admitted only the knees and ankles were affected, and to a slight extent. They had commenced to become painful and swollen seven days before. Notwithstanding the slight character and limited extent of the articular disease, there were distinct evidences of aortic and mitral valvular disease. None of the other joints were afterwards attacked.

In an adjoining ward was a female, aged 48, suffering from pleuritic effusion. She was taking iodide of potassium. Mr. Eager, under whose care the patient was, intended to introduce a seton, which he was frequently in the habit of employing, with benefit, in cases of pleuritic effusion.

In the same ward was a child, twelve years old, suffering from chorea limited to one side. When admitted six weeks previously, the movements were exceedingly violent. No improvement was observed until April 15th, when Mr. Eager prescribed hydrate of chloral in tenn-grain doses, morning and evening; a decided effect for the better then followed. The evening dose was doubled on April 29th, and now she was almost well. There was a slight systolic murmur heard at the apex of the heart, but no rheumatic history was obtained. Mr. Eager advocates strongly generous diet in cases of chorea.

In one of the small wards was a case of scarlatina, in which the origin and date of the infection was at first a matter of obscurity. From further inquiries, however, it was ascertained that a friend of the patient, who was nursing a child with scarlatina, saw the patient the day before her admission into the Hospital, and *seventeen* days before symptoms of scarlet fever showed themselves—a remarkably long incubative stage. There was also chronic ascites present in this case,

for which various remedies had been tried. In reviewing these, Mr. Eager referred to the goose grass (*Galium aparine*), which he thought of trying, an old remedy recommended by Culpepper, and also a favourite amongst an earlier class of female medical practitioners than those of the present day. Mr. Eager related a case which had come under his own observation, in support of the diuretic properties of this plant. It was that of a man labouring under chronic dropsy; who, after having been given up by the doctors for miles around, was advised by an old woman to adopt the following. To fill a gallon jar as full as possible with goose grass, and to add as much gin as the vessel would hold. To take a wine-glassful three times a day. The result was undoubted. Whether due to the gin, or goose grass, or both, the man got rid of his dropsy.

## UNIVERSITY COLLEGE HOSPITAL.

REMOVAL OF THE LEFT UPPER MAXILLA: ERYSIPELAS: EROGELY.

(Under the care of Sir HENRY THOMPSON.)

FOR the notes of this and the following case we are indebted to Mr. William Hodgson, House Surgeon.

The patient, a woman, aged 45, unmarried, was admitted on March 22nd, for disease of the upper jaw. She had enjoyed good health till about eighteen months ago; since which time she had not been so strong and well. For some years she has had enlarged tonsils, which at times have caused her great distress. About fifteen months ago, she first noticed a swelling in the upper alveolus; the growth of which steadily increased till the date of admission. It had now attained the size of a small hen's egg, involving the posterior two-thirds of the alveolus and hard palate, nearly to the middle line. Externally, there was noticeable a slight fulness of the left cheek; on further examination this was found to reach to within half an inch of the orbit, separated from the malar bone by a slight depression; elsewhere, the tumour was not definable; to the touch it felt hard. There was no pain or tenderness anywhere present.

On March 30th, the patient being placed fully under the influence of chloroform, the jaw was removed in the usual manner, with the exceptions that the incision through the soft structures went no further than the inner angle of the orbit, and the orbital plate was left. A small portion of the tumour left behind was removed by means of the gouge.

On April 4th she was able to take a good quantity of fluid nourishment by the mouth. She could make herself partially understood by talking. On April 10th, the patient was improving daily. The appetite was good, and she preferred food a little thicker. She was taking minced meat, arrowroot, milk, eggs, beef-tea, and eight ounces of Sherry. The wounds in the face were rapidly healing, but there was still some discharge from the mouth. A week afterwards, the patient was able to leave her bed daily for an hour. On the 21st, however, the left cheek was attacked by erysipelas, which extended to the right cheek on the following day. She was ordered fifteen minims of the tincture of the perchloride of iron, with ten minims of chloric ether, three times a day; and, on the 21st, the patient was much better; the swelling on the face was disappearing. From this time, the patient steadily regained health and strength, and was able, from May 16th, to leave her bed daily for one or two hours. She was discharged from the Hospital about the middle of last month.

When discharged there was very little alteration to be seen externally in the appearance of the patient; the upper lip on the left side was slightly more curved than on the right, and there was still visible a slight cicatrix, extending from the margin of the lip round the left ala of the nose to an inch below the inner angle of the left orbit. On looking into the mouth there was seen, to the left of the middle line, an opening about the size and shape of an almond, looking into the pharynx; to the left of this, again, was an ulcerated patch about the same size. The uvula was slightly drawn to the left; the left arch was diminished in size, and extended nearly in a straight line from the base of the tonsil to the left side of the tongue; it acted perfectly. The speech was a little thick, and the patient had difficulty in pronouncing the gutturals. She was able to smell only with the right nostril. She said she was able to swallow better now than before she had the tumour; but when she takes a mouthful of fluid it slightly regurgitates. Hearing not affected, nor taste. On examination of the tumour under the microscope, it was found to be fibro-nuclear in character.

OLD STANDING STRUCTURE OF THE URETHRA, WITH PERINEAL AND RECTOVESICAL FISTULE: INTERNAL AND INTERNAL URTEROLOGY.

(Under the care of Sir H. THOMPSON.)

WM. D., a bricklayer, was admitted on February 7th, 1870, under the

care of Sir Henry Thompson. The patient has been a hard drinker of gin and beer, and has had gonorrhoea several times, the last twenty-five years ago. He has had symptoms of stricture for thirty-three years. Fifteen years ago, he had scrotal abscess. He had a similar attack ten years ago; and, again, another three years ago. On this occasion, several incisions were made, giving vent to a large amount of very fetid matter. Instruments could not be passed. About the beginning of last September, he was admitted into a metropolitan Hospital, for retention of urine, after a fit of hard drinking. During three weeks, frequent attempts were made to pass instruments, but without success; at the end of which time the bladder was punctured by the rectum, the cannula being left in for a month. Two instruments were passed; the first tied in for ten hours; the second he took out himself at the end of ten hours. He left the hospital a little improved.

**Frequent Illness.**—The patient states that he has not passed water by the natural passage for four months past; it has always come by the fistulous opening in the perineum; the rest along with the motions. After several unsuccessful attempts to pass instruments, Sir H. Thompson determined to perform external urethrotomy.

March 23rd.—The patient being placed under chloroform, and in the lithotomy position, a sound was introduced up to the stricture, and cut down upon. About half an inch of the instrument was exposed. On dissecting backwards, with much pains and perseverance, the urethra was cut into, allowing the passing of a small silver catheter from the perineum; upon this, a director; and upon this, again, a No. 8 silver catheter along the whole length of the penis, which was tied in. In the first incision, an artery was cut, which was quickly secured by torsion.

March 24th.—There has been slight oozing from the wound during the night. The urine, coming mostly by the catheter, is bloody; pulse 125; temperature 100.2.

March 26th.—To-day, the silver catheter was replaced by a gum elastic (No. 9), with some difficulty. The urine comes entirely by the catheter, and is free from blood; wound closing in; pulse 104.

April 12th.—Since the operation, the patient's health has much improved; catheter removed; wound nearly closed in.

April 17th.—On removal of catheter, a few drops of urine were found to come by the opening in the perineum; none by the recto-vesical opening. To-day it comes entirely by the natural passage, causing smarting pain. To have a No. 8 *bougie à boule* passed daily.

May 3rd.—Urethral passage contracting; bougie found to be held more tightly daily, and to-day passed with difficulty. Sir Henry considered that internal urethrotomy was necessary. Accordingly, on the 6th, the patient being placed under chloroform, the stricture was divided internally from behind, forwards, and afterwards forcibly divided. A No. 11 gum elastic was then introduced and tied in.

From this time he progressed; and, on May 9th, the catheter was taken out, and he was ordered to have it passed daily.

## LONDON HOSPITAL.

UTERINE MANIA TREATED BY THE GALVANO-PHORETIC METHOD.

(Under the care of Dr. HEAD.)

For the following notes we are indebted to Mr. Stephen Mackenzie, the Resident Accoucheur.

H. P., aged 29. This was her fourth confinement, and there was nothing remarkable about it, except that it was "quick and sharp," and that she gave birth to twins. She seemed, with the exception of absence of secretion of milk, to be going on very well until the ninth day, when she became delirious. The way in which the mania set in was curious. On this day (May 19th), having been unable to sleep the previous night, she was lying trying to compose herself to sleep, when an elder child came into the room and asked her some question. She heard, but was unwilling to rouse herself sufficiently to answer. The child, however, persisted, and she got irritated. She tried to speak, but could not; and seemed to indicate to the child that she wanted her husband. When he came upstairs, she was extremely pale, trembling violently; and, as soon as she was able to articulate, said she felt she was dying, and asked her husband to go to Mr. Loane, who had attended her in her confinement. About an hour afterwards, Mr. Loane arrived. She then began talking and rambling a great deal. She said to Mr. Loane, "You have been attending me for some time, but have never felt my pulse." Shortly afterwards, she began to rave, and was with difficulty kept in bed. During the next day, she was very violent, and it required two strong men to restrain her. Whenever she saw the child who had asked her questions, she tried to get at him, and kept saying, "You have done it; you have done it." She screamed a great deal, and so loudly, that it was heard at houses some distance off. She was brought to the hospital on the afternoon of May 21st. There was

no history of insanity in the family, nor of any trouble, nor of any unkindness from anyone. Her bowels had been obstinately confined since her labour. When seen at 3 P.M., she was in a very restless state. When anyone approached her, she would clutch hold of them by the arms, but made no attempt to injure. She followed with her eyes those in the room; and when anything was said in her presence she repeated it. For instance, Dr. Falfrey, who happened to be present, said, "I should give her chloral and port;" and she repeated, "I should give her chloral and port." She talked a good deal, also, of her children, especially "Bobby."

One drachm of chloral hydrate was given in a saccharine solution, with twenty drops of tincture of ginger to disguise the flavour; and I may here remark that this forms a vehicle which is least objected to by patients. Five minutes after taking the chloral she was fast asleep. She awoke about 6 P.M.; was just in the same condition as she was previous to taking the medicine; and so another drachm of chloral was given, when she at once went off to sleep again. She then slept, with only one interruption, when brandy was given her, going off again until 6 P.M. on the 22nd (twenty-four hours). When seen at 8 P.M., on this day she was perfectly rational. She said she was very thirsty; that she had a troublesome cough; and that her tongue was very sore. On looking at her tongue, its surface was clean, but there was a large abraded patch on the left side, as though she had bitten it. Her temperature was 102.4; pulse 120; respiration 30. Her breasts were large; so equal parts of extract of belladonna and glycerine were ordered to be applied; pil. col. co., gr. x, to be taken at once; and, the last thing at night, thirty grains of chloral. She slept all night. In the morning, May 23rd, she felt much better, without headache, and the bowels had acted several times. Pulse 96; respirations 21; temperature 99.4. She was perfectly sensible, and complained only of her tongue. From this time she had no bad symptoms. By the evening of the 25th, her pulse was 72; respirations 18; temperature 98.4. She had, as a sleeping draught, on the evenings of the 23rd and 24th, thirty grains of chloral; and, on the 25th, slept perfectly well without anything. On the 28th, she had seen her husband and other friends, and behaved quite naturally with them. She slept well each night; her appetite was good; the tongue healed; and she wanted to get up.

## GUY'S HOSPITAL.

THE USE OF BROMIDE OF POTASSIUM IN AGUE.

(Cases under the care of Dr. MOXON.)

It is known that bromide of potassium was first introduced into medical practice, as a remedy for enlargement of the spleen, by Dr. Williams. Reference to the cases which are given in full in his *Practice of Medicine* does not, however, show any relation of the remedy to ague-poison more especially than other causes of enlarged spleen. It was as a spleen-remedy, and not an ague-remedy, that it was found useful. During the last four months, trial has been made at Guy's Hospital, among the out-patients, of the use of bromide of potassium in ague. The results are such as to show that this drug possesses a very remarkable power over ague, and a power that promises to be of important use in many of the more obstinate cases. Dr. Moxon has had several instances of its successful use; and two of these were in persons who had taken quinine for a length of time without benefit. The following is a short note of one of these cases.

J. P., aged 27, a joiner, had been laid up for two months with tertian ague. It presented this peculiarity, that at the first onset it continued its course for a fortnight, and since that time had alternated weekly; so that he shivered every third day in one week, and was free from shivering the next, and so on—a week of ague following a week of rest. His spleen was three inches below the false ribs in the mammary line. He had the look of ague, but had not lost much flesh. He took quinine nearly from the first constantly, but did not get any better. He came to Guy's Hospital as an out-patient under Dr. Moxon on January 10th, and then commenced taking scruple doses of the bromide of potassium thrice daily. On the 17th, he said he had had no shaking the previous week, though it was the week when he ought to have shaken; but he had had some headache. The dose was increased to half a drachm three times a day. He never had a fit after taking the bromide; and on the 24th of January his spleen had gone up, so that it was only one inch below the ribs. He remained under treatment until February 28th. On presenting himself then, he said that he had had no more ague-fits; he felt bodily stronger and better than when he first came, and his spleen was scarcely to be detected by the fingers. The so-called "bromism" had not been produced in him. His fauces and conjunctivae were sensitive as those of other people.

The other patient had applied on the same day as this man, and had



given a very similar account of herself; *i. e.*, ague for many weeks, and continued use of quinine without benefit. The bromide was prescribed; and, after attending once and reporting benefit, she ceased her attendance on the following week.

The following case shows still more strikingly the usefulness of the remedy.

J. S., aged 19, a gardener, from Streatham, came under Dr. Rees's care with tertian ague on June 13th, 1869. He stated that he had had paroxysms of ague every third day, between four and five in the afternoon, for the last two months; and had taken quinine during the whole of that time, but had derived no benefit or relief of any kind therefrom, and consequently sought relief at this institution. On admission, he had the general appearance of a healthy lad, but complained of tenderness in both hypochondriac regions. There was extended dulness over the liver, and also over the spleen. On the following day, he was ordered two grains of quinine in infusion of gentian three times a day. On the 14th, he had another paroxysm. On the 20th, the dulness over the liver and spleen was more extended; and on the 27th it was noted that no benefit had arisen from the quinine. He was accordingly ordered twenty grains of bromide of potassium in infusion of gentian three times a day. On June 30th, he was noted to have been free from attacks since the 27th, and felt better. On July 3rd, the splenic dulness was diminished, and he felt well. On July 7th, he was discharged well. During this patient's stay in hospital, he had taken eighty-four grains of quinine without benefit; but, after the first drachm of bromide of potassium, he pronounced himself materially relieved.

A considerable number of other more recent cases have been treated in the same way; and this has been the general result—that the bromide always checks the ague, so that for one or two weeks the patients have no seizures; that in some of the cases the cure is permanent, even while the patients still continue to reside in the place where they took the ague; but that in many cases, when the patient is still in the ague-district, the ague-fits return after one or two weeks of free interval.

Thus it appears that the bromide of potassium is a remedy well worth a trial in cases of ague that do not yield to quinine, or in cases where the patient has left the place where he was seized with the poison; but it is not pretended that, for the general cure of ague, it would compete in advantages with quinine. Dr. Moxon took the suggestion of its use from Mr. Walter Buchanan, a student of Guy's Hospital, to whom all credit for the notion is due. It certainly appears that a new and important service of the bromide is here shown; and it is interesting to compare this result with the power which iodine and iodide of potassium have shown in curing ague, as reported in Virchow's *Archiv*, xlix.

## MIDDLESEX HOSPITAL.

### CASES OF METRO-CELLULITIS.

(Under the care of Dr. HALL DAVIS.)

THE notes of the following cases were kindly furnished by Mr. Scully, the Resident Obstetric Assistant.

#### CASE I.—*Pyæmic Metro-cellulitis following Prolonged Labour.*—

E. C., aged 33, was delivered of her seventh child, a living female, about ten weeks before admission into Prudhoe Ward; her labour lasted two days, but was unattended by complication. Three days after confinement, she had rigors and was very feverish; she also had much pain over the uterus, which, on vaginal examination, was found to be large and immobile; an offensive lochial discharge was present. She was treated at her own home for some time, and the more urgent symptoms soon subsided. On admission into the hospital, the patient was in a very debilitated condition, and bore an expression of much suffering; her tongue was slightly coated, her pulse was quick and weak; she had no appetite, and her nights were sleepless. She complained of constant pain down the front of the right thigh, which was so fixed in a flexed state upon the abdomen that any attempt at extension was attended with considerable suffering. Above Poupart's ligament on the right side, under the integument, there was a hard mass apparently fixed to the deep tissues, and very tender on pressure. The treatment consisted in a citrate of potash draught every four hours, linseed-meal poultices constantly to the right groin, and sedatives occasionally given internally, and in poultices to the affected groin. Four days after admission, the skin over the right groin was slightly reddened, and, a week later, fluctuation was apparent at one point. An incision was now made through the skin, and a large quantity of pus evacuated. This gave the patient great relief; she was then put upon port-wine and tonics. The abscess continued to discharge pus for about nine days and then healed up. The patient remained thenceforward free from pain, and was enabled to extend the leg freely and walk about without any inconvenience. She was soon afterwards discharged convalescent.

It is highly probable that an abridgement of this patient's labour, by a timely resort to forceps-delivery, would have saved her from the tedious and painful illness which ensued.

CASE II.—*Metro-cellulitis from Cold caught during Menstruation.*—M. F., aged 23, not married, three weeks before admission, caught cold while menstruating; and, feeling very ill in consequence, she was obliged to keep her bed for a fortnight. She had great pain across the lower part of the abdomen and back, was sick after every meal for two days, and had diarrhoea nearly all the time. About the same period, she noticed a thick yellowish discharge from the vagina. On admission, the pulse was 112 and the tongue clean. There was complete anorexia. She complained of constant pain across the hypogastrium, increased by micturition and on going to stool. There was a purulent vaginal discharge; the uterus was found to be perfectly fixed, and there was considerable induration of the cellular tissue surrounding the uterus, especially posteriorly in the direction of the sacrum. A poultice of linseed-meal and mustard was applied to the abdomen. Fifteen grains of bromide of potassium with ammonia and decoction of cinchona was given three times a day. The pain was to a great extent relieved by this treatment, and the patient felt better; it was, however, noted that she had, since taking the medicine, slept a good deal both day and night—this has been observed in other patients in the ward taking bromide of potassium. A fortnight after admission, the medicine having been continued in the meanwhile, a vaginal examination revealed a considerable diminution of the induration, and the uterus had become partially movable. As all pain had subsided, and her debility was still considerable, tonics were now administered. Her appetite and general condition improved steadily, the uterus became more freely mobile, and the only evidence remaining of the previous inflammation was a slightly increased density of the uterine tissue. The menstrual function having been properly re-established, and the patient's health greatly improved, she was discharged and forwarded to the Home for Convalescents at Walton.

Another case of metro-cellulitis in Dr. Davis's ward, arising from the application of cold interfering with the menstrual function, is proceeding favourably, and is now convalescent. We shall probably give future details of this case, on account of some interesting points which it presents.

## REVIEWS AND NOTICES.

FORMS OF ANIMAL LIFE: being Outlines of Zoological Classification based upon Anatomical Investigation, and illustrated by Descriptions of Specimens and of Figures. By GEORGE ROLLESTON, M.D., F.R.S., Linacre Professor of Anatomy and Physiology in the University of Oxford. Pp. cxviii and 268. Oxford: at the Clarendon Press. London: Macmillan and Co., 1870.

THOSE of our associates who had the good fortune to visit Oxford at the annual meeting held there two years ago, can scarcely fail to have noticed that, however much the University may a few years ago have been behind the age in the recognition of the value of the study of natural science, the reproach no longer exists. For Oxford has now its Natural Science Museum, where Physics, Physiology, Chemistry, Medicine, and Geology are taught and illustrated.

Among the able teachers who exercise their functions in the Oxford Museum, is Dr. ROLLESTON, the Linacre Professor of Anatomy, whose address in Physiology, delivered at the annual meeting in Oxford, proved him to be a man well skilled in his department. In his teaching, he has found that certain requirements are felt by students of Comparative Anatomy; and these it is his object to supply in the book before us.

The work consists of three parts. First, there is an Introduction, occupying 152 pages, and containing a well digested summary of the characters of the various classes of the animal kingdom. The author follows Gegenbaur's arrangement of subkingdoms; these are enumerated as: I. Vertebrata; II. Mollusca; III. Arthropoda; IV. Vermes; V. Echinodermata; VI. Coelenterata; VII. Protozoa. Of this part of the book, it is enough to say that the name "Introduction," which the author modestly gives it, scarcely shews what it is: it is an admirable compendium of Comparative Anatomy for the use of the student.

The second part of the book is the Oxford Museum, selected as typical of the several divisions of the animal kingdom. Thus we find Mammalia illustrated by a dissection and by the skeleton of the common rat and the vertebrae of the rabbit; Birds, by the pigeon and the common fowl; Reptiles by the common ringed snake and the vertebrae of the python; Amphibia by the frog; Fishes by the perch and cod; and so forth—the specimens being mostly taken from animals which are easily



procured. "A short statement of the method which has been adopted in the preparation of each specimen has in most cases been prefixed to the description of it; and thus persons who have not, as well as those who have, access to the University Museum, are enabled to reproduce for themselves the objects described. The specimens themselves, it will be observed, are in the great majority of instances taken from animals which may be found living in inland parts of this country; and even when they have been taken from an exclusively marine class or subkingdom, such as the Tunicata or the Echinodermata, they are, with an exception or two, readily procurable in places at a distance from the sea-coast."

The third part of the book contains twelve plates of dissections of typical and easily obtained animals—the rat, pigeon, frog, slug, mussel, cockroach, crayfish, etc. An ample description is appended to each plate.

In using the book, Dr. Rolleston recommends the following course as being that which is followed in the teaching of Comparative Anatomy at Oxford. "The student should first, by means of works on anatomy, and preparations if possible, make himself familiar with the general descriptions of the several systems and organs. This being done, he can follow the description of the dissected specimens; and he should do this before studying the accounts given in the Introduction of the class and subkingdom to which it belongs. Lastly, the study of the descriptions of the plates should be taken up only after the attainment of a considerable familiarity with actual specimens by the practice of dissection."

Dr. Rolleston's object is, plainly, to enable the student of Comparative Anatomy to learn the science in the most solid and durable way; first by laying a good foundation in a practical acquaintance with the structure of typical forms, and then building up on the knowledge of each form that of the class or subkingdom which it has for the time represented.

Not only University students, but others also, will find Dr. Rolleston's work of the highest value in teaching them how most profitably to study Comparative Anatomy. For those who wish to work out the description of any class more elaborately, reference to the writings of various authors are appended to the descriptions of the specimens.

**NOTES ON THE TREATMENT OF SKIN-DISEASES.** By ROBERT LIVING, A.M., M.D. Cantab., Demonstrator on Diseases of the Skin and Assistant-Physician to the Middlesex Hospital. London: Longmans, Green, and Co. 1870.

The author has, we think, done well in publishing these short notes on the etiology and treatment of skin-diseases. They were originally prepared by Dr. LIVING with a view to their private circulation amongst the students of his class on Cutaneous Medicine at the Middlesex Hospital. The notes consist of a few general remarks on the etiology, diagnosis, treatment, and classification, chiefly after Hebra, of skin-diseases, followed by short sketches on the nature, history, and best modes of dealing with ordinary cutaneous affections. A glossary of terms in common use is appended, with numerous prescriptions, including the more ordinary cutaneous remedies in favourite formulae. The work is unpretentious, in size strictly a pocket-companion, containing no more than ninety pages. The matter is good, and well put together. We anticipate for it a favourable reception.

#### FOOD-SUPPLIES.

THE increasing success of the efforts of the Australian squatters and merchants, represented by Mr. Talleman, to introduce cheap animal food supplies into this country, merit all the support and attention of thinking men, and will be regarded with especial interest by our own profession. Six thousand sheep a week are being killed in Melbourne for consumption in this country. Good Australian mutton is now being sold in London at fivepence halfpenny a pound. We are sorry to find that Mr. Gamgee's process of preserving meat, thus far, has proved a failure in Australia. What is wanted is a process which shall be at once simple and effectual. Smoking the meat answers these requirements most effectually; and the recently arrived sugar-cured hams of mutton compare favourably with what have hitherto been sold here at three times the price. Already, considerable additions to our food-supplies have been drawn from this source; and it is much to be hoped that they may be indefinitely increased. Medical men know better than others how much an improvement is needed in the dietary within the reach of the poorer classes of working people.

## COMPARATIVE PATHOLOGY.

### INFECTIOUS PLEURO-PNEUMONIA.

PROBABLY no fatal disease of stock is so constantly present in the minds of agriculturalists and cow owners as that known under the names of "pleuro-pneumonia," "pleuro," and "lung-sickness," etc. It annually causes the destruction of a large number of bovine animals, and in some years is unusually prevalent; this was the case in Great Britain and Ireland in 1869, and the disease still continues very prevalent, especially, we believe, in Ireland. The study of this malady is therefore of great importance to the veterinarian from many points of view, while to the human pathologist the nature of the disease and its mode of propagation furnish ample materials for useful comparison with diseases of mankind. A considerable quantity of beef from animals suffering with pleuro-pneumonia is attempted to be sold annually, and no doubt a good deal of it escapes the vigilance of inspectors and medical officers of health, and is really eaten; it thus becomes of importance to have as much information as possible on the injurious results, if there be any, which may be attributed to the consumption by man of pleuro-pneumonia beef.

At the outset, it cannot be too strongly insisted upon that the disease under consideration is not local in the sense that pleurisy and pneumonia in other animals and in man are often local, nor is it one of several results occurring in the course of other diseases, *e.g.*, pyæmia, or typhoid fever. This pleuro-pneumonia of horned cattle is the particular and constant result of a definite morbid state of the blood, produced by infection from another animal; the changes in the pulmonary organs in this disease correspond to the eruption on the skin in scarlatina, etc., and to the ulcerations in Peyer's patches in typhoid fever. The infectious pleuro-pneumonia of horned cattle is, then, a specific fever, communicated by infection from a diseased to a healthy animal, having a period of incubation which is followed by the characteristic changes in the lungs and pleura.

*Infection.*—In many cases, it seems that a considerable proportion of the animals exposed to the disease escape infection, while in other instances almost every animal in a herd is attacked. That it is infectious has been abundantly proved, both by exact experiments and by the experience of cattle-owners. The Royal Commission appointed to investigate the disease in France about 1852, found that thirty-one out of forty-six animals (about sixty-six per cent.) exposed to infection from diseased cattle, took the disease more or less severely. On three separate occasions, the disease has appeared in the United States, and each time it was traced to introduction from Europe, twice from England, and the third time from Holland. On the first two occasions, the disease was stamped out before it had spread to any considerable extent; but at the third importation, less energetic measures were taken, and some calves which had contracted the disease at the first centre of infection, were the means of spreading it through the country generally. About the end of 1858, pleuro-pneumonia was introduced into Australia by a cow imported from England; it soon spread, and caused enormous losses of cattle. Neither in the United States nor in Australia had it ever been known before it was imported. As additional evidence of its invariable origin by infection, we may mention that, whenever it appeared in the above-mentioned countries, it attacked first the animal or animals which had recently been landed, and next the cattle in direct communication with these; and, again, it is well known that many farms in this and other countries have remained free from the disease for years, and that its first appearance on them has followed soon after some fresh stock has been brought to the farm. It is not quite certain how the disease was introduced into Great Britain in the present century; according to Simonds, it appeared a few months before the removal of the duty on imported stock allowed the free introduction of cattle from the Continent; but it seems highly probable that there may have been previously some private importation of a few animals; and Gamgee thinks it pretty certain that in this way the malady was brought first to Cork, and afterwards spread to the rest of Ireland and, perhaps, to England.

*Other Modes of Communication.*—From the well-known fact that when pleuro-pneumonia has once appeared on a farm it is extremely difficult to get rid of it, and that isolated attacks occur on such farms at comparatively long intervals without a fresh introduction of the disease, it is highly probable that the infectious material may cling to various articles of woodwork, straw, etc., and that these may act as sources of infection; we do not, however, know any facts which prove this supposition, and there are, perhaps, other ways of accounting for the appearance of the disease. In this connexion we must say something of another method by which pleuro-pneumonia cannot be communicated,

but by which immunity against the disease is supposed to be conferred ; we allude to the well-known practice of

*Inoculation*.—Pleuro-pneumonia has never, so far as we know, been communicated by inoculation. The material used has almost always been the peculiar exudation in the lungs, and it has usually been inserted under the skin of some part of the tail. A very few experiments were made by the French Commission with blood and with mucus from the nostrils, and some others of a similar kind were performed by a Commission appointed in Australia, but they all led to negative results. The results of inoculating with material from a diseased lung are always negative as far as any production of the characteristic lesions of the disease is concerned, although both local and constitutional symptoms, of greater or less severity, and referable to the introduction of septic matter, sometimes follow the practice. These results vary with the kind of matter employed and the manner of performing the operation, and, in bad cases, sloughing of the tail, and even gangrene of the posterior parts, occur, and the latter is sometimes followed by death. And yet this practice of inoculation has been, and still is, very largely carried out by many veterinary surgeons, farmers, and cowkeepers in this country, on the Continent, and in other countries where the disease is met with ; and the fact that many thousands of cattle have been subjected to the operation from a belief in its prophylactic virtue, makes it highly probable that some real benefit does follow the practice. We are therefore not surprised to find that, while scientific veterinarians, almost without exception, deny that the disease is produced by inoculation as at present practised, they nevertheless conclude, from very numerous exact experiments, that cattle which have undergone the process mentioned are for a certain time much less liable to take the disease than others. Most authorities think that inoculation acts in the same way as an issue or any other running sore, and that during a period of probably a good many months it does protect the animal, though in what way is quite unknown. That there is no peculiarity in the sores caused by introducing the matter from a diseased lung under the skin, is shown by the facts that the same results may be produced over and over again on the same animal ; that the matter from such a sore may be repeatedly reinoculated on the same animal with the same effect ; that the same result follows a similar operation on other animals ; and, lastly, that cattle which have been inoculated have often died of pleuro-pneumonia within a few weeks or months of the inoculation.

It seems a pity that no one should have made careful and numerous experiments with the blood and other fluids, and especially that the experiments of condensing the breath on cotton-wool or glycerine should not have been made with this disease as it was with cattle-plague. Will no veterinary surgeon in this country take up this part of the question ?

*Period of Incubation*.—This seems never to be less than about fourteen days, and is often as long as forty days, while there is evidence to show that in some cases it may be even greater. So wide a margin of time suggests the idea that the disease may be more communicable in some stages than in others, and that the infecting material may, in the cases of long incubation, require to undergo changes in the body of the recipient before the characteristic lesions are produced.

*The disease sets in*, after this variable period of incubation, with slight rigor, and other feverish symptoms follow. Very soon signs of the changes in the chest are apparent in a husky cough, dulness on percussion, friction-sound, and bronchial breathing, succeeded by absence of respiratory murmur in parts where the bronchial tubes, as well as air-cells, are closed by exudation. There is sometimes perceptible enlargement of the affected side of the chest. The animal may die during the acute stage, but recovery takes place in a considerable number if the disease be allowed to run its course. Secondary complications are often severe, and depend chiefly on the exhaustion produced by the disease and by the hectic accompanying the breaking down and removal of gangrenous portions of lung-tissue. The temperature is raised during the disease, but we are not aware of any published accounts of continuous thermometric observations.

*Post Mortem Appearances*.—If an animal be killed in an early stage of the disease, we find in one or both lungs (generally in one much more than the other) patches of consolidation, either buried in the lung-substance or seated immediately beneath the pleura. The affected lung-tissue is heavy and congested, and the interlobular fibrous tissue is distended, partly by fluid, partly by lymph, so that the lobules are separated from each other by thick partitions of this distended network. (The interlobular fibrous tissue is much more abundant in the lungs of the ox than of any other of the animals we are in the habit of examining ; and it admits of great distension, either by lymph, as in the disease under consideration, or by air, constituting the extremely well-marked interlobular emphysema so common in the ox.) At a later stage, we find

the whole of one lobe, or even almost an entire lung affected. In such a specimen we find the subpleural and interlobular fibrous tissue enormously distended with yellowish-white, solid, tough lymph, the interlobular septa being sometimes a quarter of an inch in thickness. The solid septa of new material are interrupted at intervals by spaces or cells containing semifluid, transparent, grayish lymph, so that the whole new product has a somewhat honeycombed appearance. The proper lung-tissue is now intensely congested, and has the colour of a cut surface of spleen, very firm and heavy ; and numerous little gray points may often be observed upon its surface, showing that the air-cells and smallest bronchial tubes are blocked up by exudation-material. The contrast between the yellow septa and the dark crimson pulmonary lobules is most marked, and is really very beautiful. The exudation still continues to be poured out into the fibrous tissue of the lung, not only between the lobules, but between the air-cells, so that they are compressed in addition to being more or less choked up. The exudation is deposited also in the smaller bronchial tubes, and casts, sometimes half an inch in diameter, may be obtained from them. If the animal be recovering when killed, we may find patches of lung in process of restoration to a healthy condition, but more commonly the amount of compression by the effused material has been so great as to cause death of portions of lung-tissue, which often become encapsuled and afterwards break down and leave cavities. Whenever the disease is extensive, the pleura becomes inflamed, and the extent of the pleurisy is generally a tolerably accurate guide to the amount of lung involved in the disease. A thick layer of soft lymph is deposited on the opposite walls of the pleura ; and more or less liquid, containing large flakes of the same material, is found in the cavity ; the pleurisy is, however, probably quite secondary to the peculiar inflammation of the lung itself, and is not an essential element of the disease. The pleural lymph can be stripped off from the pulmonary pleura without at all interfering with the subpleural exudation.

With regard to the part of the lung which is first affected, we find various opinions ; the general one is, we believe, that which we have given, that the interlobular and subpleural tissue is affected before either air-cells or bronchial tubes. Dr. Greenhow, however, considers that, in some cases at least, the disease begins in the pleura and subsequently invades the subpleural tissue ; and Mr. Waters mentions that he found in some specimens at an early stage, "a firm, whitish, substance", resembling decolorized fibrin, occupying some of the smaller bronchial tubes, while the lung-tissue was quite healthy. Dr. Sutton informs us that he inclines to believe that the exudation may begin in the pleura, and extend thence to the subpleural and interlobular tissue. Dr. Sutton (who agrees in this point with Dr. Greenhow) has arrived at this conclusion from noticing that, in some cases large surfaces of pleura are inflamed without the coexistence of disease in the subjacent lung. In a few specimens, Dr. Sutton has found the walls of some of the arteries thickened by deposit of recent lymph, in a state of acute arteritis, in fact ; and this observation is of great interest, as showing that no tissue is safe from invasion in this very peculiar disease. No constant or important changes are found in other organs.

One attack of pleuro-pneumonia protects the animal from further infection. Of course there are exceptions to this, but they are, we believe, comparatively few. The ox is the only species (perhaps we ought to say genus) which suffers from this disease ; so that there is no danger of its spreading to other domesticated animals. We have an impression, although we cannot refer to any authority on the subject, that it occurs in the undomesticated species, such as buffaloes.

We are not aware of any facts bearing on the question of intrauterine infection. This is a most interesting point, both in connexion with pleuro-pneumonia and other infectious and contagious fevers ; it is one, moreover, in which the long period of incubation, and the comparatively slow progress of the changes of pleuro-pneumonia, would lead us to expect an affirmative answer to the question, *Can pleuro-pneumonia be communicated from the mother to the fetus, or from the father through the fetus, to the mother*, as often occurs in the case of syphilis ? Pregnant cows often suffer from the disease ; and if observation were directed to this point, we should soon have evidence in one direction or another. We may add another query : *What influence would an intrantrine attack of the disease have on the liability of the animal to future infection ?*

For various reasons, chiefly, perhaps, on account of the long period of incubation, occasionally extending, according to some authorities, to three months, pleuro-pneumonia is very difficult to eradicate when once it has gained a firm footing in a country. It thus differs from cattle-plague and from sheep-pox, and it differs from them also in being a less rapidly and less certainly fatal disease, so that nothing like the panic caused by the cattle-plague occurs when a severe outbreak of pleuro-pneumonia takes place, and the precautions taken by stock-owners are, perhaps, correspondingly lax.



*Influence of Pleuro-pneumonia on Human Health.*—We do not know of any evidence that either the meat or the milk of animals affected with this disease is unwholesome when eaten by man. As to the milk, we have found no mention of harm done by drinking it in any writings to which we have had access. A good deal is said in several publications about the danger of eating pleuro-pneumonia meat, but all the evidence breaks down on examination. It has been said that this meat, when eaten, causes carbuncle, the only evidence in support of which statement is, so far as we know, that Dr. Livingstone, in describing some diseases in South Africa, mentions that many persons suffer severely from malignant carbuncle, after eating the flesh of horses and other animals which have died of what he calls "horse-sickness" or "peri-pneumonia". The fact that horses suffer much more than any other animals from the disease mentioned by Dr. Livingstone, is proof positive that he does not allude to the infectious pleuro-pneumonia of horned cattle. The Registrar-General for Scotland (third detailed Annual Report) considers that the deaths from carbuncle in this country have increased *pari passu* with the prevalence of pleuro-pneumonia, and the marked increase in the number of deaths from carbuncle since 1847 is alluded to by Dr. Letheby in connexion with the existence of pleuro-pneumonia; we must protest, however, against going further, at present, than simply to point out the coincidence. Professor Gamgee, in 1863, stated that he knew of an instance in which about seventy persons had often been fed on pleuro-pneumonia beef, and had occasionally been seized "with vomiting, diarrhoea, abdominal pains, etc.," and that they had "traced such accidents to the meat"; Mr. Gamgee adds, however, "I regret that circumstances compel me to withhold further details." In the absence, therefore, of evidence on this question, we may safely accept the following statement by a recent French author, Motard. "*In ruminants: 1. The inflammatory diseases, such as bronchitis, pneumonia, enteritis, do not seem to make the flesh unwholesome. 2. The more serious epidemic pleuro-pneumonia is in the same case.*" [The italics are our own.]

**EPIDEMIOLOGY.**—"Vétérinaire," various numbers, from 1840 to present time.—*Recueil de Méd. Vétérinaire*, especially since 1860.—"Observations on Epidemic Pleuro-pneumonia." W. Faussett, in *Deb. Med. Press*, 1841, p. 100.—Prof. Gamgee in *11th Rep. of Medical Officer of Privy Council*, 1863.—Reports of Commissioners, 1871, on Murrain in Cattle, Dr. Greenough—"Pleuro-pneumonia," by G. Waters, in *Jour. Roy. Agric. Soc.*, 1848.—Simonds—"Lecture on Organs of Respiration," etc., *ibid.*, 1849. (Both these essays are excellent).—Reports on Inoculation, Prof. Simonds, *ibid.*, 1852 and 1853; *ibid.*, 1869, p. 380. Note on Inoculation.—*Archiv. Génér. de Méd.*, 1869, p. 714. C. Leblanc, Note on the Inoculation question.—*Edinburgh Véter. Rev.*, 1862, p. 421 (from report of Registrar-General for Scotland). *ibid.*, 1863, p. 262. "Diseases of Animals in relation to Public Health," etc., by Prof. Gamgee.—A. Motard, *Traité d'Hygiène Générale*, 1868, t. i, p. 763, etc.—Parks, *Practical Hygiene*, 3rd ed., p. 102.—Livingstone, *Missionary Travels and Researches in South Africa*, 1857, pp. 101 and 135.—Letheby, *Lectures on Food*, 1870, p. 239, etc.

### RINGWORM IN CALVES.

In looking over about a dozen English calves near the new Smithfield Market, two were found affected with ringworm (*Tinea tonsurans*). Patches (most of them circular) were found on the outer surfaces of the ears, on the face in various situations, on the top of the neck, and along the back. They presented very much the appearance of patches of ringworm in children,—but many of the patches were large, and there was as a rule more scab, partly no doubt made up of dirt and foreign matter which had adhered to the skin. Many of the hairs were broken and split up, and spores of fungus were found abundantly both in the diseased hairs and on the epidermic scales forming the scurf.

It appears that English calves are more liable to this disease than foreign ones. Among a number of Dutch calves, no ringworm was found.

The drovers and slaughtermen affirm that cases of contagion to the human subject are of frequent occurrence; many of the men employed about the animals are said to suffer from ringworm on the face and arms; one man in particular said that when any one, while *perspiring*, rubs any of the scurf, etc., from an affected animal on his own face or arm, he is pretty sure to get ringworm. The men commonly get rid of the eruption by rubbing it with ink, and do not seem to think much of catching the disease.

We have since looked over three other lots of calves; in no case was there ringworm on Dutch calves. In one instance there were only three English calves, and two of them were affected. In one of these there were several small patches, no larger than a sixpence, on the sides of the neck, and one on the fore-leg.

*Itch in Calves.*—A Dutch calf was noticed to have a large circular porriginous patch of eruption on its back. On pulling off some of the scab and hairs and looking at it attentively, it was evident that there were living creatures of some sort on the crusts, but at the time they were taken for young lice (probably a mass of several may have been

seen adhering together). On examination, it appeared that the scabs and hairs were literally crowded with minute mites (*symbiotes bovis*), which at first sight look very like the sarcopites hominis. The symbiotes bovis, unlike the human itch insect, does not burrow under the skin, but lives on the epidermis. It is a gregarious animal, immense numbers living together on a comparatively small portion of skin. It does not breed on the human skin, though it probably occasions a transient itching eruption in some instances.

## MUSEUM NOTES.

### THE BRIGHTON HOSPITAL MUSEUM.

*Emburation of almost the whole Shaft of a Long Bone, with free Subperiosteal deposit of ivory-like Bone encasing it.*—The bone illustrated in the woodcut is the humerus of a turkey, and exhibits a very rare condition of ivory exostosis. There is no history in connection with the

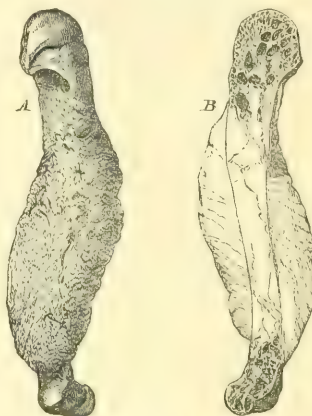


Fig. A shows the exterior of the bone; and B, its longitudinal section (much reduced in size).

specimen. It is from the Brighton Hospital Museum, and was very kindly lent to us by Dr. Ormerod, in order that a sketch might be made. We have never seen a similar one. The shaft of the bone from within an inch of its upper extremity, to the same distance from its lower one, is completely surrounded by dense ivory-like deposit, increasing the thickness of the bone to four or five times its natural size. At the middle it measures five inches in girth. Above and below, the deposit gradually tapers off. Externally, the newly deposited bone is very rough, with small crests and nodosities, and is furrowed all over by the grooves for vessels. Where the deposit ends above and below, it does so quite abruptly, and the bare extremities of the shaft are perfectly smooth, differing greatly from what is usual in periostitis in the human subject. The relations of the deposit to the bone are, indeed, such as would have been produced had the shaft been encased in clay which had subsequently been baked into porcelain. In the longitudinal section, the shaft is seen running through the mass of deposit to which it adheres, but with which there is, in some parts, but little structural connection. With force, the sheath might probably in many places be taken off, and leave the shaft clean and smooth. In other parts, however, the shaft and its envelope are not distinguishable. The shaft throughout the length of the encasement is emburated, and exactly resembles the external structure in density. The extremities of the shafts, which are not encased, show the normal cancellous structure; and it is remarkable that the external deposit and the changes in the interior of the shaft end at precisely the same parts. The emburated shaft shows here and there indistinct linear markings, as if the growth had been originally in nodules, which had afterwards coalesced; and this conjecture is supported by the appearances presented at the ends of the parts thus changed. The entire bone weighs five ounces and a quarter.

We shall be glad to be furnished with references to similar specimens, whether from man or the lower animals.



## NOTICE.

THE ANNUAL SUBSCRIPTIONS TO THE BRITISH MEDICAL ASSOCIATION FOR THE YEAR 1870 ARE NOW DUE: and it is a matter of great convenience to the Association, and conduces to the efficiency of its working, that they should be paid promptly.—Members of Branches, and all others who usually receive circulars at the beginning of the year from the local Secretaries, will greatly oblige, and will prevent trouble, by PAYING THEIR SUBSCRIPTIONS TO THE LOCAL SECRETARIES, AND NOT TO THE GENERAL SECRETARY.—All other members should pay their Subscriptions without delay to the General Secretary, T. WATKIN WILLIAMS, Esq., 13, Newhall Street, Birmingham.

Members of the Association residing in the counties of Middlesex, Essex, and Hertfordshire (except those belonging to country Branches), should pay their Subscriptions to Dr. A. P. STEWART, 75, Grosvenor Street, W.; or Dr. ALEXANDER HENRY, 16, Great Cornam Street, W.C.

Gentlemen wishing to become members of the Association are requested to apply to the General Secretary, to the Branch Secretaries, or at the office of the JOURNAL, when forms of application and the rules of admission will be forwarded.

## BRITISH MEDICAL JOURNAL.

SATURDAY, JUNE 11TH, 1870.

## THE POOR-LAW SERVICE.

AMID the various discussions which have taken place in the columns of the journals and at meetings of Poor-law medical officers, the nature and quality of the existing inspection of our Poor-law system has formed a prominent topic. If we may judge from the tone of these discussions, the question is regarded as of importance, not only as it affects the general welfare of the poor, but also, and more especially, in its bearings on the present condition of the medical service. The prevailing opinion seems to be, that if the inspection were what it ought to be, it might, and probably would, afford a good, if not the chief medium for ventilating and ultimately redressing many of the grievances which now form so fruitful a source of discontent, and of establishing a spirit of mutual confidence and co-operation between the medical officers and the Poor-law Board—a spirit which can scarcely be said to exist under the present system. How valuable an aid to the good government of an important section of our social organisation, this mutual confidence would prove, is self-evident.

Notwithstanding the prominent place this subject has taken in these discussions, it seems never yet to have been very clearly indicated what the defects of the present system of inspection are, or how they may be overcome. It is true that both members of the profession and others engaged in the agitation for reform, have united in expressing their conviction that the inspection ought to have a more technical character than it has at present; and some have had the boldness to say that a practical acquaintance with the actual working of the system ought to be held as a necessary qualification: hence the demand for medical inspectors.

The Poor-law administration of this country is based on clear and well defined principles, to which, if the administration is to be satisfactory, every department ought to conform. For this purpose, it would seem essential that every inspector, whether a professional man or not, should have a familiar and practical acquaintance with the general character of the work he has to overlook. He ought to know, not only the principles of the Poor-law, but also the details of its administration; in addition to this, and what seems to us of the greatest importance, he ought to have an intimate acquaintance with the general character and condition of the poor, their habits and resources, so as to be able readily to appreciate the special characteristics of each locality. Possessed of this knowledge, any man of intelligence may exercise a useful supervision over the general working of the system. There are, however, special details in this work, of vast importance to the welfare

of the poor and of the public, which call for special knowledge on the part of an inspector, without which it seems impossible for the supervision to be what it ought to be. Rules for the proper government and methods of relieving the poor are, for the guidance of boards of guardians and their officers, set forth in the consolidated order; the prohibitory order, where it is in force, exerts a wholesome influence in restraining the jobbery and imprudence of some boards of guardians, limiting their discretion within very narrow bounds. Yet this prohibitory order, important as it is, can be, and is daily set aside by the opinion of medical officers; and, when boards of guardians show a disposition to do so, may in this way be rendered practically nugatory. Nevertheless, in dealing with this most important regulation, the one above all others in which the true strength of the Poor-law as a deterring agent may be said to lie, there are no directions, no instructions, no principle laid down for the guidance of either guardians or their officers.

The sickness of an infant a few weeks old, or the debility arising from want of a meal in any member of a family, may, equally with the most serious disease occurring to the head of that family, afford an excuse for setting aside the prohibitory order, and virtually in many cases allowing relief in aid of wages. Surely, if the administration of the Poor-law is to be uniform, even within limited areas, it is important that some supervision should be exercised over the discretionary power possessed by boards of guardians. This can only be done by men conversant with disease and the sickness incident to poverty.

In the management of our workhouses, the regulations for the government of the house, the classification and diet of the inmates, are all fully set forth; but no supervision, except of the most general character, can be exercised by non-professional inspectors over the method in which these regulations are carried out. Hence the utmost diversity prevails in different workhouses, all tending to disturb the essential uniformity of the system. Again, rules are laid down for the general management of the sick; but no practical inspection of this department exists. As a consequence, little or no inquiry is ever made to ascertain how far the means are at the disposal of the medical officer to enable him to fulfil the duties of his office, or as to how far the proper care and comfort of the sick is disturbed by the interference of masters or the caprice of guardians. It is simply impossible for any one unfamiliar with the details of pauper practice to know anything of the difficulties which on every side beset the treatment of the sick poor, whether as inmates of a workhouse, or at their own homes.

From whatever point of view we examine our Poor-law administration, it becomes evident that the medical department is miserably defective both in organisation and supervision. As yet, it has no head, and, as a consequence, is guided by no settled principle. Its organisation has never been attempted on any satisfactory basis, and no effort has been made to harmonise the system throughout the country. There exists a staff of officers whose daily occupation brings them in contact with the very sources of pauperism, who are more conversant than any other men in the kingdom with the fact that most of the pauperism is due to preventable causes; and yet the knowledge and all the practical good to the community that might be deduced from it is lost, simply because there is no intelligent appreciation of its value, or of the facility with which it might be utilised for the public good. Nor do we believe that this will ever be done until there shall exist, as part of the Poor-law Board, a medical department composed of men able and willing to inquire into and direct the administration of this important branch of the public service, backed by a power to alter and amend the present arrangements wherever they may be found defective.

There needs, for the most limited supervision of the details of our Poor-law, the addition to the present staff of inspectors of a medical element sufficiently numerous to enable the whole of the medical arrangements throughout the country to be thoroughly inspected at least twice every year. The important question for Poor-law medical officers to consider is, How is this to be done? and who are the men most likely to fulfil their duties efficiently, and at the same time with consideration for the position and wants of the service?

Notwithstanding the outcry that has been made in favour of medical inspectors, but little has been said as to the class of men who would be most acceptable to those seeking this change. Yet surely this must be of the greatest importance to every medical officer, whatever his position may be. The Poor-law medical officers should remember that it is possible to have medical inspectors with as little sympathy for them, and as indifferent to their difficulties, as the Board has hitherto been. Surely this possibility is not deniable. Medical knowledge and medical experience of one class do not necessarily make men sympathise with departments of the profession with which they themselves are unfamiliar, or with difficulties they themselves have never felt. If we require proof of this, we need but remember the indifference with which this question of Poor-law medical reform has been treated by the corporations and great medical organisations throughout the country. Men familiar only with the practice of the profession under the most favourable circumstances, with all the appliances they require ready to their hands, they, with rare exceptions, neither know the difficulties nor feel sympathy with all the hindrances inseparable from practice amongst the very poor. Add to this the fact that they are unfamiliar with the poor as seen and understood in their own homes, and are hence disposed to look on all poor as alike, and to overlook the wide diversity of character and feeling manifested by even the humblest. Equally unfamiliar with boards of guardians, such men are apt to overlook the sound business qualities possessed by many of them. Those varied branches of knowledge which go far to make up the practical business habits of a useful inspector can only be acquired by practical experience of the work. Any man, provided his ordinary intelligence is good, who has done the work, must enjoy a rare advantage over those who never have enjoyed the benefit of this experience. For these reasons, we think that those who seek for the addition of a medical element to the present inspection should see that they ask wisely, or they may find their desire gratified and their hopes disappointed. We venture to say that, if we are to have medical inspectors—and we are amongst those who believe that, if rightly selected, no reform would be of more inestimable value, alike to the poor, the ratepayer, and the medical service, than this—we must take care that, so far as we have any influence, right men are selected. If this cannot be done, better for the comfort of the service that things should remain as they are. But able and competent men are not wanting, if required. There are surely to be found men who, having trod the path themselves, know how to sympathise with the poor, the guardians, and the medical service—men able and willing to uphold thoroughly the authority of the Poor-law Board, and at the same time open up for its use vast stores of information at present hid from it—hid because no sympathy exists between the officers and the central authority. Such men would be able to understand vexed questions of administration both from an officer's and a guardian's point of view, and would thus have the means of harmonising differences and gaining the confidence of both. Doubtless, men possessing these qualities are rare. It is rare to possess the business qualities required, combined with a general knowledge and appreciation of the principles of Poor-law legislation, the habits of boards of guardians, and the wants of the poor; yet we know that such men are to be found within the ranks of those who have been the tool of the Poor-law service. In the selection of such men lies the basis of all satisfactory reform—reform a thousand times better for the interest of all than mere increase of remuneration—a reform that would satisfy, not one class only, but benefit the community at large.

#### THE COMING EPIDEMIC.

THERE is nothing which the mind more naturally resents than the imputation of selfish motives, when none such exist. Never have these been imputed with more gratuitous absurdity than when it has been alleged that medical men advocate vaccination for the sake of the fees it brings. The answer is obvious. Small-pox would pay us twenty times as much. It is not our interest to prevent disease; and, when we endeavour to do so, it is from motives which involve an entire dis-

regard of pecuniary considerations. We make these remarks because we believe that it is the duty of the British profession at the present juncture to urge upon the public the importance of re-vaccination. It is certain that, if we do so, we shall be met with the suggestions to which we have alluded. We do hope that the public will have common sense enough to see that an epidemic of small-pox, such as is now raging in Paris, Munich, and many other continental towns, would put money on a large scale into the pockets of the doctors. It is therefore from no selfish motive that we now give good warning, and raise the cry, *RE-VACCINATION*. It is extremely probable that we shall have the disease epidemic here before long. It is very desirable that both the profession and the public should understand clearly that our immunity of late years has been due to two distinct but mutually dependent causes. The first of these is, of course, the insusceptibility conferred on individuals by vaccination. The second, the great rarity with which individuals are now-a-days exposed to contagion. Once let the disease prevail, and multitudes will take it. Probably scarcely one in a hundred of the English population are ever, during life-time, exposed to the risk of catching small-pox. Every one admits that vaccination does not confer absolute and permanent immunity. Inasmuch as it is not permanent, repeated vaccinations are desirable; and inasmuch as it is not absolute, precautions in the way of isolation of single cases are most important.

We trust that all our health officers will at once make preparations in these two directions. We also call upon our magistrates to put the vaccination laws in force without flinching. It is a thing not to be borne with any patience, that a few silly individuals should be permitted to carry gunpowder in their hats when sparks are flying on all sides, and a general conflagration is threatened.

Facts are familiar to most surgeons in proof that it is not solely to insusceptibility that the recent rarity of variola has been due. A man with small-pox was recently admitted with strangulated hernia into one of our hospitals. An operation was necessary, and two or three of those who assisted at it took the disease. A few months ago, a man in whom the eruption was just coming out, was admitted by error into a general hospital. He remained in but one night, and was removed at once when the diagnosis was established. Four persons, however, who saw him in the ward, took the disease.

V. S. T. has given the munificent sum of £1,000 to the British Hospital for Diseases of the Skin.

THE British Home for Incurables has received a second munificent donation of £1,000 from C. D. T.

THE hoped-for therapeutic victory over tetanus seems as far off as ever. Two cases of failure in the treatment of tetanus by hydrate of chloral have been reported at the Society of Surgery of Paris. They were reported by MM. Guyon and Verneuil. The chloral afforded relief to the trismus and crises of convulsion, but failed to combat the contraction of the respiratory muscles; and the patients succumbed to asphyxia.

#### PREVENTION OF LEAD-POISONING.

M. PELIGOT announces, on the authority of the chief of some extensive works in France, that he has found that the introduction of the free use of milk as a beverage by the men has exempted them from the lead-colic, previously frequent.

#### ST. BARTHOLOMEW'S HOSPITAL.

DR. THORNE THORNE has commenced a class, which will be held every Wednesday afternoon, for the purpose of instruction in mental disease, a subject which is too much neglected at our medical schools.

#### THE ROYAL SOCIETY.

At the meeting of the Society held on Thursday of last week, the candidates recommended by the Council were elected Fellows of the Society.

## ROYAL COLLEGE OF SURGEONS.

MR. BIRKETT will bring his course of lectures on the Nature and Treatment of New Growths to a close this day (Friday); and on Monday next Mr. J. W. Hulke, F.R.S., will commence his course of three lectures on the Minute Anatomy of the Eye.

## MEDICAL CACOGRAPHY.

THE cabalistic writing of physicians in prescriptions is a source of much and frequent complaint amongst dispensers. Mr. Joseph Ince is making a collection of prescriptions on a great scale, for the benefit of young dispensers. Extensive donations have been made to this collection by the leading chemists in town and country. The volume so obtained appears to have the double object of initiating the young pharmacist into the ordinary duties of his art, and testing him on his skill in mastering its difficulties. Amongst the two latter, it seems, are prominently ranked medical cacography and "formulae for extreme doses". What is meant by this euphonious title may be gathered from the fact that these formulae include a prescription for ten grains of hydrochlorate of morphia three times a day; and another for a sixth of a grain of strychnine every four hours; the pill to be silvered. A mixture consisting of sulphuric acid and prepared chalk was mentioned; but this formula for plaster of Paris does not appear to be included in the collection. The general intention of this collection is, no doubt, excellent; but there are obvious objections to making it a "black book"; and, although it is right to remind prescribers of the results of occasional carelessness, and the responsibilities thus thrown upon dispensers, it would be unjust and impolitic to impose upon the unlucky prescriber the penalty of the public and perpetual record of his error. We feel sure that the collectors of these huge tomes of prescriptions will concur in this opinion, and will take care that no such invidious publicity shall be given to the lapses of any physician.

## THE STORING AND DISPENSING OF POISONS.

WE cannot but feel great regret that the recommendations of the Council of the Pharmaceutical Society as to the storing of poisons have not met with a better reception from the members at large. The frequent recurrence of accidents from the incautious internal administration of poisonous liniments, or from the otherwise erroneous use of drops as draughts, and of poisonous for innocuous mixtures, has greatly shocked the public mind for many years; it has given rise to calamities too numerous to mention. They occur with unrelenting frequency. The very foundation of the recent Bill enlarging the privileges of the pharmaceutical corporation, and conferring on them a monopoly of public dispensing, was the desire of the legislature to infuse a greater element of security into the traffic in poisonous drugs. The same clause which provides that "on and after the 31st December, 1868, it shall be unlawful for any person to sell or keep open shop for retailing, dispensing, or compounding poisons, or to assume the title of chemist and druggist, unless such person shall be a pharmaceutical chemist or a chemist and druggist within the meaning of the Act," also provides that he shall "conform to such regulations as to the keeping, selling, and dispensing of such poisons as may from time to time be prescribed by the Pharmaceutical Society with the consent of the Privy Council." There can be no question of the obligation thus imposed upon the Society to make due regulations for the "selling, keeping, and dispensing" such poisons. The regulations which the Council proposed to the meeting were such as are largely adopted now in London and the principal towns, and such as we have for long urgently and frequently recommended in principle for general adoption: the use of certain precautions as to locality and shape of the vessels containing poisons or dangerous articles in the shop or dispensary; and in dispensing and selling poisons. All liniments, embrocations, and lotions containing them to be sent out in distinctive bottles or bottles made distinctive; and the use of additional labels showing that the contents are not intended to be taken. These regulations, which certainly are not oppressive or exacting, and which in our opinion fall below what is required, were

very badly received by the majority of the meeting; probably, because they have not yet fully considered their responsibilities in the matter, and the incumbent duty of adopting these in an improved code. After long and angry discussion, they have been referred back to the Council for reconsideration. This is tantamount, under all the circumstances, to a defeat of a very necessary measure. It will, however, obviously be desirable for the pharmacists to make liberal concessions to the public wishes and public interests in the matter. It is well that they should do so as a matter of duty, which would be a fair return for the large privileges accorded to them. It would be very undesirable to arouse a public feeling of indignation, in a matter such as this, as to which that feeling would be susceptible, earnest and enduring.

## BRITISH ASSOCIATION COMMITTEE ON SEWAGE.

WE regret to hear that this Committee, whose support by towns has been in great measure due to our advocacy of its claims on public and professional notice, has met with an unexpected obstacle to its progress just as its funds had reached an amount sufficient to enable the members to commence active work. It appears that the Committee appointed by the British Association, and consisting of only six members (without power to add to its number), has not only taken upon itself to obtain from towns subscriptions towards a fund to defray the expenses of conducting the inquiry, but has also added the names of several gentlemen not appointed by the Association; and now the idea has been started by them that the Committee, thus constituted and endowed, has no power to apply its funds for the special purpose for which they have been raised; viz., the payment of personal expenses necessary to enable members of the Committee to conduct the work and give their personal attention to it. The reason alleged for this view being taken by two or three members of the Committee is the existence of a rule that the British Association does not contemplate payment of personal expenses out of grants from its funds; but the opposite party contend that this rule does not apply to funds obtained from other sources, especially under the circumstances of this case, and that its adoption as a principle of action would, in fact, stultify the Committee by excluding many of its members from taking active part in the work to be done, while entailing a course of action at variance with the professions of the Committee, as well as with the expectations of subscribing towns. That this is really the case appears to be unquestionable; for a large number of the subscribers have expressed themselves in favour of the fund being applied to payment of personal expenses, so as to enable members of the Committee to give their services thoroughly to the work. Several of them declare that they subscribed especially with that object; others, that they consider subscriptions could have no other meaning, and that they are surprised any such question could have been raised. Clearly, it would seem that, however the Committee may be bound by the rules of the British Association as regards the small grant of £50, its responsibility to towns in regard to the large sum that has been subscribed by them demands that the inquiry into this important subject shall be conducted in accordance with the promise given as to its results being useful to towns, and a trustworthy guide to them. In a matter of this nature, mere dilettante work, carried out by irresponsible though paid deputies, will not afford satisfaction. We think it would be in the highest degree improper if the members of the Committee were to abstain from fulfilling to the utmost of their ability the pledge they have given to towns, and if, after obtaining money to enable them to conduct the work, they were to hand it over to persons outside the Committee, whether friends of theirs or not, as a source of professional profit. If the Committee have any *raison d'être* at all, it is that of being composed of men able and willing to work at the solution of this important public problem. It cannot be regarded as merely a British Association Committee; but, as that and something more, it has pledged the credit of the Association in developing itself, and in obtaining from towns the means of exercising the abilities and willingness of its members to work; and the confidence that has been placed in it by



subscribers must not be abused. In fact, to quote the opinion of one of the principal subscribers, "it is the duty of the Committee to elect a sub-committee of workers who should have the real labour divided among them, and who should be paid by fees for their trouble and attention to the real objects of the inquiry."

#### GUY'S HOSPITAL.

WE understand that Dr. Taylor has resigned the lectureship on Medical Jurisprudence and Chemistry at Guy's Hospital.

#### CHOLERA IN MADRAS.

WE learn by telegram, dated June 9th, that the cholera at Madras is assuming an epidemic form. A few Europeans have been attacked, but have recovered. The effluvia from the river is very offensive.

#### INSPECTORSHIP OF VACCINATION.

WE understand that one of the appointments as Government Inspector of Vaccination is now vacant. The appointment is in the gift of the Privy Council.

#### WESTMINSTER HOSPITAL.

AT length the Committee have agreed to remunerate the Medical and Surgical Registrars, who have hitherto done the duties of these appointments gratuitously. The sum of eighty pounds has accordingly been voted for the purpose, but only for the ensuing year.

#### OBSTETRICAL SOCIETY OF LONDON.

A SPECIAL general meeting of the Obstetrical Society will be held at the Royal Medical and Chirurgical Society's Rooms on Wednesday next, at 8 P.M., to consider the scheme of amalgamation of the Medical Societies. It is expected that there will be much opposition to the scheme.

#### UNIVERSITY COLLEGE HOSPITAL.

WE are glad to hear that the authorities of this hospital have, after continued delay, appointed a Surgical Registrar. Mr. Marcus Beck, a distinguished graduate of the University of London, and an old pupil of the hospital, has received the appointment. We hope that they will not stop here, and that the Medical Committee will see fit to recommend a similar appointment to be made on the medical side.

#### THE OPHTHALMIC DEPARTMENT AT ST. BARTHOLOMEW'S HOSPITAL.

WE understand that the appointments to the ophthalmic department are all but decided upon, and that Mr. Henry Power and Mr. Vernon will receive the support of the authorities of the hospital. Mr. Power is an old pupil of St. Bartholomew's, and we are glad to observe that his alma mater is becoming alive to merits which the rest of the profession has long recognised.

#### TESTIMONIAL TO PROFESSOR PARTRIDGE.

AN influential meeting was held in the operating-theatre of King's College Hospital on Thursday afternoon, for the purpose of promoting a testimonial to Professor Partridge. Mr. Henry Lee, Surgeon to St. George's Hospital, and the first House-Surgeon to King's College Hospital, occupied the Chair. Amongst those present were Sir W. Fergusson, Bart., Mr. Charles Hawkins, Dr. Hyde Salter, Mr. John Wood, Dr. Frere, Mr. Soelberg Wells, Mr. Geo. Lawson, Dr. Symes Thompson, Mr. Probert, Dr. Hutchinson, Dr. Longton (Southport), Dr. C. Gage Brown, Mr. Francis Mason, and others. The Chairman intimated that numerous letters, expressing regret at being unable to attend, had been received from Sir Thomas Watson and others. In explaining the circumstances which had originated the proposal to promote a testimonial, the Chairman referred, in an eloquent speech, to Mr. Partridge as having been the one of all others who had first instituted King's College Hospital; and that it was he who had also organised the King's College Anatomical Museum. He referred to Mr. Partridge's great zeal as Professor of Anatomy, and more especially to the interest he took in

each individual student. He believed there was not one of the old pupils of King's College Hospital who was not indebted for assistance, guidance, and instruction from Professor Partridge. Mr. Charles Hawkins, in proposing the first resolution, referred to Professor Partridge's great abilities as a teacher of anatomy, and the valuable aid he had given in the College of Surgeons to advance medical education. The resolution was to the following effect: "That a testimonial be presented to Professor Partridge by the old and present students of King's College and King's College Hospital, to mark the sense they entertain of his services to the institution, and to themselves personally, during a period of forty years." The resolution was seconded by Dr. Longton of Southport. The second resolution was proposed in a few graceful words by Dr. Frere, and seconded by Dr. Hutchinson: "That a subscription for that purpose, not limited in amount, be instituted among the past and present pupils of King's College, King's College Hospital, and other friends; and that the testimonial do take such form as the Committee may deem most agreeable to Professor Partridge." Both resolutions were carried unanimously; and the following Committee was appointed to carry out the objects of the meeting: Mr. H. Royes Bell; Professor Bentley; Dr. Thomas Bond; Dr. George Johnson; Mr. Francis Mason; Mr. George Parkinson; Mr. J. S. Probert, M.B.; Mr. Frederick Simms, M.B.; Dr. G. L. Webb; Mr. John Wood; with Mr. Henry Lee, Chairman; Dr. Frere, Treasurer; and Messrs. George Lawson and W. B. Whitmore, Honorary Secretaries. After a vote of thanks to the Chairman, the meeting separated.

#### BOURNEMOUTH CONVALESCENT HOSPITAL.

THE fifteenth annual meeting of the subscribers was held on Wednesday. It appeared from the report that during the past year, ending March 31st, 1870, as many as a hundred and fifty-one patients had been admitted into the hospital. Of these, thirty-eight had derived great benefit, and had been able to return to their ordinary business; sixteen had been greatly relieved; sixteen had not been relieved; two had died; and forty-four were still within the walls of the institution. Arrangements had been made to add another wing to the building, by which twenty additional patients would be received. The cost of the new wing would be £4,500. The institution had proved a temporary home to many; their sufferings had been treated with skill, and soothed with sympathy. The balance-sheet showed that, at the close of the last financial year, £105 was due to the treasurer. The income was £1,954 : 13 : 6; and the expenditure had exceeded that sum by £342 : 4 : 4, which was now due to the treasurer.

#### POTABLE WATER.

THE general result of the investigations of Dr. Frankland and the Government Water Commission amounts, when analysed, to a denial of the current notion that sewer-water, mixed with the stream of a river, is purified by the combustive action of the oxygen dissolved in the water. He maintains, on the contrary, that there is no river in England long enough to effect this combustion completely and satisfactorily. It is true that, after a short distance, the river-water becomes limpid, and less loaded with organic matter; but that is because the greater part of the organic matter in suspension has fallen to the bottom, and is deposited with the mud. The source of infection has merely changed its time and place. The spores which are capable of transmitting disease resist both modes of separation. To purify sewer-water, the Commission sees no other practicable means than filtration through the earth, which it serves to manure and enrich. This filtration completely purifies it, and with danger of infectious emanations arising from the land, as might be feared.

#### THE HEALTH OF MAURITIUS.

THE total death-rate in the Mauritius for the year 1869 was 35 per 1,000; the total number of deaths was 11,295, being less than in the preceding year in about the proportion of 2 to 3. Rather more than one-half of the deaths were caused by fever. The deaths from fever were, proportionately to the total mortality, more numerous in the first

half of the year than in the second. This is in accordance with the experience gained in 1868. Syphilis was fatal to 17 adults; and leprosy to 58 persons, of whom 36 were Indians, and 21 Creoles. Sixty deaths were recorded from tetanus, one-half the number being adults. Four persons perished from rabies. The deaths from dysentery numbered 1,224. Seven deaths were recorded from scabies. The number of suicides committed yearly in the island is very large, when compared with the proportion in our own island; for, while the average annual number of persons dying from this cause in England is at the rate of 65 per 1,000,000 living, the corresponding number in the Mauritius is 270. Of the 90 deaths from this cause in 1869, the subjects of 81 were Indians, only 2 being Europeans. The cause of such numerous suicides among the Indian population does not seem to be well understood. Parturition and its consequences are much more dangerous to life in Mauritius than in England; the proportion being 1 death to 200 labours in England, and 1 to 79 in the Mauritius. March is one of the most fatal months in the Mauritius. It is, therefore, satisfactory to notice that the number of deaths in that month for the present year was less than half the number in March 1869; and also that the proportion of fever-deaths was much smaller than in the same month last year.

#### UNITED HOSPITALS ATHLETIC SPORTS.

THESE sports passed off successfully at Lillie Bridge Ground on Thursday afternoon. We shall give a report of the results of the different events next week.

#### THE PATHOLOGICAL SOCIETY.

It will be seen by our report that at the special meeting held on Tuesday evening, the Society voted in favour of the general principle of the amalgamation scheme. The majority was as 35 to 21. The details will be considered at an adjourned meeting to be held at an early date; notice of which will be sent to the members.

#### POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

THE Council some time since directed an appeal to be made to the Poor-law Medical Officers, through the medical press, for information of cases of poverty amongst their number, promising that the facts only brought to their knowledge should be used, and no clue given to the names or residences of the writers. Many letters were received, and we have just obtained extracts taken from some of them. No one, we think, can read without a feeling of sympathy these confessions of poverty and distress; and it is earnestly hoped that those who have it in their power to assist the unfortunate gentlemen whose sad condition is thus brought to light will not be deterred by any minor considerations from supporting Dr. Brady, and thereby extending to medical officers the boon of superannuation, which is already enjoyed by every other class of officers engaged in the administration of the Poor-laws in England and Wales; and by all, not excepting the medical officers themselves, in Ireland.

#### POST MORTEM EXAMINATIONS AT HOSPITALS.

THE subject of *post mortem* examinations at the hospitals has again turned up, and it is likely to attract more than the usual amount of attention. It appears by the report of *The Times* that at the Lambeth Police Court a respectably-dressed woman attended a few days since before Mr. Woolrych, and stated that her father had been admitted to St. Thomas's Hospital suffering from hernia. After undergoing an operation he died, and a *post mortem* examination was made. On his body being brought home, the daughter and other relatives were pained by the way in which the head had been cut and sewn up. Not having given any consent to a *post mortem* examination of her father, she went to the hospital and complained. Mr. Woolrych said he would have an inquiry into the subject, and on the following day Dr. Lees attended and stated that Mr. Whitfield had seen the applicant, and explained to her that unless an objection was made by the friends of the deceased persons, a *post mortem* examination was carried out. Mr. Woolrych

thought the friends of deceased persons should be asked whether they gave their permission or not, and that silence should not be deemed a consent. He considered that unauthorised dissection was a *misdeemeanour*; and that, presuming it to be a partial dissection in any other way than pointed out in the Act, it amounted to a *misdeemeanour*. In his opinion every person should have an opportunity of saying "Yes" or "No." It struck him there might be an infraction of the Act of Parliament in the matter, and he thought a more regular system might be adopted and rules laid down for future proceedings as to *post mortem* examinations. The matter was not pressed further, it being understood that the subject would be brought before the notice of the governors by the hospital officials. Mr. Woolrych observed that he could go no further. The system adopted at St. Thomas's Hospital is followed out in at least the majority of the metropolitan hospitals—that, unless objections are made by the friends, an examination is carried out as a matter of course. The opinion, that the making an autopsy under such circumstances is a *misdeemeanour*, is, we think, by no means justified by the Anatomy Act; and we trust that the hospitals will make a stand on this. It is of the utmost importance to medical science that every facility should be given in obtaining an autopsy in every case, if possible; while, on the other hand, a hospital has nothing to lose by framing rules to this effect. The authorities at some of the hospitals are apparently alarmed by the remarks of Mr. Woolrych; and one hospital has taken steps to prevent the medical staff making *post mortem* examinations without the permission of the friends—a course which the staff intend to protest against most strongly. We hope, should it be necessary, that a similar step will be taken at other hospitals.

## SCOTLAND.

#### 'SURGEONS' HALL, EDINBURGH.

THE Lectureship on General Pathology and Pathological Anatomy at the Medical School, Surgeons' Hall, Edinburgh, has become vacant by the resignation of Dr. Grainger Stewart.

#### THE DEPUTY COMMISSIONER IN LUNACY.

As we anticipated, Dr. Sibbald, the Medical Superintendent of the Argyll District Asylum, has been appointed Deputy Commissioner in Lunacy in the room of Dr. Arthur Mitchell.

#### BATHGATE: STATUE TO SIR JAMES Y. SIMPSON, BARONET.

At a meeting of gentlemen favourable to the erection of a fitting memorial to Sir James Y. Simpson in Bathgate, his native place, held on Saturday in that town, the following resolution was adopted—"That this meeting views with pleasure the movement in Edinburgh to perpetuate, by some lasting memorial in the capital, the memory of Sir James Y. Simpson, Bart.; but inasmuch as the people of Bathgate, the native place of Sir James, had previously inaugurated a movement for the erection of a statue to the memory of their illustrious townsman, and had received the support of many eminent gentlemen throughout the country; and inasmuch as they believe that the two movements will not in any way interfere with each other, resolved that a statue, or other suitable memorial, in the birthplace of one who was equally great in science and eminent in piety, would be a most fitting tribute to his memory." A Committee was appointed to carry out the object.

## IRELAND.

#### THE MEDICAL BILL.

THE College of Physicians have petitioned for direct representation of the profession on the Council, for the granting of one form of licence for the whole kingdom, three Boards being formed to examine for them; and lastly—"That the Apothecaries' Hall in Dublin, being a trading company, should not be considered or retained in the Medical Act Amendment Bill as one of the medical authorities in Ireland; for the

following reasons: That it is purely a trading company, consisting of shareholders, established under 31st Geo. III, ch. 34; managing a wholesale and retail establishment in the city of Dublin, for the sale and compounding of medicines; that its shares are bought and sold in the market, like shares in any other company, and transmissible by inheritance or otherwise to persons not apothecaries, about one-fourth of the shares being so held at present; that the only mode of admission to the company is by the purchase of shares; that the Act of 31st Geo. III, ch. 34, recognised the company as merely authorised, like the Pharmaceutical Society of Great Britain, to examine persons opening shops for the sale and compounding of medicines in Ireland (*vide* 15 and 16 Vict., ch. 56, 30th June, 1852; and 31 and 32 Vict., ch. 131, 31st July, 1868); but in no way empowered them to examine in medicine or surgery; and that the company, while capable of being made most useful, like the Pharmaceutical Society of Great Britain, in promoting the science of pharmacy, should be considered as no more entitled than that Society to be recognised as a medical authority under the Bill."

#### THE ROYAL MEDICAL BENEVOLENT SOCIETY.

The annual meeting was held on Monday, Dr. Banks being in the Chair. The disbursements for the year were £900. The College of Surgeons had handed in £1000 from the Carmichael Fund, so that the total sum received by the Society from that great benefactor of it amounted to £6000. The fact that out of 2000 members of the profession in Ireland, only 480 subscribed, was strongly commented on by Dr. Stokes, Sir D. Corrigan, and other speakers.

#### IRISH MEDICAL ASSOCIATION.

The annual meeting took place in the College of Surgeons; Mr. Tuffnell, and subsequently Dr. Brown, Mayor of Belfast, having filled the Chair. An address and purse of £100 guineas was presented to the Honorary Secretary, Dr. Quinan. A Committee was formed for the consideration of Dr. Darby's plan of an annuity fund for the widows and orphans of Poor-law Medical officers. Resolutions calling for the raising of dispensary salaries to at least £100, equalisation of the registration fees in Ireland to those in England, and the increase of the fees to medical witnesses, were adopted. Over fifty of the members joined together in the evening, under the presidency of Dr. Darby, in the Albert Hall of the College of Surgeons.

#### ROYAL COLLEGE OF SURGEONS.

At a meeting of the College held on the 6th instant, the following gentlemen were elected officers for the ensuing year, viz.—*President*: Albert J. Walsh. *Vice-President*: James H. Wharton. *Secretary*: William Colles. *Council*: William Hargrave, Robert Adams, J. Barker, William Colles, Hans Irvine, Richard G. H. Butcher, Rawdon Macnamara, George H. Porter, Hamilton Labatt, Benjamin M'Dowell, Edward Ledwich, William Jameson, Alexander Carte, George W. Hatchell, William A. Elliott, Archibald H. Jacob, John Morgan, Edward Hamilton, and Edward J. Quinan.

#### ST. THOMAS'S HOSPITAL OLD STUDENTS' BIENNIAL DINNER.

This dinner was held at the City Terminus Hotel, Cannon Street, on the 31st of May. About one hundred and sixty old students and visitors were present. The Chair was occupied by Mr. Solly, Senior Surgeon of the Hospital. It was evident that unity and good feeling were much promoted among the old St. Thomas's men by the biennial dinner; and there was every indication of a closer drawing together of all interests, as the new life of the Hospital was commencing.

After dinner, the recognised loyal toasts were drunk. To the toast of "The Army, Navy, and Reserve Forces," Mr. J. Vaughan, Mr. T. Spencer Wells, and Dr. Carpenter (Croydon), responded; Mr. Jeston (Hanley) also volunteering a few hearty words. In proposing the toast of "St. Thomas's Hospital—past, present, and future"—the Chairman first dwelt upon the past, and recited the list of worthies who had shed lustre upon the Hospital—from Chelselden on the surgical, and Mead on the medical side, down to the present. Turning to the future,

he felt that the reputation of the new Hospital would depend upon the character of the men who should be elected to succeed the talented surgeons who were about to retire, though it would be very difficult to find men at all equal to them. Dr. Barker, in his capacity of Consulting Physician and Governor of the Hospital, responded in a short but effective speech. To the toast of "The Medical Corporations," Dr. Risdon Bennett, responding on the part of the Royal College of Physicians, said that he must express his extreme gratification at seeing so noble an assembly present of old St. Thomas's men. It augured well for the future of the Hospital. For the College of Physicians, he could assure them that that distinguished body, whose aim had always been to maintain the character of the British physician, must always take a deep interest in the large hospitals of London; for they must always afford the most important means for the real education of good physicians. He rejoiced to think that in the present day the great mass of the profession might justly lay claim to the title of physician. But in such a country as ours, and especially in such a metropolis as this, there would, he believed, always be required a class of men educated specially to take the position of consulting physician. That there should be men who, whilst meeting the requirements of the day, should maintain the *prestige* for learning and high and honourable social character of the British physician, was the one object and sincere desire of the College of Physicians.—Dr. Bennett was followed by Mr. Cock, who responded on the part of the Royal College of Surgeons; and Mr. Cooper, on the part of the Society of Apothecaries. "The Health of the Chairman" was next proposed by Mr. Cock in a short genial speech, and was appropriately acknowledged by Mr. Solly.—In responding to the toast of "The Medical Officers and Lecturers," Mr. Le Gros Clark said that, whatever might be the conception of the duty he had to perform, Dr. Barnes—with whom he was associated in responding to the toast—would, he felt sure, see that he was happily delivered. He remarked that the worthy Chairman, in giving the toast of the evening, had tolled the knell of the past in his allusions to the by-gone celebrities of their alma mater. He, at this period of the evening, would prefer to ring out the merry peal of the future; and when he looked round and saw so many of his loving and robust children gathered together, he could not but anticipate a happy and glorious future for their old Institution in her new home. Finally, he thanked his friends for the cordial manner in which they had received the joint toast, of the better half of which Dr. Barnes was the worthy representative.—Mr. Clark's remarks were received with warmth and much applause.

After a few other toasts, the meeting was brought to a successful conclusion.

#### DR. BRADY'S MEDICAL OFFICERS' SUPERANNUATION BILL.

We have received the following for publication.

SIR,—Would you permit me to acquaint the Poor-law medical service that the Superannuation of Poor-law Medical Officers' (England) Bill will come on for second reading on Wednesday, the 22nd inst., and to make a few remarks?

I have received between two and three hundred separate petitions, inclusive of one from the College of Physicians, the Council of the College of Surgeons, the Guardians of the parish of Leeds, etc.; but it would produce a greater moral effect could this number be increased. To do this there is no time to be lost. I have, therefore, to request that all who intend to petition should do so without delay. I also earnestly entreat all medical officers and others who have influence with M.P.'s to communicate with them at once, and beg them to attend in the House and support Dr. Brady's efforts. In several of the letters I have received, fault has been found as regards the probable utility of the Bill, on the grounds of its being permissive only; and fears have been expressed that Boards of Guardians will generally refuse to grant any allowance even when they obtain the power to do so. To this objection I have this to state. 1. That superannuation of other Poor-law officers is at present only optional; 2. That the Irish Act passed last year is permissive only; 3. That until guardians and the public are better informed as to the value of the services which an efficient and contented medical service can render the community, it would be hopeless to expect that other than a permissive enactment could be secured.

In conclusion, I have further to state that, under the provisions of the Irish Act, several aged and infirm dispensary physicians have already been superannuated by the guardians there; and it is, therefore, highly probable that the same boon would be extended to gentlemen here where sufficiently deserving cases were brought forward for such consideration.

I am, etc.,

JOSEPH ROGERS.

32, Dean Street, Soho, June 1870.



# ASSOCIATION INTELLIGENCE.

## BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Thirty-eighth Annual Meeting of the British Medical Association will be held in Newcastle-upon-Tyne, on Tuesday, Wednesday, Thursday, and Friday, the 9th, 10th, 11th, and 12th of August next.

*President*—CHARLES CHADWICK, M.D., F.R.C.P., Senior Physician to the Leeds Infirmary.

*President-elect*—EDWARD CHARLTON, M.D., Physician to the Newcastle-upon-Tyne Infirmary.

An *Address in Medicine* will be delivered by FRANCIS SIBSON, M.D., F.R.S., F.R.C.P., Physician to St. Mary's Hospital.

An *Address in Surgery* will be delivered by G. Y. HEATH, M.B., M.R.C.S., Surgeon to the Newcastle-upon-Tyne Infirmary.

The business of the meeting will be conducted under six Sections:  
Section A. *MEDICINE.* *President:* Dr. Embleton. *Vice-Presidents:* Dr. Simpson and Dr. Lyons. *Secretaries:* Dr. H. Barnes, Carlisle, and Dr. Morell Mackenzie, 13, Weymouth Street, London.

Section B. *SURGERY.* *President:* Professor Lister. *Vice-Presidents:* Charles Trotter, Esq., and Timothy Holmes, Esq. *Secretaries:* Dr. Arnison, Newcastle-upon-Tyne, and W. H. Favell, Esq., Sheffield.

Section C. *PHYSIOLOGY.* *President:* Dr. A. Clark. *Vice-Presidents:* Dr. Sanderson and Dr. Haydon. *Secretaries:* T. C. Nesham, M.D., Newcastle-upon-Tyne, and J. G. McKendrick, M.D., 29, Castle Terrace, Edinburgh.

Section D. *MIDWIFERY.* *President:* Dr. Robert Barnes. *Vice-Presidents:* Dr. Gibson and Dr. G. Hewitt. *Secretaries:* Luke Armstrong, Esq., Newcastle-upon-Tyne, and J. H. Aveling, M.D., Rochester.

Section E. *PUBLIC MEDICINE.* *President:* Dr. Rumsey. *Vice-Presidents:* Dr. Druitt and Dr. Morgan. *Secretaries:* Anthony Bell, Esq., Newcastle-upon-Tyne, and Dr. A. Ransome, Bowden, Cheshire.

Section F. *PSYCHOLOGY.* *President:* Professor Laycock, M.D. *Vice-Presidents:* Dr. Sankey and Dr. Maudsley. *Secretaries:* Grainger Stewart, M.D., Borough Asylum, Newcastle-upon-Tyne, and T. Harrington Tuke, M.D., 37, Albemarle Street, London.

*Notices of Motion.*—The following notice has been given.

The Rev. Dr. BELL: That a Committee be appointed for the purpose of inquiring into the present constitution and operation of the Committee of Council; and whether it might not be better to have only one well constituted Council, consisting of a limited number—say fifty—to be elected by the general body of members through the medium of voting-papers: and that the Committee report to an ordinary general meeting, or to a special general meeting convened according to law.

Gentlemen desirous of reading papers, cases, or any other communications, are requested to give notice of the same to the General Secretary, at their earliest convenience.

T. WATKIN WILLIAMS, F.R.C.S., *General Secretary.*

13, Newhall Street, Birmingham, June 6th, 1870.

## NORTHERN BRANCH.

THE annual meeting of the above Branch will be held in the Athenæum, Sunderland, on Tuesday, June 14th, at 1.30 P.M.; E. H. MALING, Esq., in the Chair.

Dinner at the Queen's Hotel, at 4.30 P.M.

Gentlemen intending to read papers or describe pathological specimens, are requested to communicate with the Secretary without delay.

G. H. PHILIPSON, M.D., *Honorary Secretary.*

Newcastle-upon-Tyne, May 30th, 1870.

## CAMBRIDGE AND HUNTINGDON AND EAST ANGLIAN BRANCHES.

THE annual meeting of the above Branches will be held at the Town Hall, Ipswich, on Friday, June 24th, at 3 P.M.; BARRINGTON CHEVALLIER, M.D., in the Chair.

The dinner will also take place at the Town Hall, at 6.30 P.M. Tickets, 12s. 6d. each.

P. W. LATHAM, M.D. }  
J. B. PITT, M.D. } *Honorary Secretaries.*  
W. A. ELLISTON, M.D. }

## BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

THE annual meeting of the above Branch will be held at the Great Western Hotel, Birmingham, on June 17th, at 3 P.M.; THOMAS UNDERHILL, Esq., President, in the Chair.

The annual dinner will take place after the meeting, and at the Great Western Hotel, at 5 o'clock punctually. Dinner Tickets, including waiters and dessert, 7s. 6d. each.

I. H. BARTLETT, *Honorary Secretary.*

## CUMBERLAND AND WESTMORLAND BRANCH.

THE annual meeting of the above Branch will be held at Whitehaven, on Wednesday, June 29th, 1870, at 1 P.M. M. W. TAYLOR, M.D., Penrith, President; T. F. IANSON, M.D., Whitehaven, President-elect.

HENRY BARNES, M.D., *Honorary Secretary.*

Carlisle, June 8th, 1870.

## SOUTH MIDLAND BRANCH.

THE fourteenth annual meeting of the above Branch will be held at the Infirmary, Aylesbury, on Thursday, June 30th, at 1 P.M.; CHARLES HOOVER, Esq., President, in the Chair.

Gentlemen who purpose reading papers or cases, are requested to furnish the names or titles of same forthwith to Dr. Bryan, Northampton.

J. M. BRYAN, M.D., Northampton } *Hon. Sec.*

G. P. GOLDSMITH, Esq., Bedford }

Northampton, May 31st, 1870.

## SOUTH EASTERN BRANCH.

THE twenty-sixth annual meeting of the above Branch will be held at the Rosherville Hotel, Gravesend, on Thursday, June 30th, at 1.30 P.M.; JOHN M. BURTON, Esq., F.R.C.S. Eng., President, in the Chair.

The dinner will be provided punctually at 5 o'clock. Tickets (not including wine), 7s. each.

G. FREDK. HODGSON, *Honorary Secretary.*

Brighton, June 1870.

# REPORTS OF SOCIETIES.

## PATHOLOGICAL SOCIETY OF LONDON.

SPECIAL GENERAL MEETING, TUESDAY, JUNE 7TH, 1870.

RICHARD QUAIN, M.D., President, in the Chair.

THE PRESIDENT stated that the meeting had been called to consider the resolutions adopted by the Royal Medical and Chirurgical Society for the amalgamation of certain of the London Medical Societies. He asked the Society to deliberate what was best. The Society was now perfectly independent of any amalgamation. He thought it would be best to consider the principle at large, and then the details of the scheme.

Mr. HOLMES proposed—"That this meeting give a general assent to the scheme proposed to them by the Medical and Chirurgical Society." He said that it was the general feeling of the profession that a union of the Societies should take place, and he thought no offer so fair as that of the Medical and Chirurgical Society would likely be obtained again. He thought, however, that the members should be more or less unanimous.

Mr. GASCOWN seconded the motion. He thought it for the good of the profession that the union should take place. He hoped the subject would be considered in a general, not a pathological point of view.

Dr. PEACOCK wished to know what benefit was to be derived from the amalgamation. The interest of the profession is the interest of every Society; but he was unable to see any advantage in the proposed union to the Pathological Society. There must be a diminution of support to the Society by amalgamation. He did not see how a guarantee could be given that the *Transactions* would not be affected.

Dr. RISDON BENNETT wished, on the other hand, to hear what the objections were to the amalgamation. Unity must conduce to the ends they had in view. There were great advantages in having a common room and a common centre, with a common Council.

Dr. C. J. B. WILLIAMS said that it was their first duty to consider what was for the benefit of the Society. The Pathological had been a thoroughly successful Society, scarcely to be bettered. It was doing well; and what good could the Pathological Society gain by amalgamation? He thought none. It had maintained its position mainly from its own

efforts, notwithstanding a little opposition. He referred to the early history of the Society. The Medical and Chirurgical Society had made an effort to form a Pathological Section; and, after this failed, the present Pathological Society was got up. But it was not received favourably by the Medical and Chirurgical Society until it began to thrive well. Now that, after recognising the advantages of the new branches, it had come to them to ask for union, would it be well to hold aloof? There was a spirit infused into the Society which would make it continue to flourish whatever steps the Society took. What would be the result if the Pathological Society refused to join? Would there not be a Pathological Section, a division? This would not be desirable. Therefore he felt inclined to accept a noble, praiseworthy design, that there should be a Royal Society of Medicine. He thought it would be well for the profession that the Society should be affiliated. He thought the details should not interfere with the one grand object. He believed there would be considerable retrenchment. There was an accumulating fund, notwithstanding that the Society paid a heavy rent and spent a great deal for the *Transactions*.

Mr. ARNOTT asked if it was likely that if the Pathological Society refused to join, the Medical and Chirurgical Society would form a Pathological Section. Would the Amalgamated Societies correspond at all to the Society of Medicine of Paris? If the members admitted to the library increased in number, the value of the library would be diminished, and the expense incurred in this direction increased.

WILSON FOX thought the price was too high. The Harveian and Medical Societies were not included, and the societies about to amalgamate were unequal in work and number of members. He was unable to see why less money would have to be spent, and thought the Society had a more vigorous life than it would have if amalgamated. Dr. Fox then proposed the following amendment: "That the Pathological Society does not consider that the advancement of pathological science, hitherto so successfully cultivated by this Society, would be promoted by the adoption of the scheme of union presented to the Pathological Society by the Royal Medical and Chirurgical Society, and therefore declines to adopt it." This was seconded by Mr. Arnot.

Dr. MOXON failed to see the good objects of the amalgamation. The rent would not be saved, as Dr. Williams had stated, but would go into the pockets of the Medical and Chirurgical Society. He thought that money would be largely lost.

Dr. MURCHISON had not yet heard of any great advantages which would result to the Society. They should consider the advantages to the individual members and to the Pathological Society. The members of the Pathological who were not members of the Medical and Chirurgical Society would be benefited by obtaining access to the library, on the payment of two guineas. There was, however, no guarantee that the *Transactions* would not be affected. Dr. Murchison then proceeded to state that, taking an average for the last four years, only £285 would be allowed by the Royal Society scheme for the publication of their *Transactions*, whereas the last four volumes had cost, on an average, £285—a sum £16 in excess of their income from members' subscriptions. In future, there would be no capital to draw upon. He further observed that there was no guarantee that the General Council of the Society would make special grants to them in aid of the publications of the *Transactions*, as referred to in Resolution No. xxvii of the proposed scheme.

Mr. WOOD remarked that one chief object was the improvement of pathological science, and that this would be improved by being related with the new Section of Physiology and Anatomy.

Mr. HULKE had considered the matter fully, and was opposed to the amalgamation.

Dr. DICKINSON had considered the matter fully, and was in favour of the amalgamation.

Mr. HOLMES, in responding, first observed that by the amalgamation the Society would be better enabled to follow out pure pathology than it had hitherto done. A great Society such as was now proposed would be a means of communication between Government and the profession.—In answer to Mr. Arnot, he said he was unable to say whether a Pathological Section would be formed or not if the Society refused to amalgamate.—In answer to Dr. Murchison, he pointed out that three-fourths of the income of each Society was the minimum for the publication of the *Transactions*, whereas there was the whole capital of the Society to fall back upon. If the Society depended upon the men they were to join dealing fairly with them, he advised them to join; but if not, to have nothing to do with them. He also pointed out that there would be an extra source of income, as they would have no rent to pay, and there would be no common management, resulting in economy.

The PRESIDENT wished to state that as one of the very earliest members, the Society had fulfilled in every way its original objects. He could not, therefore, allow Mr. Holmes' statement to pass.

The amendment was then put, when 21 voted in its favour and 35 against it.

For the original motion, which was then put, the numbers were 35 to 13 in its favour.

The meeting was adjourned; notice of which meeting will be sent to the members on an early date.

## OBITUARY.

THOMAS NUNNELEY, F.R.C.S.

It was with deep regret that we recorded last week the death of this accomplished surgeon, on Wednesday, June 1st. He had only been confined to bed about ten days, although he had suffered for some time from the disease which is noticed elsewhere, and which finally caused his death in his 62nd year.

The deceased gentleman was a native of Market Harborough; and at Wellington, near that place, first showed his love of the profession in which he subsequently became eminent. He afterwards studied at Guy's Hospital with much credit and success, and while there became acquainted with Sir Astley Cooper, who was afterwards one of his warmest and most attached friends. At the early period of which we are speaking, Mr. Nunneley showed a marked partiality for anatomical science. In 1832, he became a Licentiate of the Apothecaries' Company. About five-and-thirty years ago he settled in Leeds, which at that time presented a promising field for his talents. The late Mr. Sam. Smith entertained a warm friendship for the deceased gentleman, and no one more admired Mr. Nunneley's great skill as an operator than he did. He took a deep interest in the Eye and Ear Infirmary—now amalgamated with the General Infirmary—and gave special attention to the diseases treated at that institution. As a general practitioner his reputation was high, and as an operator he displayed equal ability, judgment, and skill in all classes of cases. For about a quarter of a century he had been connected with the Leeds School of Medicine as lecturer on anatomy and surgery.

His attainments as a physiologist were great, and his knowledge was regarded as exact and extensive. As a writer on medical subjects his style was vigorous, clear, and logical. He was a frequent contributor to the *BRITISH MEDICAL JOURNAL*, and in addition to these productions of his ready pen, he was the author of numerous works on medical subjects. The chief of these were "A Treatise on the Nature, Causes, and Treatment of Erysipelas;" "On the Organs of Vision, their Anatomy and Physiology;" "On Anæsthesia and Anæsthetic Substances generally, being an Experimental Inquiry into their Nature, Properties, and Action, their Comparative Value and Danger, and the best means of Counteracting the Effects by an Overdose;" "On Vascular Protrusion of the Eyeball;" and many other valuable papers in this and other journals. He was from its formation a most active member of the British Medical Association; and at its meeting in Leeds last year he read the annual address—a very able paper—on surgery. Of the operations performed by Mr. Nunneley, none, perhaps, were more interesting or attended with more encouraging results than those for the excision of the tongue. He was amongst the first to attempt this difficult operation, and he certainly performed it more frequently than any of his contemporaries. In 1864, on the retirement of the late Mr. Sam. Smith and Mr. Teale, he was elected one of the honorary surgeons of the Leeds General Infirmary.

For many years he had been an active member of the Leeds Philosophical and Literary Society, and at the time of his death was a vice-president of the institution, and one of its hon. curators. Many years ago he was a member for three years of the Leeds Town Council. In politics he was a Liberal. Mr. Nunneley was well known as an able witness in civil or criminal cases.

During the greater part of his life he had enjoyed a considerable practice as an operator and as a family and consulting surgeon. His distinguished abilities and high attainments naturally drew around him a large circle of friends and admirers. Mr. Nunneley was a man of strong feeling, somewhat impetuous in action, and of great decision of character. The straightforward, uncompromising manner in which he promulgated his opinions may not always have been palatable to those who held opposite views; but even those who differed from him on controversial subjects could not withhold their deep and sincere admiration of his great abilities and attainments. All must feel that he was an honour to his profession, and that by his death the profession generally has experienced a serious loss.

The funeral of the deceased gentleman took place on Tuesday, at Woodhouse Cemetery.

## DR. SNOOK OF WELLINGTON.

JAMES WALLERIDGE SNOOK of Wellington, Salop, died last week at the early age of 30, after a very short illness. He was, we believe, universally esteemed by those who knew him. As a student, Dr. Snook obtained at St. Bartholomew's Hospital a scholarship in medicine, surgery, and midwifery. After obtaining diplomas, he was successively House-Surgeon to the Northampton General Lunatic Asylum and to the Bradford Infirmary. In 1868, having become a Licentiate of the College of Physicians, he settled in his native town in partnership with Dr. Steedman. Here he was rapidly securing the confidence of every one by ability and conscientiousness, supported by a kind, genial, and unassuming manner.

## EDWIN LEE, M.D.

We regret to have to mention also the death of Dr. Edwin Lee, the well-known author of several works on the baths and watering-places of the Continent and England, moving from watering-place to watering-place as a consulting physician. Dr. Lee had of late resided much abroad. He was an industrious writer on very various subjects, and his merits had been acknowledged abroad by his election as a member of numerous academies of medicine, including those of Paris, Berlin, and Naples. Dr. Lee received his diploma at the College of Surgeons in 1829. Amongst his published works, and as illustrative of the diversified character of his attainments, we may mention the following: 1. The Jacksonian Prize Essay on the "Comparative Advantages of Lithotomy and Lithotripsy"; 2. "Observations on the Principal Medical Institutions and Practice of France and Italy, with a Parallel between British and Foreign Medicine and Surgery"; 3. "A Treatise on some Nervous Disorders"; 4. Baths of Germany, France, and Switzerland", fourth edition; 5. "Watering-places of England", fourth edition, 1859; 6. "Observations on Mineral Waters"; 7. "Effect of Climate on Tuberculous Disease" (Prize Essay); 8. "The Medical Profession in Great Britain and Ireland"; 9. "Homeopathy and Hydropathy"; 10. "Animal Magnetism and Magnetic Luce Somnambulism" (Prize Essay); also works on the climates of Nice, South of France, Spain, etc.

## MEDICAL NEWS.

## ROYAL COLLEGE OF SURGEONS.

At a meeting of the Council of the College of Surgeons held on Thursday, the amended Medical Bill was carefully considered and discussed. The omission of Clause XVII of the original Bill was considered seriously to diminish the value of the measure; for, by giving power to the Universities and Corporations to grant honorary degrees, and not compelling every medical man to pass through the one common portal, it was felt that bye-paths would be opened up into the profession; and that the one-faculty system, which was the essential point of the Bill, would be in danger of being evaded or broken through. On the motion of Sir W. Fergusson, seconded by Mr. Charles Hawkins, it was resolved that a communication be made to the Lord-President that Clause XVIII be reintroduced. The discussion of the Bill having occupied the greater part of the sitting, no other business of importance was undertaken, and the Council was adjourned to July 4th.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following members of the College, having undergone the necessary examinations for the Fellowship during the week ending on the 28th ultimo, were reported to have acquitted themselves to the satisfaction of the Court of Examiners; and, at a meeting of the Council on the 9th instant, were admitted Fellows of the College.

Allen, William Edward, H.M. Indian Army: diploma of membership dated November 20, 1868.

Beavan, James, General Infirmary, Hereford: July 25, 1855.

Bradley, Charles, The Park, Nottingham: April 20, 1864.

Cookson, Henry, H.M. Indian Army: April 25, 1856.

Cooper, Alfred, Jermyn Street, St. James's: January 29, 1861.

Davies-Colley, John Neville Colley, Guy's Hospital: January 23, 1868.

Dobson, Nelson Congreve, General Hospital, Bristol: April 23, 1867.

Edye, Standon, Exeter: December 3, 1859.

French, John Gay, H.M. Indian Army: July 15, 1859.

Furnell, Michael Cudmore, H.M. Indian Army: July 18, 1851.

Hawkins, Thomas Henry, Newbury, Berks: May 16, 1850.

Keene, James, Brook Street, Hanover Square: July 9, 1855.

Mackenzie, John Thomas, H.M. Indian Army: February 6, 1857.

Richards, Edwin, Leicester (not a member).

Rundle, Henry, Plymouth: April 27, 1865.

Ryett, Frederic Lithot, Newbury, Berks: March 23, 1859.

Thomas, John Davies, Mildmay Park, Islington: January 24, 1867.

Treves, William Knight, Margate: April 27, 1865.

Woodman, John, St. Sidwell's, Exeter: April 27, 1860.

Out of the twenty-one candidates examined, only two failed to acquit themselves to the satisfaction of the Court of Examiners, and were therefore referred to their professional studies for the usual period of twelve months. The next examination for the Fellowship will take place in November.

UNIVERSITY OF CAMBRIDGE.—The following gentlemen, having kept the requisite exercises, have been admitted to the degree of Doctor of Medicine.

Livinge, Edward, Caius College.

Bradbury, John Buckley, Downing College.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, June 2nd, 1870.

Berry, Walter, Wilesham, Cambridgeshire.

Hasard, John, Melbourne, near Derby.

Hughes, Richard, Liverpool.

Leadman, Alexander D. H., Headingley, Leeds.

Prestley, Henry, Sheffield.

Walford, Edward, Ramsgate.

As Assistants in compounding and dispensing medicines.

Cross, William Gower, Mardol, Shrewsbury.

Cooker, James D., Pilsworth, Lancashire.

Metcalfe, Edmund Henry, Richmond, Yorkshire.

## MEDICAL VACANCIES.

THE following vacancies are announced:—

BATH MINERAL WATER HOSPITAL.—Resident Medical Officer: applications, 30th.

BIRMINGHAM AND MIDLAND FREE HOSPITAL FOR SICK CHILDREN.—Resident Medical Officer: applications, 13th; election, 20th.

CATHOLIC UNIVERSITY SCHOOL OF MEDICINE, Dublin.—Demonstrator of Anatomy.

CRAIGNISH, Argyleshire.—Parochial Medical Officer.

EAST SUSSEX, Brighton, and ST. LEONARD'S INFIRMARY.—Assistant-Surgeon: applications, 25th.

GUY'S HOSPITAL.—Lecturer on Forensic Medicine and Chemistry.

"HAMADRYAD" HOSPITAL SHIP, Cardiff.—Resident Assistant Medical Officer: applications, 16th.

KIRKINER, Wigtonshire.—Parochial Medical Officer.

LEEDS GENERAL INFIRMARY.—Surgeon.

LINCOLN GENERAL DISPENSARY.—House-Surgeon: applications, 13th.

METROPOLITAN ASYLUM DISTRICT.—Medical Superintendent of Asylum for Imbeciles, Caterham: applications, 16th.

MIDDLESEX HOSPITAL.—Surgeon.

NEWCASTLE-UPON-TYNE INFIRMARY.—Surgeon: applications, 15th; election, 24th.

NEWPORT (Monmouthshire) INFIRMARY AND DISPENSARY.—Resident Medical Officer: 15th.

NEWRY UNION, co. Down.—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Millvale Dispensary District: 28th.

PORTPATRICK, Wigtonshire.—Parochial Medical Officer.

ST. MARYLEBONE PROVIDENT DISPENSARY, Duke Street, Portland Place.—Medical Officer in Ordinary: applications, 28th.

SOUTH STAFFORDSHIRE GENERAL HOSPITAL.—House-Surgeon: applications, July 2nd.

STAMFORD UNION, Lincolnshire.—Medical Officer for the Clipsham District.

SUNDERLAND GENERAL INFIRMARY.—Two House-Surgeons: applications, 17th; election, July 8th.

SWINFORD UNION, co. Mayo.—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Foxford Dispensary District: 16th.

VACCINATION, INSPECTOR OF, UNDER PRIVY COUNCIL.

## BIRTHS.

CARTWRIGHT.—On June 7th, at Leintwardine, the wife of J. A. T. Cartwright, Esq., Surgeon, of a son.

PARSONS.—On June 7th, at Tanworth, Hockley Heath, the wife of W. A. Parsons, Esq., Surgeon, of a daughter.

## DEATH.

\*MOORE, Charles Hewitt, F.R.C.S., at Friary, Plymouth, on June 10th.

BEQUESTS.—The following, among many other munificent bequests, by a deed of the late Dr. Smith of Damside, Forfarshire, have been paid: Forfar Infirmary, £1000; Edinburgh Infirmary, £1000; Dundee Infirmary, £500; Montrose Infirmary, £200; Aberdeen Infirmary, £200; Arbroath Infirmary, £200.

THE BOARDING-OUT OF PAUPER CHILDREN, ENGLAND.—From the reports of the various Poor-law inspectors in reply to a recent circular of the Poor-law Board, it appears that this system has been already adopted by the following Unions: viz., Altrincham, Bath, Berwick-upon-Tweed, Caistor, Chorlton, Christchurch (South Hants), Colchester, Dartford, East Preston, Eton, Evesham, Garstang, Highworth and Swindon, Horncastle, Leominster, Ludlow, Macclesfield, Merthyr-Tydfil, Ringwood, Swansea, and Warminster; and the Guardians of



the following Unions—viz., Carlisle, Pottersbury, Warwick, and St. Ives—have since determined to adopt the system.

**WESTMINSTER HOSPITAL.**—The annual distribution of prizes to the students of the Westminster Hospital took place on the 12th ultimo, in the Board Room, Lord Charles J. F. Russell in the chair. Mr. Holthouse, Dean, read a very satisfactory report of the state of the Medical School. Mr. Clabon who presided last year, liberally offered a prize, of the value of five guineas, to be competed for by first year's students on the subjects taught during the winter session. Though the number of students was small, the opportunities afforded, and the advantages offered were great, and there was every reason to believe that the additional means of instruction afforded by the appointment of a medical and surgical registrar, and the increased completeness and extension of the museum by the appointment of a paid curator, together with the more perfect organisation of the midwifery department, and that for the diseases of women, would tend to increase the number of students, and to render the School as complete as that of any of the smaller schools of the metropolis. The students were then introduced to the chairman in the following order.—**Summer Session.** *Practical Chemistry:* Mr. Henry Parkhouse, Prize; Mr. Walter Arthur, Certificate. *Botany:* Mr. Henry Parkhouse, Prize; Mr. John Riley Hacking, Certificate. *Materia Medica:* Mr. Henry Parkhouse, Prize; Mr. Francis W. Butler, Certificate. *Forensic Medicine:* Mr. Thomas Pennington Lucas, Prize; Mr. Ferdinand Wallis, Certificate. *Midwifery:* Mr. Ferdinand Wallis, Prize; Mr. Thomas Harvey, Certificate; Mr. Thomas P. Lucas, Certificate.—**Winter Session.** *Anatomy:* Mr. John James Johnson, Prize; Mr. Thomas Edward Dakeyne, Certificate. *Physiology:* Mr. Thomas Edward Dakeyne, Prize; Mr. John James Johnson, Certificate. *Medicine:* Mr. Thomas Harvey, Prize; Mr. Ferdinand Wallis, Mr. Thomas Pennington Lucas (equal), Certificates. *Surgery:* Mr. Thomas Harvey, Prize; Mr. Ferdinand Wallis, Mr. Thomas P. Lucas (equal), Certificates. *Chemistry:* Mr. Thomas E. Dakeyne, Prize; Mr. John James Johnson, Certificate. *Brute Prize:* Mr. Thomas E. Dakeyne. *Clabon Prize:* Mr. Thomas E. Dakeyne. *Clinical Surgery:* Mr. Thomas P. Lucas, Prize; Mr. Ferdinand Wallis, Certificate. *Clinical Medicine:* Mr. Thomas P. Lucas, Prize. *Practitioner's Certificate:* Mr. Thomas Crawley Eager, Mr. Ferdinand Wallis. *Chadwick Prize:* Mr. Ferdinand Wallis.—This latter prize is one of some interest. Mrs. Chadwick has endowed the School with a sum of twenty guineas a year, to be devoted to a prize for the most advanced student in the Hospital. After a very able address by Lord Charles Russell, the meeting closed in the usual manner.

### BOOKS, ETC., RECEIVED.

Lecture Notes for Chemical Students. By E. Frankland, F.R.S. Vol. 1: Inorganic Chemistry. London: 1870.  
Inaugural Address, delivered on the Ninety-seventh Anniversary of the Medical Society of London. By J. Gay, F.R.C.S. London: 1870.  
Transactions of the Obstetrical Society of London. Vol. xi. London: 1870.  
On Hereditary and other Tumours of the Groin and its Neighbourhood. By Carston Holthouse, F.R.C.S. London: 1870.

### COMMUNICATIONS, LETTERS, ETC., have been received from:—

Dr. Francis H. Baxter, Rochester; Dr. Alexander MacDonald, Banbury; Dr. J. McCrea, Belfast; Dr. J. Ford Anderson, London; Mr. T. H. Bartlett, Birmingham; Mr. R. Taylor, London; Dr. W. Weir, Glasgow; A Metropolitan Medical Officer; Dr. Cunningham, Haikham; Dr. J. Shannon, Ennistown; Mr. L. J. Summers, Wolverhampton; Mr. W. T. Grant, Wolverhampton; Mr. W. W. Wetherpoon, Paisley; Mr. W. Turner, Liverpool; Mr. E. Starr, Bath; The Secretary of the Royal Medical and Chirurgical Society; Dr. Christian, Edinburgh; Dr. Falconer, Bath; Enquirer No. 2; Mr. Erichsen, London; Dr. A. Mitchell, Edinburgh; etc.

### LETTERS, ETC. (with enclosures) from:—

Dr. J. Rison Bennett, London; Dr. Corfield, London; Mr. G. Naylor, London; Mr. F. C. Mudd, Uckfield; Dr. J. W. Roe, Shrewsbury; Dr. Wilks, London; Mr. Steele, Clifton, Bristol; Dr. J. W. Ogle, London; Dr. J. K. Spender, Bath; Dr. J. M. Fothergill, Leeds; Dr. J. D. Heaton, Leeds; Dr. F. E. Nunneley, London; Dr. A. Walker, London; Dr. Wardell, Tunbridge Wells; Mr. J. M. Morris, London; Mr. T. Watkin Williams, Birmingham; Dr. A. Ransome, Manchester; Dr. J. Startin, London; Mr. J. T. Beck, Cambridge; M.R.C.S. Eng.; The Registrar-General of England; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; Mr. T. M. Stone, London; The Registrar of the Medical Society of London; Dr. S. Wood, Shrewsbury; Mr. R. H. B. Nicholson, Hull; Dr. J. W. Moore, Dublin; Dr. J. Hardie, Manchester; Mr. N. M. Greary, Drogheda; Dr. H. Barnes, Carlisle; Dr. Mapother, Dublin; Dr. Robert Liverson, London; Mr. Parsons, Tanworth; The Secretary of the Metropolitan Mutual Medical Aid Society, London; Dr. G. F. Hodgson, Brighton; Mr. A. Rivington, London; Dr. J. Bell, Edinburgh; Dr. J. Rogers, London; Mr. J. W. Hulke, London; Dr. Paul, London. M.R.C.S.; Mr. Haynes Walton, London; etc.

### OPERATION DAYS AT THE HOSPITALS.

**MONDAY**.....Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.  
**TUESDAY**.....St. George's, 2 P.M.—St. Mary's, 2 P.M.—National Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.  
**WEDNESDAY**.....St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.15 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—St. Thomas's, 1.30 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Sanatorium Free Hospital for Women and Children, 2.30 P.M.—Cancer Hospital, Brompton, 3 P.M.—King's College, 2 P.M.  
**THURSDAY**.....St. George's, 2 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.  
**FRIDAY**.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.  
**SATURDAY**.....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstration and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.—East London Hospital for Children, 2 P.M.—Hospital for Women, 9.30 A.M.

### MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

**TUESDAY**—Royal Medical and Chirurgical Society. 8 P.M. Ballot. 8.30 P.M. Mr. Henry Lee, "On Removal of Subcutaneous Tumours without Flap, or 'Shag or Fold of Skin'"; Dr. Meryon, "On the Functions of the Sympathetic System of Nerves." A new Ophthalmoscope to be exhibited by Mr. Spencer Watson.  
**WEDNESDAY**—Obstetrical Society of London. 8 P.M., Special General Meeting.  
**THURSDAY**—Linnæan Society—Chemical Society—Royal Society.  
**FRIDAY**—Medical Teachers' Association.

### NOTICES TO CORRESPONDENTS.

*All Letters and Communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen Street, Lincoln's Inn Fields, W.C.*  
CORRESPONDENTS not answered, are requested to look to the Notices to Correspondents of the following week.  
To PURCHASERS of the JOURNAL, it is requested that all orders sent to the Office for extra copies of the JOURNAL, be accompanied with stamps for the amount.  
We CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.  
CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

**ERRATUM.**—We are requested to correct an error in our report of the discussion on Sir Henry Thompson's paper, read at the Medical and Chirurgical Society, on "184 Cases of Lithotomy," and published in the JOURNAL of June 4th. Sir Henry is made to say in his reply that his *lithotomy* cases were only forty in number, and that when they also were 184 he would publish them. What he did say was, that, during the period of the six years in which the 184 cases of lithotomy were done, he had also operated for lithotomy on about forty adults.

**DR. READE (Belfast).**—Your paper shall appear.  
**DR. PROSSER JAMES, MR. GANT, AND OTHERS.**—We much regret that want of space compels us to exclude numerous letters and papers on interesting subjects, which have reached us. For some, which are in hand, we still have to find space; others, and especially those (often lengthy) on Medical Reform, must, we fear, be finally omitted.

**PROFESSIONAL ADVERTISING.**—Mr. S. E. Smith, "member of the Royal College of Surgeons, England," has lately been printing at Newcastle as an aurist. The *Newcastle Daily Journal* has demeaned itself by publishing a most objectionable paragraph, containing particulars of some of this gentleman's cases. We fear the credulity of the Newcastle editor must be equal to that of "the fashionable and aristocratic patients" who have consulted Mr. Smith, if, indeed, there has been no other motive.

**QUEST.**—You will find a number of statistics in reference to mortality (infant mortality included) in Dr. Cameron's *Lectures on the Preservation of Health*. London: 1868. For full details, you had better consult the Annual Returns of the Registrar General, which are to be obtained from Messrs. Eyre and Spottiswoode.

### PHARMACY IN IRELAND.

**SIR.**—I regret much that I should have made the mistake of stating that "several of the directors of Apothecaries' Halls were in favour of relinquishing their medical licensing function, if granted the fullest powers over pharmacy"; and I regret much more that such is not the case. The whole profession respect these gentlemen, who are the leading general practitioners of this city, and all of whom hold medical or surgical qualifications. However, any disinterested person will see that it is the greatest anomaly of the profession that these gentlemen are medical practitioners, compounding chemists, directors of a great manufacturing company, and examiners and licensers of medical practitioners and of chemists. Three of the Irish medical authorities therefore seek to remove the Apothecaries' Licence from Schedule A of the Medical Act, and to have conferred on the Hall the fullest pharmaceutical powers. I am, etc. THE IRISH CORRESPONDENT.

We are indebted to correspondents for the following periodicals, containing news and other matters of medical interest.—The Indian Medical Gazette, May 6th; The New York Medical Gazette, May 21st; The Parochial Critic, June 8th; The New York Medical Record, May 26th; The Boston Medical and Surgical Journal, May 26th; The Madras Mail, March 28th; The Gardeners' Chronicle, June 4th; The Medical Mirror, June 1st; The Shropshire News, May 26th; etc.

# INTRODUCTORY LECTURE

## TO A COURSE OF LECTURES ON HYGIENE AND PUBLIC HEALTH.

*Delivered at University College, London, May 10th, 1870.*

BY

W. H. CORFIELD, M.A., M.B.Oxon., M.R.C.P.Lond.,  
Professor of Hygiene in the College.

GENTLEMEN,—Last summer, in commencing my course of lectures, I considered myself called upon to make a kind of apology for the existence of a Chair of Hygiene at all, and to explain why it was "thought necessary to add another to the many courses of lectures which you already attend"; now, happily, this is no longer necessary, as the science of hygiene is gradually becoming recognised here, as it has always been in the continental schools, as one of the most necessary subjects of study in the medical curriculum.

What, then, are the objects of hygiene? How can we define it? The usual definition of it is—"Hygiene is the art of preserving the health." But this explanation, comprehensive as it is, is yet hardly comprehensive enough, or rather does not sufficiently specify the means by which the end of the science is to be attained, and so leaves the mind in doubt as to what sort of researches have to be made in order to further the knowledge of the subject.

Londe, apparently from a dietetic point of view, proposed the following definition: "Hygiene is the science which has for its object the direction of the organs in the exercise of their functions." But this limits the subject too much, and really excludes the most important and interesting part of it.

Oesterlen, a well-known German medical writer, recognises in his definition the two great divisions of hygiene; he calls it "that part of our knowledge which has to do with the preservation and furthering of the health of individuals on the one hand, and of the community at large on the other."

Michel Lévy says that it is "the clinical study of healthy man", by which definition he wishes to individualise the more general one; but even here we do not find what we want; indeed, we prefer the original definition to all these alterations of it. Dr. Parkes thinks so too, for he says "hygiene is the art of preserving health; that is, of obtaining the most perfect action of body and mind during as long a period as is consistent with the laws of life; in other words, it aims at rendering growth more perfect, decay less rapid, life more vigorous, death more remote."

And now we come to the extension which Bouchardat has given to the ordinary definition: "Hygiene is the art of preserving the health." But how can we preserve health? Plainly by doing our best to keep away disease. And how can we do this? By checking the causes of disease. To this end we must know these causes; and here we have the grand object of hygiene: it is the science which studies the *causes* of disease, and points out the means of avoiding them.

The knowledge of causes is the great aim of all science properly so called; and no subject ought to be honoured with that name which has not this end in view. "Prevention is better than cure" is an old proverb and a very true one; and it is prevention that we shall study here, prevention of disease of whatsoever kind by the removal of its causes.

Do I hear any one say, "That is not our business; we have to learn how to *cure* disease when it has arisen?" Quite true; but not the whole truth. Our business as medical men is to *cure* diseases ("if medicine means anything", as has been well said, "it means the art of healing"); but our duty as educated members of society, who by reason of our calling know more of the evils to which man is liable and of their causes than others do, is to do all that lies in our power to *prevent* disease; and it is therefore our duty to give special attention to the science which studies the causes of diseases, and shows how they are to be avoided. But beside this, there is another side of hygiene—the therapeutic side of it, if I may so call it—which is of the utmost practical importance to the medical man, and the neglect of which in our times has been attended with the most baneful effects to the medical profession as well here as abroad. Let us hear what Fossongères, the Professor of Hygiene at Montpellier and the Physician-in-Chief of the French Navy, says on this point: "It has cost very dear to rational medicine to be thus separated from hygiene. Two systems equally exclusive, and susceptible of impressing the vulgar mind by their extreme simplicity as much as by their paradoxical attractions, have found in

this way an excellent pretext for coming to light; and homeopathy as well as empirical hydropathy have come to remind it in an opportune manner, that if medicines have power to cure, moral influences and hygienic modifiers are also levers on which we must rely." He then goes on to say that methodical hydrotherapeutics, applied in a rational manner, have become a part of scientific medicine, to remain so for ever; but that homeopathy, with its irrational and utterly unscientific notions, is destined to remain for ever out of the domain of medical science.

Thus we see that hygiene, besides studying the causes of disease, and the methods of avoiding it, and of so preserving a state of perfect health, takes also into consideration the treatment of many forms of disease by methods other than the employment of pharmaceutical preparations. These methods are what the Professor above quoted calls "hygienic modifiers"; and are such as exercise, change of employment, sea-voyages, residence in a different climate, and, above all, regimen. Until within a few years, this last was the great object of hygienists; and the result is that most of the treatises on the subject contain nothing but innumerable empirical rules for the guidance of man during the different phases of his existence, and under the most diverse conditions, together with a mass of facts gathered from all directions among the physical sciences, and more or less connected with the subject. "Who does not see that there is not there anything like true science?" asks Royer-Collard; and again, "Who does not understand the urgent necessity of escaping from such a state of things, and of bringing back hygiene to the level of the other branches of medicine?"

What is it that has done this, and caused hygiene to become again one of the most important branches of medical science? It is the new direction that has been given to the science of health, by the recognition of the fact that its great object is to find out the *causes* of the maladies to which man is subject—and not only to find out those causes, but to make known the rational means of preventing or avoiding them, and thus to aid in prolonging the term of man's existence.

As the methods for the preservation of health are of the first importance to all human beings, we may expect to find provisions to this end among the writings of the ancients, especially in the codes of the lawgivers; and such is the case. Take the writings of Moses: they teem with most excellent hygienic regulations, which the people for whom he legislated were obliged to observe under pain of severe penalties. Look at the methods given for the prevention of the spread of leprosy, and for the purifications of persons and of dwellings. Why, many of them would do credit to any set of regulations on the subject that might be drawn up in the nineteenth century! Then the command not to eat swine's flesh; go into southern or eastern countries, and see what an infinitely disgusting creature the pig is in hot climates, and you will not fail to see the wisdom of that command. Indeed, it would be as well if such a law, or at any rate one to prohibit the sale of uncooked pig's flesh, existed in some countries not so far away from us as Arabia or Palestine. Consider, again, the prohibition of the marriage of near relations; how well the decline of the race—morally, intellectually, physically—is provided against by this regulation!

Besides the land and many other important generalities, you will find the great Hebrew legislator descending to the inmost details of family life—giving a *regime* admirable in its adaptation to the climates of the countries for which it was intended, directing the burying of excrementa and refuse-matter of all sorts in the earth, fixing the laws of marriage, of concubinage, of servitude, and of all social relations.

Again, look at the custom of circumcision, one of the most salutary regulations that was ever imposed on a people, especially in an eastern country, where the difficulty as well as the necessity of scrupulous personal cleanliness is so much increased; a custom that had originated among the people before the time of their lawgiver, and one which, Herodotus tells us, was in vogue among the ancient Egyptians, and which, as is not very generally known, is still practised by the natives of the island of Madagascar. What wisdom was shown by Moses, and by Mahomet in later times, in retaining this wholesome custom as a religious rite, and thereby securing its perpetuation.

It is to the strict observation of these sanitary regulations, that one of the best known writers on hygiene of the present day (M. Michel Lévy) does not hesitate to ascribe the singular immunity of the Jewish race in the midst of fearfully fatal epidemics, which immunity was so marked in the middle ages that it brought upon them "accusations the most absurd, persecutions the most atrocious." And I think that, in spite of the counter-criticism of the great hygienist Halle, who could find nothing reasonable in the regimen ordered by Moses, except the prohibition of swine's flesh, and who could not see any salutary motive for the rite of circumcision, we shall come to the conclusion, the more we study the laws of health, that his regulations were on the whole most wise, and that the observance of them has contributed not a little to form the



enduring character of that race, which, though scattered abroad on the face of the earth, and subjected at various times to fiery persecutions, whether on account of its religion or of its proverbial wealth, still exists, and not only exists but flourishes, retaining its peculiar characteristics in all their freshness during a period of three thousand years, and remaining as distinct from the other tribes of mankind as it was in the days of its wise legislator.

What a magnificent proof we have here of the influence of the due observance of the laws of health upon whole nations, and of the immense importance of their study, and especially of their general practical application both by individuals and by the community at large.

We turn now for a moment to China, and find a people in many respects in a very high state of civilisation—a people who had used the mariner's compass ages before it was known in Europe, but a people who, from want of communication with other nations, have made no advance at all, perhaps for thousands of years—who have gone on increasing at such a rate that they now form one-third of the population of the whole world, so that their country is crowded to an extent hardly conceivable. Surely we can learn something from them which will be of service to us in the management of the health of our overgrown towns. Yes, in one thing at least they are our masters. They waste nothing; they take from the earth they give back directly to the earth. Every atom of their sewage-matter is employed as manure; and how otherwise would it have been possible for so immense a population, without any external resources, to live on such a comparatively limited portion of the earth's surface, and to keep it fertile for so many centuries? Thus we see that this people had actually solved, ages ago, in a most practical, and in many respects highly satisfactory manner, one of the greatest questions in hygiene, and one about which we "western barbarians" cannot yet make up our minds.

One of the best instances of the power of cultivation in improving the condition of a country is to be found in Lower Egypt, in ancient times the centre of the civilisation of the world, now for the most part in an abject condition. The inundations of the Nile, while the country was peopled with intelligent races, were the great source of its fertility, but are now the cause of the insalubrious marshes that generate the plague, and make that country one of the most unhealthy spots on the face of the globe. This fearful epidemic appears to have been unknown in ancient Egypt; at any rate, we have no mention of its existence there until some time after the Roman occupation; and it is not likely that a terrible disease could have committed its ravages in a highly civilised country without any mention of it having been made.

To come nearer to our own country, let us see what were the hygienic conditions of ancient Greece and Rome. Had the practical application of the principles of public health anything to do with the high state of civilisation to which those countries rose, a state which in some respects, at any rate, has never since been equalled? Had it anything to do with the success which attended the Roman armies, and led to the formation of that enormous Roman Empire? Let the facts speak for themselves. In reading the classical authors of those countries, what strikes one most? Is it not the continual mention of gymnasia and of baths? A certain portion of time was set apart daily for exercise in the gymnasium, and thus a full development of the body was produced, and the greatest resistance given to those two great enemies of mankind, disease and death. It is true that all this training was part of a great military system, that the youths were thus encouraged to compete for the prizes in the Olympian games, and in the Roman gymnasium, that they might become good soldiers; but did this prevent the cultivation of mental acquirements? Again let the facts give the decision. Do you wish to see fine buildings—buildings so well constructed that they have lasted comparatively untouched by decay for centuries? Do you wish to study beautiful sculptures, statues anatomically perfect to the minutest details and of unsurpassed artistic elegance? You go to Athens! You go to Rome! Do not fancy that I am contending for bodily exercise against mental acquirements; I merely maintain that a sufficient daily exercise of the body is absolutely necessary for the proper performance of its functions, mental as well as physical, and that the best way of securing this amount in the smallest time is the employment of a regular system of gymnastics.

But we have not yet done with Rome. I have mentioned the baths of that city. How were they supplied with water? Ah! here we have need to hide our faces with shame. Surely we, with all the immense advantages of scientific methods, manage to supply our cities with water as well as the people of two thousand years ago and more—at any rate, with all our steam engines and manufactories, we require at least as much as they had. Turn to the pages of Frontinus, and what do you find? That, at the time at which he wrote (about A.D. 92), there were actually nine large aqueducts by which water was brought into Rome, beside some smaller channels; these aqueducts were in some instance,

entirely covered over throughout their whole length, and were placed underground or supported by high arches, as occasion required. Several of them, such as the Anio Vetus, the Claudian and the Anio Novus, were from forty-two to forty-nine miles in length, and the total length of the Marcian was actually fifty-four miles. The water was brought by the two Anios from the river Anio, by the others from various springs and lakes around Rome; the two newest ones were made because "seven aqueducts seemed scarcely sufficient for public purposes and private amusements."

How much water was brought to the city by these beautiful constructions, the ruins of which form to this day so conspicuous and interesting a feature in the scenery of the Roman Campagna? We have fortunately very accurate measurements given us by Frontinus himself, who was, I should tell you, the controller of the aqueducts, by which we can calculate the amount approximately. We find that the sectional area of the water supplied by all the aqueducts was 24.805 quinaries, or about 120 square feet; and, says Mr. James Parker, "we can form some notion of the vast quantity if we picture to ourselves a stream 20 feet wide by 6 feet deep constantly pouring into Rome at a fall six times as rapid as that of the river Thames." The supply appears to have been equivalent to more than 332 millions of gallons per day, or (since the population was certainly not more than a million) at least 332 gallons per head per day—about ten times the amount that we have now in London or Paris.

Many of the other great cities of the Roman Empire were supplied with water in the same manner. Lugdunum (Lyons) had three fine aqueducts, of which one, underground during the greater part of its course, is even now probably almost intact, while another was constructed across so irregular a country that its remains fill our modern engineers with astonishment. Look at the Pont du Gard near Nîmes, the most perfect, and in some respects the most wonderful, Roman remain (I cannot call it ruin) in the world; what is it but a stupendous aqueduct, across a valley where it was not considered advisable to resort to the system of inverted syphons practised at Lugdunum?

Come with me along the north coast of Africa for a few moments, and we shall find remains of Roman aqueducts near to Tunis, where they have been rebuilt and are still used, at Bona (with fine cisterns), inland at Constantine, and at other places. What remains of the ancient splendour of mighty Carthage? Nothing but a series of magnificent water-cisterns, with the huge remnants of the aqueduct that supplied them.

I have gone thus far into the account of the water-supply of the ancient Roman cities, because it affords the solution to one of the greatest questions of the present day in London and in large towns generally. The only cities that are well supplied with pure water now are those where the method is employed that was decided upon at Rome more than three hundred years before Christ.

But, beside the aqueducts, there was a capital system of sewers at Rome, consisting of the Cloaca Maxima and a series of smaller sewers running into it. The Cloaca Maxima ran (or rather *runs*) from the Forum to the Tiber, into which it discharged (or rather *discharges*) the sewage and other refuse matter of the city; while the sewage-matter of those parts of Rome not supplied with sewers was carried off in carts in the night, precisely as it is now in many parts of Paris by the only too well known Compagnie Richet. Of course this was another branch of the public service, and was given over to the "Curatores Cloacarum," as the charge of the aqueducts was to the "Curator Aquarum."

The above remarks will give you an idea of the admirable manner in which the means for the conservation of the public health were made a subject of State legislation in ancient Rome, and of the determined way in which all obstacles were vanquished in order that the city might be made as healthy as possible.

Not only have we the example of the ancients in these matters, but we have hygiene reduced to a system by Hippocrates. Read the first section of his *Aphorisms*, and you will be struck by the excellent dietetic regulations which he gives for the observance of gymnasts, and for the guidance of physicians in treating acute and chronic diseases. Read also his third section, on the Influence of the Seasons of the Year and of Age in the Production of diseases. In his other treatises, he gives the same importance to regimen, and accurately describes the effects of variations in the quantity and quality of different kinds of food and drink on healthy people. The very names of the works of Hippocrates show you how great a hygienist he was: "About Diet," "About Diet in Health," "About Diet in Acute Diseases," "About the Use of Liquids," "About Food," and especially the one on "Air, Water, and Localities." So that when I claim him as the father of experimental hygiene, you see that I have good reason for doing so.

After Hippocrates comes Celsus, who gives up the first chapter of his first book of *Re Medici* to the exposition of rules concerning diet,



and recommends avoidance of too great regularity by healthy persons. He also discusses the influence of temperaments and idiosyncrasies; and points out that every one has a weak point in his constitution, to which he must especially attend, in order to ward off the diseases to which he is most liable.

But we must not omit to notice Galen, whose works exercised so enormous an influence on the medical practice of the whole world during many centuries. He was born at Pergamos, but travelled a great deal, and was appointed physician of the gymnasia at Rome. He is noted for his love of divisions and classifications. Thus he divides men into various classes, and assigns to each its diet. Therapeutic agents, too, he subdivides in a curious manner.

The doctrines of these fathers of medicine, mixed with the fancies of later times, were spread abroad over Europe by the Sicilian school, which was the offspring of the ancient Greek and Arabian medical schools. Its practice is handed down to us in a quaint Latin poem, in which a great deal of truth is mixed up with a great deal of trash, and in which we find bad therapeutics based upon faulty pathology. Thus we see that the experimental methods of Hippocrates and his successors were confused with a host of traditions derived from the Arabian alchemists, who had announced that they had found a substance that would cure all diseases and turn common metals into gold. This dangerous influence of the astrology and alchemy of the Arabian philosophers remained in the medical world up to the sixteenth century; and its effects continued much longer, so that the rational methods of treatment adopted by the ancient physicians were neglected, and diseases were treated, instead, by a number of supposed infallible remedies, of which the action was not at all investigated. And what do we find as the result of this change of practice? That epidemics raged with the most fearful intensity all over Europe—epidemics which were only known accidentally before, and which, finding favourable conditions for their spread in the utter neglect of hygienic observances, came from their natural seats in hot eastern countries, and committed unheard-of ravages in Europe. Look at the plague—that fearful epidemic of the eastern part of the Mediterranean: it is true that we have accounts of terrible visitations of it in Greece, and particularly of one which depopulated the city of Athens in the second year of the Peloponnesian war; but then remember that at this time the city was crowded to a fearful extent by the inhabitants of the country that Pericles had summoned into it; and it was at this juncture that the pest was introduced by a ship that entered the Piræus from Egypt. At various times, and particularly in the year of the city of Rome 389 (before the building of the aqueducts), the Roman capital was visited with the same calamity. But all this is nothing to the fearful visitations with which the whole of Europe was afflicted during the fourteenth, fifteenth, sixteenth, and seventeenth centuries.

In 1348, the plague appeared in Asia, Africa, and Europe; and actually slew, according to Froissart, forty-three millions of human beings. From this time, it cannot be said to have permanently ceased in Europe for centuries; it merely changed its sphere of action from one country to another. Between the seventh and the seventeenth centuries, England was actually invaded twenty times by this disease. Was any class of the population less attacked than the rest? Yes, the only part of the people who by their religious belief were obliged to follow, more or less strictly, a code of excellent hygienic regulations—the Jews—experienced so singular an immunity from these epidemics, that they were actually accused of causing them by spreading poisons in the air, and were burnt as wizards in almost all the countries of Europe. The last appearance of the pest in Europe was in 1719, when it was introduced into Marseilles by a ship that had been refused admittance into the port of Cagliari, in Sardinia. Even then, its course might probably have been stopped, had its malignant nature been recognised soon enough; but this was not the case, and more than ninety thousand persons were killed by it. After this, most energetic measures were taken to prevent its reintroduction into Marseilles; and it has not yet reappeared there. Here we have a clear case of the value of prevention. Sardinia was saved because the king refused the admission of the ship into the harbour of Cagliari; Marseilles was ravaged because such preventive measures were not taken.

From this time, public hygiene received still more attention in France, where, however, as early as 1350, Jean le Bon had instituted a sort of system of officers of health; and we find, towards the end of the eighteenth century, the Royal Society of Medicine founded, the reports of which contain valuable collections of facts relating to various departments of public health. Later on, the Council of Salubrity of Paris was founded, and took under its cognisance all questions relating to hygiene. Similar societies were founded in the other large towns, and thus by their reports an accurate account of the sanitary state of France was obtained in 1851.

In England, we are accustomed to manage such affairs in a less official manner than they are done abroad; and the result is, that improvements, although more difficult of introduction, are often more surely brought about with us than with our neighbours. It is certainly not because we are less hygienic in our habits than other nations, that we have so few books on hygiene, or that our medical schools have never looked upon it as a sister science with medicine; but because it seemed to take no special line; because it seemed to be so much everybody's business. Now, however, as we shall soon see, since the formation of the General Board of Health and of the Registrar-General's Office, such a mass of information with regard to the statistics and to the causes of disease has been obtained, that it seems necessary to make a special study of this science, and no longer to allow it to be taught accidentally, as an appendage to pathology or therapeutics.

[To be continued.]

## CLINICAL OBSERVATIONS ON DISEASES OF THE SKIN.

By GEORGE NAYLER, F.R.C.S.,

Surgeon to the Hospital for Diseases of the Skin, Bridge Street, Blackfriars.

### ICHTHYOSIS.

THE least in frequency, but not in point of interest, of the squamous class of skin-affections, is Ichthyosis, a curious disease when seen in certain examples. The name, derived from a supposed resemblance which its scales bear to those of a fish, refers rather to their abundance than arrangement, as the absence of any imbricated method marks the complaint in every stage and variety. In many cases the scales are very thick, disposed as so many small squares, and often rendered dark, or nearly black, from constant exposure. They are especially developed in the immediate vicinity of the larger joints, as the elbows, hips, knees, and ankles; occasionally also are they found in the axillæ, and around the circumference of the nipple in females. A good illustration of ichthyosis is afforded in the following case of S. B., a girl 14 years of age, who was formerly an in-patient of the Skin Disease Hospital. The scales covered every part of the body, except the soles of the feet and the palms of the hand, where the skin was only rough; they were also absent on the ball of the thumb and the upper lip. Their greatest development was attained on the hips and elbows; but the neck, back, and chest, were severely attacked. The large scales, it may be noted, were, many of them, irregularly fissured, and others curled at their margins. Thickest on the knees, they existed as large flakes on the abdomen and the thighs. The forearms on either aspect were covered with dark rectangular scales, which became circular or oval towards the wrist, and slightly depressed in their centre. Such are the ordinary characters of ichthyosis. Many instances occur, however, no less typical than the preceding, from which they differ chiefly in the disposition of the scales. These are remarkable for their size and tenuity, as well as for the rapidity with which they are shed and again renewed. The skin also inclines to a reddish hue, as in the following case.

Barbara C., aged two years, was brought to the Hospital on August 21st, 1867. The skin was everywhere implicated; and, with the exception of the scalp, offered nearly the same appearances throughout. In this locality numerous masses of thick and hardened cuticle might be noticed attached either to the surface or scattered among the hair, which was no means deficient in quantity. Over the trunk and limbs generally, the skin was of a colour inclining to pink, and studded with flakes of epidermis, transparent as tissue-paper. On the loins, the latter were placed in nearly parallel rows, but in front no such regularity was maintained. About the elbows and knees the cutis was inclined to crack; and this result occasionally happened in winter from exposure. The hands were much swollen in either aspect; but this did not proceed from any infiltration of fluid in the subcutaneous tissue, as the skin yielded like a piece of parchment on the application of the least pressure; and was moreover smooth, and, as it were, tightly drawn. Nor was this condition confined to the hand, as several parts of the trunk were in like manner affected. The second and last phalanges of the three smaller fingers were altogether wanting in the left hand, while the first were reduced to conical stumps, covered with skin, and deficient in any semblance of a nail. This latter appendage, although present on the thumb and index finger of the left, and on all the digits of the right hand, was so irregular and distorted that it could no longer be recognised apart.

The same smoothness and swelling described on the hands was also seen on the dorsal aspect of the feet; and on the soles the last stage of cutaneous thickening was attained, the skin in this locality being of a

dark colour, and transversely but not deeply fissured. Only three toes were found on each foot; they were rudimentary, and the nails, as on the hands, were distinguished by great deformity.

The face showed at a glance the nature of the complaint in the retraction of the skin, causing eversion of the lower eyelids and the upper lip. In the ear, likewise, not only was the lobe connected to the adjoining part of the skin of the neck, but the back of the concha was partially attached to the skin over the temporal bone; and hence this part was far less free or moveable than in the natural state.

In a third kind, an intermediate state is represented between what might be termed pityriasis and ordinary ichthyosis. It is a far more frequent species than those just described, and its scales are thinner and more abundantly diffused than in the latter affection. In common with the rest, this complaint is congenital, and as such it differs from hereditary psoriasis in not being declared, or at any rate most rarely so, at the time of puberty, or yet at a later age. The most usual period for its primary manifestation is from the third to the sixth month, and seldom is it delayed beyond the first year. It commences generally on the scalp and face—sometimes on the back, extending from thence over the whole surface, and varies from one to two or more years before its entire effect is accomplished. In some of the worst instances of its occurrence, it is associated from birth with a deficiency of the eyebrows and eyelashes; and in cases less pronounced these may be but partially present. Although at its origin the face is usually involved, the disease in its progress sometimes appears partially to forsake this part, and to become finally more confined on the loins and legs. The patient's garments or bed-clothes, as in psoriasis inveterata, will be constantly covered with numerous scales, which are regenerated almost as soon as shed. The skin everywhere feels preternaturally rough and dry, not excepting the hands and feet; and one distinguishing element of the complaint to be often noted consists in that absence of perspiration which, in cases of severity, would seem to be complete, the skin retaining its dry character even in the hottest day. As might be anticipated, the condition of the patient thus situated depends in no slight measure upon the seasons, the disease being found to yield to the influence of mild weather; while, on the other hand, it is readily affected or increased by cold. In winter, or in a piercing wind, the patient is pretty sure to suffer, particularly on any surface uncovered, as the face or fingers; or should he afterwards approach the fire or become otherwise heated, the same parts tingle and smart. A similar result will sometimes follow exposure to the sun's rays in summer; and, without flaying the skin, produce great irritation in such a locality as the face. In others, the feet around the heel are apt to become fissured and painful after walking, or much inconvenience is occasioned from the friction of the scales in front of the ankle or at the groin.

A yet lower type of ichthyosis—the lowest of all—I would beg to subjoin. The subjects of it are distinguished by a similar want of perspiratory action of the skin as in the last named, or by its limitation to some particular region. This may be, and most generally is, the palmar or plantar surface, or the axillæ, or the face and neck; and I have known a small space on the loins, or the front of the chest, the only part capable of secreting. Sometimes the spot thus selected constantly perspires, or it is only the great heat of summer which induces it to do so. Again, the presence of scales, although of so prominent a feature in all other forms of ichthyosis, is not remarked here; and scarcely can the hand, much less the eye, detect any appreciable difference in the integument from that of the normal state. Such patients are often remarkable for a redness or freshness, as it might be said, of the cheeks; and particularly is this noticeable after the least excitement or exertion. That these cases do in reality pertain to the class under our present consideration is sufficiently attested by the hereditary nature of the complaint, and by the evolution of its higher grades in other members of the same family; and not seldom its occurrence in direct descent. One complication, I must likewise add, almost always overlooked, deserves mention in this place—I mean its occasional association with prurigo. The latter is in many instances severe, and productive of the utmost annoyance to the patient, whom it may affect at any age—from early life to youth, and beyond it. Towards night especially exacerbations are wont to occur, as on approaching the fire, or the same takes place from exposure to cold. That this kind of prurigo is dependent upon the state of the skin itself, and not due to any parasitical influence, as, I think, proved to demonstration by the absence of any such exciting cause, and by the remedies successfully employed for its removal.

The total arrest of all sensible perspiration in ichthyosis, and its partial secretion only in some such modified forms of this complaint, offer an interesting subject for investigation with respect to the state of the urine. The result of certain experiments which I undertook some few years since on this question, and to which I would beg to refer the reader (*Diseases of the Skin*), pointed to the following conclusions. A consi-

derable increase in bulk was observed in the urine, which was only faintly acid, and of low specific gravity; the rate per cent. of urea was small, although its absolute amount remained nearly the same—a fact which militates against the usually received theory of the elimination by the skin of urea; lastly, the phosphoric and sulphuric acids were hardly if at all affected.

Most writers have dwelt on the greater frequency of ichthyosis in the male as compared with the female. My own observations, derived from no inconsiderable number of cases, rather incline the other way, and certainly do not support the opinion that ichthyosis is a special complaint of either sex. Instances have come under my notice of ichthyosis invading the male children only in one family, and in another the female; of its affecting both sexes, the offspring of the same parents; and again of its appearing in a single member alone. The hereditary nature of ichthyosis in some examples is unquestionable; and I have recorded one, in which there was evident proof of the direct transmission of this affection through six successive generations. Instead of proceeding in an immediate line, it will sometimes show itself in a collateral branch of the family; and cases are not rare in which, as far as can be ascertained, no claims of lineage are allowed.

Ichthyosis may exist in the fetus, and in a most aggravated state. In these cases, the skin appears tightly stretched throughout, and over the trunk and limbs it is ruptured in transverse or parallel lines. The eyes are fixed in consequence of the rigid state of the limbs; so likewise are the lips, which are converted into hardened bands, and expose the gums; and no vestige of an external ear is seen. The entire body presents an assemblage of lozenge-shaped spaces or intervals, caused by a separation of the fibres of the cutis, sufficiently numerous and distinct to warrant the appellation of a "harlequin" fetus, which is allotted to it. The only museum, as far as I am aware, in the possession of this singular class is that of Guy's Hospital, which contains four excellent specimens of this singular deformity of the skin. Although it is to be regretted that no history is attached to them, I was fortunate in learning from Mr. Scarr of Bishop's Stortford, who presented one of the above preparations to the Hospital, that not only was the mother's labour in this instance perfectly natural, but the fetus lived for some seconds after its birth: it was the only one of several children that exhibited any indication of ichthyosis, and no hereditary trace could be obtained. I may add, that by the parent the complaint was attributed to a sudden and severe fright she experienced when attending a country fair at the time of quickening.

[To be concluded.]

## CASES OF A BULLOUS ERUPTION APPARENTLY CONTAGIOUS.

By JAMES F. GOODHART, L.R.C.P.Lond.

SOME authorities on cutaneous diseases incline to the view that the discharging from all vesicular eruptions is more or less capable of communicating contagion. Few, however, if any, go so far as to declare that inoculation—from an eczema, for example—will produce a like affection; and I am not aware that there is any positive evidence on the point one way or the other. As bearing somewhat on this question, the cases described below, which have lately come under my notice, are not without interest.

CASE I.—MRS. H. was confined with her third child on March 10th, 1870. The mother is a very healthy woman. The child was strong and healthy when born, and so continued for ten days. On March 21st, a large blister was noticed on the inner side of the great toe of the left foot. It was tense and shining, and contained opalescent serum.—March 22nd. Many fresh bullæ have appeared. They are scattered over the buttocks and back; there are some also in the axillæ and on the fingers; they vary much in size, some being very large and flaccid, others smaller, about half an inch in diameter, and distended. There is a slight red areola round the base of each. In many places, but more especially about the buttocks, the skin is covered with thick papular rash. At the apices of such papules, small vesicles can be seen. The child is apparently in its normal health. It takes the breast well, and sleeps well.—March 24th. Fresh bullæ are appearing daily. The mother describes them as rising up very rapidly, and as drying up almost as soon as they rupture. A thin crust covers the oldest crop. No sore is left behind when the bulla breaks. The skin is red and shining for a few hours after.

CASE II.—Eliza H., aged 2. A bleb in all respects like those on the infant came on the knee to foot (March 28th). It is of the size of a three-penny-piece.—March 30th. Several fresh blebs have appeared on the buttocks and on the right thigh. The face also has numerous small



blisters upon it, about the mouth and nose. These bear no resemblance to the ordinary herpes. They are apparently no more than upliftings of the cuticle by fluid underneath. These quickly dried up, giving a scaly appearance to the skin. No true scab was formed.

CASE III.—Henry H., aged 4, has a large bleb occupying nearly the whole of the left ala nasi (April 7th). The infant is now well, and the eruption on the girl is nearly well.—April 9th. A large bleb, nearly of the size of a sixpence, has risen on the left cheek of the boy.—12th. No further eruption has appeared in any of the children.

A powder of rhubarb and soda was ordered in each case, and the blebs as they ruptured were smeared with olive oil, and afterwards dusted with oxide of zinc. Both father and mother were healthy, and the children were also strong. No history of syphilis could be obtained, and no evidence of any congenital affection in the family was observable.

In these cases the presumption of contagion is a fair one; and indeed such an explanation of the facts is the only reasonable one that suggests itself. It must be stated, however, that the mother of these patients regarded all skin-eruptions as alike in their "catching" properties; and great care was therefore taken to keep each child separate as much as possible, and linen, etc., used, for one was in no case allowed to come in contact with the others; but where children are concerned, even such precautions are no guarantee against contagion occurring.

In regard to the disease in question, an epidemic form of pemphigus is described by some authors, but in Hebra (*Syd. Soc. Trans.*) such a variety is not recognised. At the time that these children were under observation, two other cases of well-marked pemphigus came before me in the same town; but five cases occurring nearly simultaneously as these did would scarcely justify the term *epidemic*, or the putting aside of the more probable explanation offered above.

Aberdeen, May 1870.

## CLINICAL NOTES.

(Reported from the Practice of Dr. WILKS, at Guy's Hospital.)

### NO. III.—CROUP.

THE following case is from notes by Mr. Steele.

Henry F., aged 6, was admitted on February 28th, 1870. He had had several illnesses affecting the respiratory organs. For about a fortnight he had been very unwell with sore throat and cough. During the last two days he had been very much worse; his cough was so bad that he had struggled for breath. As he was becoming worse every hour, his mother brought him to the hospital at 5 o'clock, p.m. He was a fair-haired, well made, and intelligent child. His head was thrown back, his breathing difficult and hurried, accompanied by a prolonged, noisy, and crowing sound. The skin was hot and dry; pulse 156. The chest was so little inflated, and the larynx evidently so much obstructed, that the propriety of immediate tracheotomy was discussed. He was ordered a warm bath and an emetic. Whilst in the bath he had a fit of coughing, and a violent struggling for breath. He was taken out, rolled in a flannel gown, and placed in a crib in front of the fire, with a screen around. During the night he had several attacks of bad breathing, but in the morning was evidently breathing with less difficulty; his skin was perspiring, and he allowed his throat to be examined. It appeared somewhat swollen and injected, but no membrane was visible. The respiration was still noisy and ringing. Pulse 148. Temperature 100.5. There was also some dullness at the base of both lungs, with deficient breathing. He was ordered to continue the medicine which he had taken from the time of admission, viz., five minims each of antimonial wine and ipecacuanha wine, every three hours.

On March 2nd the child was better. The noisy breathing had ceased. Hoarseness was only perceptible on coughing. The skin was moist; temperature 100; pulse 120.

March 3rd.—He was better. He spoke with a whisper, but the voice was shrill. The cough was less, but still brassy. The temperature and pulse were less. The medicine was omitted. After this, the symptoms gradually abated, and he left on March 14th.

CLINICAL REMARKS.—Dr. Wilks said that, in the first place, it was important to know what was understood by the term croup. He had found that the answer to this in theory and practice were very different. If the question be asked of a medical man or a student, what is croup? he will tell you it is a cyanotic tracheitis, or a disease in which the windpipe is the subject of inflammation, accompanied by the formation of a false membrane; and if you inquire again whether, in the rounds of his practice, he waits for a definite knowledge of the existence of a membrane before he applies the term croup to the case before him, he will answer no, but that he adopts the term whenever he meets with a case of spasmodic closure of the larynx, accompanied by a loud crow-

ing respiration, and a threatening suffocation. The symptoms which oblige him to give the name croup are those which are dependent solely on a closure of the glottis, and have no necessary connection with any tracheal affection, or with the presence of false membrane. The term is therefore made to include several complaints. Theoretically these are as follows: the case unattended by inflammatory symptoms occurring suddenly, oft repeated, evidently of nervous origin, and styled laryngismus stridulus; then the case which is more gradual, regarded as catarrhal in its origin, and styled simply laryngitis; thirdly, the case which is called true croup, where a false membrane is spread over the larynx and trachea (for, remember there is no such thing as inflammation of the trachea without the larynx); and, fourthly, a very similar affection associated with a diphtheritic throat, or occurring in some house where diphtheria is known to exist, and which has thus acquired the name of diphtheritic laryngitis, or diphtheritic croup. The case of laryngismus stridulus is clearly distinguishable, and the profession is agreed to separate the catarrhal form from the membranous; but when we come to the latter form, there is by no means an agreement as to whether we are dealing with one disease or two. Is indeed the case where a membrane is found of the same nature as that to which we have of late years applied the term diphtheritic? Dr. Wilks believed that the majority of the profession was impressed with the belief that there is a local affection known as true croup, characterised by the formation of a false membrane, and with which most medical men have been familiar all their lives, and that there is another affection which has only of late years been familiarised amongst us, which is constitutional in its nature, and is called diphtheritic; that, indeed, during the prevalence of diphtheria in a neighbourhood, a case of membranous inflammation of the larynx and trachea may occur, which, although not distinguishable from ordinary croup, is very different in character, and is amenable to different treatment. An opposite opinion is held, however, by some, and they regard the disease long known as membranous croup as nothing more than the same affection now so commonly recognised as a diphtheritic affection. This opinion is not yet generally held; for most medical men consider it to be of the very highest importance to be able to decide between the "old fashioned" croup and the new affection known as diphtheritic; and since in the latter the throat is often affected, they usually take the presence of a membrane in this part as the test of its diphtheritic nature. The greatest pains, indeed, are taken to discover the existence of a membrane in the palate; and even after death a careful search is made in the throat in order to see if the exudation have passed beyond the glottis, so as to determine whether or not the correct line of treatment has been adopted; the prevalent opinion being that the diphtheritic case should be treated by support and stimulants, whilst the true croup requires leeches, emetics, and the so-called antiphlogistic measures. It is clear, therefore, that the question is a very important one; for Dr. Wilks stated he had more than once seen a medical man unreluctantly blame himself for the adoption of the latter treatment, because he had afterwards discovered, by the presence of some membrane in the mouth, that the case was diphtheritic. Although in many cases it is impossible to decide as to the exact nature of the case, yet the belief in two forms is founded on the opinion that in the "old-fashioned" local croup there is not observed that remarkable nervous depression which so often accompanies the diphtheritic variety, nor are there the nephritic and other complications which so often prevail in the latter. It is a subject upon which the profession has not yet agreed; but although the majority hold to the opinion expressed, it must be mentioned that some of those who have made the subject their especial study, as the late Dr. Hillier, are of opinion that the membranous croup is always diphtheritic. Whatever opinion may be right, there can be no doubt of the importance of distinguishing between the simple or catarrhal, and the membranous form of laryngitis, although this is with difficulty accomplished. For, as before said, certain symptoms implying merely spasmodic closure of the glottis are sufficient to give the name croup to all cases which are treated by particular remedies, or by operation. Now, in by far the majority of cases where recovery has occurred, either from medicine or tracheotomy, the disease has been not one of true croup, but of laryngitis. In the present case, laryngitis was the true term, if by croup is intended the case where a membrane is formed. Probably in nearly all cases where a rapid recovery has occurred after an operation of tracheotomy, a simple inflammation has alone been present. In such simple or catarrhal cases, Dr. Wilks strongly advised the old-fashioned and approved treatment, and in fact in all cases where the following symptoms existed, viz.: a high state of fever, great distress of breathing, loud crowing respiration, with paroxysms of spasm in the glottis, the head thrown back, the child fighting or gasping for breath. In such, the antimony emetic, followed by smaller doses of antimony and ipecacuanha wine, hot sponges to the throat, the room warmed with vapour, etc.



## RHINOPLASTY AND REMOVAL OF UPPER JAW.

By E. D. MAPOTHER, M.D.,

Professor in the Royal College of Surgeons of Ireland; Examiner in Surgery, Queen's University; and Surgeon to St. Vincent's Hospital, Dublin.

1. RHINOPLASTY.—On the night of December 15th, several men entered the dwelling of a country gentleman to seize firearms: when leaving, two of them presented revolvers at his head, while a third miscreant, catching his nose, cut it and a portion of the upper lip off with some sharp weapon. Dr. Walshe, F.R.C.S., of Clara, found him two hours afterwards very faint from bleeding, which had been excessive. This able practitioner put two sutures in the lip and dressed the wounds with carbolated oil, hoping that a plastic operation might be at once performed. The patient was, however, unable to reach Dublin till the 18th, when Mr. J. Hamilton and I advised that the sloughy and suppurating state of the wounds forbade operation then. The weapon had exposed half an inch of the nasal bones, removed all the gristly part except one-third of the left ala, and sliced off a piece of the lip as far as the red border and through half its tissue. The cut surfaces, especially that of the septal cartilage, granulated very slowly; and for this reason, and because the patient had to appear at the trial, the operation was delayed until March 25th. It may be mentioned that the two of the ruffians were arrested—one just after the outrage, with great bravery by a neighbouring gentleman—and that they were sentenced to fourteen and seven years' imprisonment respectively. The relative advantages and disadvantages of the wearing of a false nose and of rhinoplasty having been put before the patient, he earnestly declared for the latter.

The operation was precisely that described in Mr. Hamilton's essay (Churchill and Fanning, 1864); and its success was in great part due to the unequalled experience of that surgeon, with which I was constantly aided. When the patient was fully chloroformed, the nares were plugged with lint, the edges of the remnant of the nose were pared with a narrow and thin-bladed knife, leaving a raw surface about three lines wide all round, and an angular notch was made on each side where the ala joins the lip and cheek. A triangular flap, with a pointed piece projecting from the centre of its base, had been marked out on the forehead, and it was somewhat larger than the space it was to fill, so as to allow for shrinking. Fortunately, the gentleman's forehead was a high one. The knife was carried round this, and then the flap was peeled down, the pericranium being left. Had the nasal bones suffered, I should have taken down this bone-forming membrane, being convinced by Mr. Stokes's paper (*Dublin Journal*, May 1865) of the value of that plan. The stalk was one-third of an inch wide and two-thirds long, reaching to the centre of the nasal bones. Iced-water checked all bleeding in twenty minutes; and then the flap, twisted from right to left, was fitted over the pared edges. Four silk sutures were put in on each side, those between the angles of the flap and the notches made for them being first inserted. A stout twisted suture was fixed between the eyebrows—for the corrugator muscles strongly pulled the gap asunder—and another was put across each of the upper angles. The skin of the forehead being loose, the wound was reduced to an irregularly triangular space, with sides less than an inch long. Just after the flap was arranged, it was very cold; but natural heat was restored in about three hours.

On the fourth day, adhesion being complete all round, four of the stitches were removed, and on the next the remaining four, and the three twisted sutures were taken out. The wound in the forehead healed so slowly that it was two months before it was wholly skinned over; but it is so level that scarcely any deformity results. The central bit, having curved back, looked like a septum.

On May 4th—that is, six weeks after the first operation—we proceeded to make a columella, the scarred state of the centre of the lip giving additional reason for such a step. The frenum having been freely divided, an angular piece was cut out of the centre of the lip four lines wide above, and its point reaching to the centre of the piece all down. In persons with shorter upper lips, the taking of the piece all down would be a better plan. The sides of the wound were brought together by two twisted sutures. The point of the piece was cut off, the angle from the forehead-flap pared, and the equal surfaces thus formed were held together by a single stitch. Union having taken place, the stitch was removed on the third day; but a few hours afterwards, during a very violent fit of sneezing, the two portions of the columella were torn asunder. However, they remain in close contact, save during a forced inspiration; and the mucous surface having gained the appearance of skin, a very good columella has been formed. The right nostril having contracted greatly, an oval piece was cut from around it, and in

doing so the new structure was found very hard, or even cartilaginous. The opening was afterwards kept dilated with a round plug of lint, rolled hard, which was changed twice daily.

At the present time, the nose has an excellent colour; and, but for the thick neck of the glabella, is very shapely. This neck shows the twist, but it is healed behind and lies flat on the original bridge. The owner and his friends are thoroughly satisfied with the feature, and he declines for the present the division of this neck of skin. Rhinoplasty is, indeed, an operation which demands the utmost patience on the part of him who suffers it and of him who performs it.

2. REMOVAL OF ENCHONDROMA OF UPPER JAW, MALAR AND NASAL BONES.—Bridget O'Donnell, aged 33, was admitted into my wards in St. Vincent's Hospital April 30th, on the recommendation of Dr. Cahalan of Tipperary. She stated that, when about eight years old, the left upper jaw began to swell, and continued to do so for the ensuing twenty-two years very slowly. Two years since, the swelling rapidly grew, and became painful. We found the tumour very extensive, externally involving the malar bone; internally, it passed the nasal suture, and pushed the nose very greatly to the right; upwards, it projected in front of the eye, but the floor of the orbit was not much distorted; while downwards it had very slightly depressed the palate and alveolar portions of the jaw. Its extent in front is best indicated by the following measurements: from nasal suture to occipital protuberance—healthy side, 9½ inches; diseased side, 13½ inches; from internal angular process of frontal to edge of lateral incisor—healthy side, 3½ inches; diseased side, 5½ inches. The upper eyelid was rolled inwards, and the lower drawn towards the malar bone, and the conjunctiva was, therefore, much inflamed. The eye was nearly sightless. The mass felt extremely hard, except at the centre, where a projection as large as a walnut yielded in a somewhat elastic way.

As the patient was healthy, and as the very slow growth and characters of the tumour proved it to be an enchondroma, it seemed a suitable case for operation; and as the disease had sprung from the front of the antrum, I hoped to save the orbital and palate plates.

The patient being firmly fixed by rollers and a crossbar in an arm-chair slanting at an angle of thirty degrees from the floor, and chloroform having been administered, I cut from the nostril through the lip along the left edge of the filtrum. As I had twice removed the upper jaw with no other external incision, it seemed possibly sufficient for this case; but the thinning and close adhesion of the skin compelled me to continue the incision along the side of the nose to the internal angular process of the frontal. The soft parts were then stripped from the tumour, the knife being kept close on its bony surface. The central projection was found covered at one point by thick periosteum only; and, on cutting this, white semifluid stuff like arrowroot came out. The cheek being held upwards and outwards by retractors, a narrow saw was used for making a groove along the line of the alveoli, and another just below the edge of the orbit. The division of bone in all other directions was made by the strong flat-bladed shears described in Butcher's *Surgery*. That gentleman lent me this instrument, and, together with many other able operators, aided me. I first cut the mass from the outer angular process of the frontal; then from its inner angular process; thirdly, I united these in the groove already made along the orbital edge; and, lastly, one blade of the shears was thrust into the nose, the other fitted into the groove above the alveoli; and the section of the bone was completed by closing the blades with great force. Grasped in the fingers and twisted, the mass came away. Some cartilaginous matter, that was attached to the nasal aspect of the palate-process, was scraped off, and the remaining surface touched with a cautery-iron. There was scarcely any bleeding in any step of the operation; and the chloroform was, therefore, used throughout. Brandy was freely given when the tumour was pulled away. The thinned skin was so loose, that twelve plugs of lint, with threads tied round them, had to be stuffed into the cavity to support it. The removal of these was afterwards very troublesome; for, the cheek having united to the cut edge of the bone above the alveoli, they could pass out only through the nostril. They should, whenever possible, be dispensed with. Two twisted sutures in the lip and five stitches along the nose having been inserted, the patient was placed in bed; and thirty grains of hydrate of chloral were given, for I have found that drug most valuable in operative and traumatic cases. The sutures were removed on the fourth, and all plugs on the eighth day; the nose and cavity outside it having been washed out twice daily with a solution of permanganate of potash. At the present time, three weeks after the operation, very little deformity remains; the distortion of the nose and eyelids having been almost wholly remedied. Vision is slightly improved in the eye of the affected side.

The specimen is a typical one of enchondroma, save that the expanded bone is much thicker than usual.

## PROPOSED METHOD TO PREVENT PITTING AFTER SMALL-POX.

By JAMES STARTIN, Esq.,

Senior Surgeon to the Hospital for Diseases of the Skin, Blackfriars.

THE fearful epidemic of small-pox now raging in Paris and elsewhere, inclines me to bring forward a former suggestion of mine to prevent the "pitting" consequent upon this frightful disease, where it exists in a moderate and not in the virulent and lethal forms. This plan was published several years ago; but, for the obvious reason that my practice is chiefly confined to the treatment of chronic diseases of the skin, I have had few opportunities of verifying it by experience, although, when ever a chance has occurred for doing so, the expedient referred to has seemed to have accomplished the end anticipated. I would preface my suggestion by the mention of two axioms which have guided me in its proposal. The first is, that it is the characteristic of small-pox to form a slough under each individual pustule; the second, is an affirmation by John Hunter, that two similar diseases cannot coexist in the system at the same time. "For example," he states, that "if you can succeed in changing the nature of an inflammation, you can often cure the original complaint." Blistering in erysipelas, and Higginbottom's method of vesication with nitrate of silver, are familiar illustrations of this Hunterian law. The plan which I have proposed with the above ends in view is, as soon after the precise nature of the small-pox eruption becomes manifest, to blister, by means of a small camel's hair-brush, each individual pustule, with the ordinary vesicating liquid of the *Pharmacopœia*, or with the "liquor vesicatorius," made by Bullen, or with the blistering caustic of the Skin Hospital *Pharmacopœia*. The face should be previously washed with a little pure ether, or with rectified spirit of wine, to remove any secretions from the skin which might interfere with the action of the blistering fluid. The parts required have been painted over with the vesicator, and the skin, by turning which shows that the blister has taken due effect, the pustules, or, if the eruption be confluent, the face, should be varnished over with flexile collodion made after the plan I originally suggested; viz., by adding clarified meat-foot or lard-oil to the collodion, instead of castor-oil, as directed in the *British Pharmacopœia*. This, it will be found, forthwith allays the pain of the blistering, and at the same time limits its effect to the circumscribed point to which it has been applied, which should hardly if at all exceed the apex of the pustule in extent.

It may here be useful to mention that flexile or elastic collodion has these singular and marked effects, not only in the instance now alluded to, but also in the case of burns and scalds, even with the strong mineral acids; so that I have constantly treated such injuries from the action of nitric acid, or from gunpowder, etc., by this method of varnishing with elastic collodion, or where the skin has been broken, by first covering the part with blotting-paper soaked in glycerine and water, to imitate the cuticle, and then varnishing with the flexile collodion, which procedure I have found, as in the case of small-pox, not only prevents the dreaded slough, but also promotes the healing of the part without mark or scar, and this in a shorter time than by any other method of dressing with collodion. I have also resorted to the use of the case of small-pox: after the blistering and collodion has remained on for about fifteen or twenty-four hours, a lotion, composed of starch and glycerine, plasma, as it has been termed, or glycerine jelly, may be applied two or three times a day by means of a flat camel hair-brush, so as thinly to cover the part and exclude the atmosphere and its drying effects.

Although I have mentioned the early periods of the eruption of small-pox as most advantageous for the prophylactic treatment indicated, yet it may be applied (of course with less chance of success) at any time during the eruption, except at the last or sloughing stage.

I could mention a few instances in confirmation of the advantages of this plan ; but I will cite one only, the case of a Miss N., the daughter of a late physician. This young lady had several pustules of small-pox on the face and neck, as well as elsewhere. All those within sight were blistered and collodionised, save one near the ear, which was left by the wish of Dr. N. to test the process. In every case where the blistering was applied no mark of pustular slough remained ; but on the selected spot, as on a few other places which were overlooked, there were most evident signs of the disfigurement of the disease, the marks of pitting remaining until this day.

It would be a source of much gratification to me if any of my *confrères*, either in this country or Paris, whose opportunities are greater than my own, would make trial of the foregoing method, and favour me or your readers with the results.

PROFESSOR FLOWER'S HUNTERIAN LECTURES  
ON THE COMPARATIVE ANATOMY OF THE  
MAMMALIA.

*Delivered at the Royal College of Surgeons of England.*

LECTURE XV.—*Friday, March 18th.*

of the skull in the Rodentia, that of the Capibara, though presenting some peculiarities, may be taken as an example. The cranial cavity is comparatively small, and elongated; the temporal fossæ are small, and not distinctly separated from the orbits. The petrosal, confining many Rodents is the enormous enlargement of the infraorbital foramen; this is seen in the Porcupine and the Cape Jumping Hare. In the Beaver and Hare, the foramen is of the usual size. There is a well-formed lacrymal bone; the zygomatic process is developed from the maxilla; and the malar appears as a small bone suspended in the middle of the arch, and generally forming a part of the glenoid fossa, which is nearly always elongated from before backwards. The nasal bones are long and projecting. The premaxillæ are large and bent down, and two large incisor teeth pass through them into the maxilla. It has been doubted whether these are true incisor teeth; but, in Mr. Flower's opinion, there can be no question about this, as they are originally developed in the premaxillæ. The palate is narrow; and the front part, between the molar and incisor teeth, is contracted and rounded. The pterygoids are small and rudimentary. Tympanic bullæ are present. The tympanic and petriotic bones are ankylotised together. Large paracorbital processes are present in the Capibara. The hyoid apparatus is rather rudimentary. The anterior cornua are but slightly ossified; the thyrohyals are often ankylotised. The lower jaw has very small coronoid processes; the temporal fossæ are also very small. The parts about the angle of the jaw are much developed. Anteriorly, the bone is rounded, and supports the lower incisors. In the Spotted Cavy, the zygoma is much enlarged from above downwards, and in front is hollowed out into a great cavity, which communicates with the mouth. The Porcupine has the upper part of the skull enlarged by air-cells, which extend from the frontal bone to the occiput; the nasal bones are much dilated. The Cape Jumping Hare, the Chinchilla, Jerboa, and some other Rodents, have large bullæ at the posterior, upper, and outer angle of the skull, reaching to the upper part of the petriotic bone, above the tympanum. In the Hare, the face is placed at an angle directed downwards, as in the Sheep. The cavity of the skull is much contracted, especially between the orbits. The anterior palatine foramina are very large; and the bony palate is quite narrow.

A section of the skull of a Marsupial Animal—as the Thylacine—shows an inferiority of development. The brain-cavity, as compared with that of the Dog, is small; the three fossæ, cerebellar, cerebral, and olfactory, lie in a line, and are separated from each other by ridges. The nasal cavity is very like that of the Dog. Externally, the skull resembles that of the Dog; but at the base, in many Marsupials and in some Insectivora, are two large cavities between the palate and the maxillary bones. The tympanic bone is very rudimentary, bounding only a portion of the membrane and a part of the meatus; it never forms a bulla. Many Marsupialia, however, have large bullæ developed from the hinder part of the alisphenoid, which forms the anterior part of the tympanic cavity. In the Kangaroo, the alisphenoid runs under the tympanic cavity, and unites with the exoccipital. The angle of the lower jaw is curved inwards in all Marsupialia; some of the Monodelphia have slight approach to this. The carotid canal perforates the basisphenoid very obliquely. The hyoid apparatus in the Marsupialia has some important characters. In the Thylacine, there is a lozenge-shaped basihyal, a pair of keratohyals, and a ligament on each side passing back to the skull; the thyrohyals are well developed. The hyoid apparatus is formed on this type in all the Marsupialia.

The skull of the *Echidna* among the Monotremata at first sight resembles that of a bird; the cranial cavity is round and large; and the face is long and narrow, and prolonged into a beak-like process. The surface of the cranium is very smooth; the bones are rarely ankylosed together. The orbit is small, and there is a distinct zygoma. The palate is flat, and extends a long way back. The posterior nares are very small. The pterygoids lie outside the palate-bones, and close in the anterior and inner side of the tympanic cavity. The tympanic bone is a very slender ring; the membrana tympani looks downwards. There is in the side of the skull an expansion upwards of the petrotic bone, which has been named by Mr. Parker the pterotic bone. There are no teeth in the Monotremata. The mandible has no ascending process; the coronoid process and angle are but slightly developed. The hyoid apparatus has the ordinary mammalian characters.



## APPENDICULAR SKELETON.

In commencing his description of the Appendicular Skeleton, Mr. Flower noted briefly the differences of opinion which exist as to the relation of the limbs to the axial skeleton. He preferred to regard the limbs as separate and superadded parts. In all Mammalia, there are two pairs—the shoulder-girdle and the pelvic girdle, with the parts belonging to these.

*Shoulder-Girdle.*—This is primarily formed, on each side, of a bar of cartilage, with an upper or dorsal and a lower or ventral extremity. The lower end, when the bar is complete, is articulated with the manubrium of the sternum, in front of the articulation of the first rib. A little below the middle of the bar is developed a round cup-shaped cavity—the glenoid cavity. Ossification takes place separately in the portions of bone above and below this cavity; from the upper part is formed the scapula, at the extreme upper end of which is nearly always a distinct point of ossification=suprascapular; and the lower part of the bar forms the coracoid bone. In most Mammalia, the coracoid is very rudimentary, though always present; the greater part of the glenoid cavity is formed by the scapula. In Birds and Reptiles, and in the lowest Mammalia, the coracoid remains. In some of the lower Mammals, as the Shrew and Mouse, there is a small patch of cartilage at the point of the manubrium, apparently representing a remnant of the sternal end of the coracoid. In addition, many Mammals have a bar extending in front from some part of the scapula to the manubrium in front of the coracoid—the clavicle. This is essentially different from the coracoid, and is often quite absent. It is always separately developed as a membrane-bone, from fibrous tissue; or rather, as Parker and Gegenbaur have shown, it may be regarded as a compound bone.

The Scapula in Mammalia is essentially a bar sending out processes in various directions. The scapula of the Giraffe, which may be taken as a type, presents three surfaces and three projecting bars. Of the latter, one passes outwards, representing the spine, with its anterior and posterior margins. The anterior border corresponds with the upper of the human scapula. The suprascapular portion represents the base or inner border of the scapula in Man; and the lower, the axillary margin. The fossae are prespinous and postspinous.

In Man, the suprascapular border is very oblique. The spine of the bone is largely developed, and forms the acromion; the coracoid process is tolerably well developed; and the clavicle is complete. At an early stage of life, the suprascapular fossa is very small. Ossification commences in the shaft of the scapular bar, and the epiphyses are added at a very late period. The clavicle is formed very early; it is the first bone to ossify, and in some fœtuses has been found larger than the humerus. In some other animals, it is ossified at a late period, sometimes not until after birth. The clavicle is ossified from membrane; but at the outer end, where the bone joins the acromion, there is a patch of cartilage with a synovial membrane; and one at the inner end also, which forms the articular fibro-cartilage of the sterno-clavicular articulation.

In Primates, the shoulder-girdle generally resembles that of Man. In the Chimpanzee and Orang, the scapula is much elongated, and the anterior margin very oblique. In the lower Monkeys, the scapula is more like that of Carnivora. All the Primates have well developed clavicles.

The scapula approaches the typical form in the Carnivora. The spine is elongated and well developed; the anterior and posterior fossae are not very different in size; the acromion and coracoid are small. The clavicle is sometimes absent. It is largest in the Lion, but is not attached to the other bones. In the Dog, it is very rudimentary. In the Seal, the scapula is directed far back, and the suprascapular part is very large. The clavicle is absent in all Seals.

The Chiroptera have very large, strong, and curved clavicles, and long hooked coracoid processes.

In the Ungulata, the clavicle is absent. The scapula is generally much elongated. Ruminants have very large suprascapular epiphyses. The acromion and coracoid are small; the latter is formed from a distinct centre of ossification.

The scapula in the Cetacea is very flat. The coracoid process is well developed; the spine is much reduced in size, but there is a projecting acromion. The suprascapular fossa (= infrapinnous in Man) is very small. In the Platanista, the coracoid process and the suprascapular fossa appear to be wanting.

The Sirenia approach the Ungulata in the structure of the shoulder-girdle. There are no clavicles.

The scapula in many Rodentia has a long acromion and spine, and also a process (metacromion) projecting backwards. Most Rodents have clavicles—some complete, some incomplete. In the Mouse and some other Rodents, there is a large portion of cartilage or true bone between the clavicle and the sternum.

## REPORTS

OF

## MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

## UNIVERSITY COLLEGE HOSPITAL.

## ACUTE JAUNDICE, WITH CEREBRAL SYMPTOMS: DEATH.

(Under the care of Sir WILLIAM JENNER, Bart.)

WE are indebted to Mr. W. PRICE, Physician's Assistant, for the following notes.

H. F., aged 34, single, a cook, was admitted into University College Hospital on May 4th. Her family history was good, and she herself had generally enjoyed good health. She had a slight attack of jaundice at the age of seventeen, which did not confine her to bed; scarlatina when a child; modified variola at twenty-three. Acute rheumatism at twenty-eight completed the list of her illnesses. She had lived well, but was accustomed to take beer and spirits rather freely at times. The jaundice came on rapidly nine days before admission, and reached its present intensity in two days. At the same time, she was seized with obstinate vomiting; there was no pain. The attack was preceded by marked languor for a few days. The bowels were well opened by medicine; the motions "yellow as a guinea". The temper was very irritable. There was but little itching of the skin. The sleep was disturbed.

On admission, there was intense jaundice, the skin being bright yellow. Pulse 80, full and slow; chest clear; aspect depressed; mental faculties dull; some headache. She complained of no pain elsewhere; but there was decided tenderness in the hepatic region. The upper border of the liver was just below the nipple; the lower, two fingers' breadths below the ribs, in the mammary line. The lower edge could not be felt. There was no ascites. She complained of vomiting after everything she took; the ejecta were very green. Tongue moist, coated; no appetite; much thirst.

The patient got steadily worse; the headache increased, and the mind and memory became more confused. On the 9th, she had a rigor. There were sordes on the teeth; and she was delirious at night.

May 13th. She was delirious all yesterday, but became sensible in the evening. She died this morning.

Various remedies were tried to check the sickness, but without effect. The bowels were kept open by enemata, etc. The motions were at first of a light clay-colour, but afterwards well furnished with bile. There was very irregular pyrexia. The temperature generally varied between 99 and 102 deg., but on the 9th reached 104 deg.

At the *post mortem* examination, the brain was found healthy; the fluid in the ventricles of a deep yellow. The chest was healthy. In the abdomen, there were some old firm adhesions about the liver, spleen, etc.; but no sign of recent peritonitis. The liver was large ( $8\frac{1}{2}$  by  $13\frac{1}{2}$  inches), and weighed 74 ounces; it was rather pale, and exceedingly limp and flabby. On section, the lobules were much more distinct than natural, of a pale yellow, surrounded by a narrow red line, with a dark spot in the centre. There were no purulent spots anywhere. Under the microscope, no decided change could be made out in the cells. The gall-bladder contained a moderate amount of bile. The ducts were free, and the faeces in the intestines well coloured. The spleen was large, but its texture normal. The uterus, etc., was healthy; there were a few cysts in the ovary. The appearance of the kidneys was very remarkable; the cortical substance, of a bright olive; the pyramids, of a deeper green. The colon was studded here and there with small ulcers and erosions, a quarter of an inch and less in diameter. There was no enlargement of the solitary glands; the mucous membrane between was little changed. The rectum was healthy.

## ST. MARY'S HOSPITAL.

## REMARKS UPON CASES TREATED BY IRRIGATION.

(Under the care of Mr. HAYNES WALTON.)

Reported by Mr. CHARLES H. JOUBERT, Senior House-Surgeon. DURING the last two years, Mr. Walton has been treating various cases admitted under his charge by the old-fashioned method of irrigation. The cases were the result of various kinds of accidents, and consisted of compound fractures, lacerated wounds, amputations, etc.; but all coincided in this respect, that sloughing and very extensive suppuration were to be expected in all. Irrigation is described and strongly recommended in all works on the principles of surgery; but, owing to the great difficulty of rigging up, at a short notice, any apparatus that will



be thoroughly effective, and yet not cause the patient discomfort by wetting the bed, it is not nearly so much used in hospital practice as it ought to be. The apparatus spoken of in most books, while perfectly efficient as to the manner in which the water is to be kept dropping on the affected limb, does not provide for the complete conveyance away of the fluid after it has done its duty and passed over the limb. It is to this that Mr. Walton has directed his attention; and an apparatus may now be seen in use at St. Mary's Hospital which answers the purpose perfectly. For this perfected apparatus, Mr. Walton is indebted to his friend Mr. Greenway of Plymouth, who has done so much to improve surgical appliances. For description here, it is enough to say that the limb is swung from a cradle on a sort of tray, which collects the water as it drips on the limb from above, and discharges it by a waste pipe into a vessel which can be placed under the bed. A macintosh placed under the tray prevents all chance of the bed being wet. The following good results have been attained by irrigation. Water, by constantly passing over suppurating wounds, carries away all offensive discharges, and no smell or accumulation of pus occurs. The freedom from smell and the rapid removal of foul discharge cannot but be beneficial to the patient. The elevated temperature of the inflamed part is lowered, and this is not only grateful to the patient, but, by preventing congestion, inflammation, and the consequent strangulation of the parts, prevents also the destructive cellulitis which usually follows such injuries as those to be described. A direct saving is accomplished by the fact that no poultices are needed; one piece of lint to cover the wound being all the dressing required daily. To the water may be added a weak solution of carbolic acid; but this is often dispensed with.

Appended are three cases which will serve to illustrate the practice.

CASE I.—A man aged 49 was admitted on March 16th, 1869, with a comminuted compound fracture of the tibia from the kick of a horse. The case took the usual course of such a fracture; and on April 1st, the notes state that: "Several pieces of dead bone have been removed; abscesses have formed in the leg and thigh, and the wound itself, though discharging freely, looks very angry and sloughy, and the tissues around are much inflamed; pulse 120; irrigation was commenced." On April 5th, "the redness round the wound had disappeared, and the sloughs were separating; pulse 100; the patient feels much better." The progress of this patient was very slow; for, on June 2nd, we find that though all active inflammation had long since gone, there was no union between the broken ends of bone. On June 8th, the irrigation was discontinued, or about ten weeks since its application. On September 11th, we find the patient up, the bone having united, and a small ulcer on the leg remaining, with a sinus leading down to dead bone. At the present moment (June 1870), the patient comes to the Hospital on crutches, and a few bits of dead bone are still to be felt in the leg. A piece six inches long has been removed in May.

CASE II.—Samuel W., aged 27, admitted on March 23rd, 1870, had sustained a punctured wound on the dorsum of the hand from a paper-making machine. Cellulitis of the hand and forearm followed; and, in spite of free incision, the wrist-joint was destroyed, and the patient greatly reduced by the accompanying constitutional symptoms. Amputation was performed on April 8th, at the lower third of the forearm; in making the flaps, large deep abscesses were cut through. The flaps bled freely from the whole of the cut surface, and the hæmorrhage was only stopped by the application of ice. Irrigation was immediately applied to the inflamed stump, and kept up for three weeks, till April 29th. The patient began to improve from the day of the operation. The erysipelas did not spread; on the contrary, had nearly disappeared on the fourth day. Healthy suppuration set in, and the man made an uninterrupted convalescence, leaving the Hospital on May 27th with a good stump.

CASE III.—William W., aged 24, admitted May 4th, had sustained a wound of the hand from a chaff-cutter. The knife had sliced the head of the fifth metacarpal bone in two, and opened the metacarpophalangeal joint. The finger was removed, and also the head of the metacarpal bone. On the next day, there was much pain and redness of the hand and forearm, and great swelling. Diffuse cellulitis being apprehended, irrigation was immediately applied to the whole of the inflamed surface. In a day or two all pain had gone, and at the end of a week the wound was rapidly healing, with very little suppuration, and all superficial redness had gone; there were slight signs, however, of deep-seated suppuration. On May 22nd (the sixteenth day), the irrigation was stopped, as the wound had quite healed. A deep incision was made into the middle of the forearm, where the integument was rather brawny, and a quantity of pus, mingled with old blood-clots, was evacuated. A slight discharge followed for two days; but on the 28th the incision had nearly healed, and the arm was perfectly soft and natural to the touch. The patient left on June 3rd, with slight stiffness of the wrist and fingers.

## ST. BARTHOLOMEW'S HOSPITAL.

THERE have lately been two cases of ligature of the external iliac artery at this hospital.

*Aneurism of the Common Femoral: Ligature of External Iliac.*—The right external iliac artery was ligatured by Mr. Savory on May 17th, for aneurism of the common femoral artery. Mr. P. B. Stoney (Mr. Savory's house-surgeon) kindly informed us that the patient was a man aged 40, who had noticed the lump only three weeks before. It pulsated freely, and was of about the size of a walnut. The patient did well for four or five days, and then sank rather suddenly. He had very considerable disease of the heart.

*Secondary Hæmorrhage: Ligature of External Iliac.*—Mr. Langton also ligatured the external iliac artery for hæmorrhage from a thigh-stump after amputation for disease of the knee-joint. Hæmorrhage recurred three times at the end of six weeks after the amputation, when the flaps had united, except one sinus leading to the main artery. The operation of ligature was successful; but the man died of phthisis, rather more than a week afterwards.

*Ovariectomy.*—On Wednesday, May 25th, Mr. Langton performed ovariectomy on a young woman aged 21. The abdominal swelling had only been noticed six months, and she had been tapped twice. There was one large cyst, and several secondary smaller ones. A few adhesions were met with, but only to the abdominal wall and to the omentum. They easily gave way, and there was no hæmorrhage. The pedicle was of good length, and was secured by Mr. Wells's clamp. After the patient was removed to bed, she was covered up with blankets, and the room kept at a temperature of 70 deg. Fahr.; and occasional subcutaneous injections of morphia were given. On the fifth day, a sudden attack of diarrhoea and vomiting came on, and she sank exhausted. Previously she had not had a bad symptom.

*Aneurism of Innominate.*—There is now a very interesting case of aneurism bulging into the lower part of the neck in Henry Ward, under the care of Mr. Holmes Coote, which has been much benefited by the use of ice. The patient is a man aged 42, who was admitted November 9th, 1869. He then had a visibly pulsating tumour the size of an egg presenting above the right sterno-clavicular articulation, and bulging up the side of the neck. The radial pulse on that side was almost imperceptible. The man said that he had only noticed a "lump in the neck" for three weeks. He had no inconvenience from it except numbness of the arm, and the last week some difficulty in breathing and swallowing. He had had a cough, however, for some six weeks, and had occasionally spat blood. For a long time he had had difficulty in breathing, in getting up stairs, or on using any sudden exertion. He said the cough generally came on in fits, was very loud, and "had a very curious sound." When he was admitted, he had a loud, ringing, barking cough, considerable dyspnoea, coming on in spasms, and some difficulty of swallowing.

The treatment adopted was to apply ice steadily to the tumour, and to diminish the quantity of his ingesta, chiefly of the fluids. Until about five weeks ago, no marked change occurred, but then the tumour decidedly decreased in size and force of pulsation, the radial pulse became stronger, and the cramp in the arm diminished.

Now, there is very little to be felt above the clavicle; the third part of the subclavian and the common carotid can be made out, and the case would seem to be tending rapidly towards cure. On percussing the upper part of the chest, however, there is a marked dullness behind the sternum, especially towards the right side, and the sternum can apparently be felt to bulge forwards synchronously with the pulse, as if there were some large aneurismal tumour still remaining either springing from the innominate or the arch of the aorta.

## OPERATION DAY, MAY 25TH.

*Carcinoma of Superior Maxilla: Removal.*—Mr. Paget removed a tumour about the size of a hen's egg, growing from the anterior wall of the antrum. The bone around the tumour was freely removed; but the palate process was not divided, and the greater part of the outer wall of the antrum was left. On section, the growth appeared to be a firm variety of medullary carcinoma. The man had only noticed the tumour at Christmas time. He was 70 years of age. An incision was made by the side of the nose, and also one outwards from the angle of the mouth.

*Dermoid Cyst.* Mr. Paget also removed a cyst from the right eyebrow of a young man. It had been noticed from birth, and was about the size of a walnut. Mr. Paget pointed out the necessity there was in these cases to cut beneath the orbicularis muscle, and to remember there is always a deep attachment. There was more fluid in this case than is usual. It was almost translucent.

*Lithotomy a second time in four years.*—Mr. Holmes Coote then performed lithotomy on a boy aged 10, who had been operated on at St. Bartholomew's Hospital four years before. The scar of the operation (lateral) was of course evident. Mr. Coote cut outside this; and, after experiencing some little difficulty from the cicatricial state of the parts, succeeded in extracting a calculus of considerable size. There was no hæmorrhage.

*Epithelial Carcinoma of the Back of the Hand.*—Mr. Coote amputated the upper extremity of a man aged 73, the subject of a large carcinomatous ulcer of the back of the hand. There was an enlarged gland below the elbow, and therefore the limb was removed above this. The operation was done chiefly to relieve the man of pain and of an offensively smelling wound.

## GUY'S HOSPITAL.

### ABSENCE OF UTERUS IN TWO SISTERS.

(Under the care of Dr. PHILLIPS.)

A patient, aged 20, was lately in Guy's Hospital, under the care of Dr. Phillips, in whom no trace of an uterus could be felt. She was of dark complexion, and was rather diminutive in stature. The external genitals were perfect; the pubes was covered with hair; and the mammary glands were well developed. The vagina was represented by a short but dilatate canal, ending as a *cul-de-sac*, in the mucous membrane of which there were three small apertures. By means of a careful pelvic examination, the uterus was found to be wanting, and no ovaries could be felt. She had been subject, since her marriage at seventeen, to pain in the loins, to sickness and headache; and these were increased in severity for a few days every month; but there had been no hæmorrhage from the vagina, nor from any other part.

The patient stated that one of her sisters had never menstruated; and when the latter, aged 21, presented herself among the out-patients, it was found that a similar malformation existed. She also was married; was very like her sister in appearance, but taller; and, on examination, was found to have a short vagina, but, as far as could be ascertained, no trace of uterus or ovaries.

## LONDON HOSPITAL.

### CASES UNDER THE CARE OF MR. COUPER.

*Abscess in each Ischio-rectal Fossa.—Incisions.—A Fish-bone found impacted in the Rectum.*—Mr. Couper recently called our attention to an exceedingly unusual case under his care in Colton Ward. Nine weeks ago, a man, aged 46, was admitted with large, brawny swellings, one on each side of the anus, looking very much like a couple of carbuncles. Deep fluctuation could be detected, and free incisions were made in each side. A large quantity of purulent fluid and gas with a remarkably fetid odour escaped. On examination with the finger, each abscess was found to communicate with the rectum by a large opening. The tip of the finger came in contact with a hard, pointed substance, and, by means of a pair of forceps, a piece of a fish-bone, two inches in length, evidently from some flat fish, was extracted. The man could give no account at all as to when this bone could have been swallowed. Notwithstanding that very free incisions had been made on each side of the anus, the feces burrowed down the left thigh, and other openings had to be made. These, however, healed well. It then remained to treat the anal fistule. The one on the right side was found to pass a long way up. The wall of the gut was laid open into the fistula, and healing has followed from the bottom. The left one is not yet in a condition for similar treatment. The opening into the rectum has been felt once, but could not be ascertained at the time the other was treated.

*Epithelial Carcinoma of Penis.*—In the same ward is a case of epithelial carcinoma of the glans penis nearly as large as an egg. It has existed for some months, and there is a bullet-like gland in each groin. The patient is 60 years of age, and admits having had syphilis. Mr. Couper has administered iodide of potassium without any benefit; and, on consultation with his colleagues, decided on amputation, but the patient refuses his consent.

*Syphilitic Rupia Prominens.*—There is also in the same ward a remarkable instance of syphilitic rupia prominens. The scales are filled up half or three quarters of an inch in height, pointed, and bear a striking resemblance to a limpet shell in general aspect. It is also worthy of note that though mercury has been administered, no ulceration has occurred. On the legs some portions of skin were abraded on admission, and these have not ulcerated.

## KENT AND CANTERBURY HOSPITAL.

[BY OUR OWN REPORTER.]

OUR visit to this hospital was only brief; but we obtained, nevertheless, through the courtesy of the medical officers, some interesting facts. Mr. Reid mentioned to us two cases, formerly under observation, which illustrated points in connexion with hysterical malingering. In one of them, the patient, then a girl, was, twenty years ago, the subject of wide-spread popular interest, on account of her supposed existence without food. Her imposture was, however, detected; and she ultimately gave up fasting, and is now quite fat. In illustration of the sequel of these cases, we may add that, although it is believed that the girl never had any organic disease whatever, she still keeps her bed; and that, from long disuse, her joints have become contracted. For the following further account of the case and of the mode in which the case was accomplished, we are indebted to Mr. Andrews of Canterbury, under whose care the patient now is.

"When I came to Canterbury in 1850, I found the girl among the parish cases, with 'scrofula' entered as the malady from which she was suffering. She was lying with her knees drawn up, so as to have ample room in a child's cot for her length. She had a running of watery matter from under one or both knees, as if the skin had chafed at the contact of the thigh and leg. I could see nothing else the matter with her. She was always moaning or making a peevish noise when I went, and had her head muffled up in some fiery and frills to her cap, so as to hide nearly all her face. Her mother always said she never ate or drank anything, and had not done so for over twelve months. She would suck fruit, her mother said, and spit out all the pulp; and that was all the nourishment she would own to her taking. She said she never had an evacuation from the bowels, and but very seldom from the bladder, and then in very small quantity. I simply did not believe her, and looked on it as a morbid state of mind requiring sympathy. The mother being, in my mind, the impostor, I used to see the girl regularly, and gradually got her to chat and leave off some of her finery, by bantering her. She has learnt to play chess, and is a very fair player. She does a great deal of embroidery, crochet, and tatting work; and is quite a woman of the world, although bedridden from her legs being cramped up so long. In her first illness, she was attended by one of the hospital surgeons, and perhaps made rather too much of. She can now eat or drink anything; is a good-looking woman; suffers from indigestion occasionally, with headache and constipation; but has good health generally, and is stout and strong."

The second case was one in which a girl who kept her bed presented symptoms of vesical irritation, and voided a great number of fleshy masses, coated with blood and calcareous deposit. Subsequently, she began to pass portions of stone, which were identified as flint. It was also ascertained that the fleshy substances consisted of portions of the sound of a fish. The girl was at the time confined to her bed, and was under the care of a physician. This case occurred in 1854. We were informed that the girl subsequently recovered, and desisted from her attempts at deception; but that she recently died of cancer of the bladder. The foreign bodies which she professed to have voided are preserved in the museum.

Amongst the more interesting cases which we were shown in the wards of the hospital was that of a man aged 43, the subject of a supposed aneurism of the innominate artery.

In one of Mr. Reid's beds was a man named Smith, aged 50, who for the last few weeks has suffered from swelling of the right thigh and severe neuralgic pains in the leg. It appeared probable that these symptoms were due to a secondary growth of cancer in the lumbar glands. The right testis was considerably enlarged, and had been so for six or seven months. The cord also was thickened. The man looked cachectic. One of his maternal aunts died of cancer.

*Amputation Cases.*—Mr. Denne mentioned to us several cases of amputation in which union by first intention had occurred. One case of *amputation through the forearm* was shown to us. The local treatment adopted had been the application of water-dressing only. The house-surgeon, Dr. Bateman, gave us the following facts as regards the amputations performed last year. There were two through the thigh, both on account of disease of the knee; one through the leg, primary, for compound fracture; four through the forearm, one for disease, and three for accident. In all seven cases, the patients recovered. No excisions either of the knee or the hip have been recently performed at this hospital.

The staff of this Hospital consists of one physician and four surgeons. A fourth of the beds are medical and three-fourths surgical.

Ague is still prevalent in many districts around Canterbury, and com-



plaints more or less directly connected with malaria are common in the hospital patients; rheumatism is also reported to be very common. Dr. Bateman allowed us to inspect his register for 1869: we counted from it eight cases of chorea; and it may be of interest in respect to speculations as to this disease, to add that the notes specially stated respecting four of these patients, that they had previously suffered from rheumatism. Records of all the hospital in-patients are very carefully and ably kept.

Several interesting cases of tracheotomy have recently occurred at this Hospital. In one, a boy aged 3, was admitted with extreme dyspnoea after drinking boiling water from a kettle; tracheotomy was performed within twenty minutes of his admission, and he recovered. The most interesting point in the case is that it was necessary to retain the tracheal tube for forty weeks, since difficulty of breathing always came on if it was removed. The patient was under the care of Mr. Hutchings.—The following are the particulars of another case under the care of the same surgeon.

*Tracheotomy for Acute Idiopathic Laryngitis*.—In this case, a young man, in good health, was seized one morning with pain and sense of constriction in the throat. He was well enough to attend at Mr. Hutchings' house about noon on the day of the attack. His symptoms rapidly increased during the afternoon and night; and next morning, under very urgent conditions, Mr. Reid and Mr. Hutchings decided that it would not be safe any longer to defer the operation. The trachea was opened with the utmost relief. At the end of three days the tube was removed, and soon afterwards the wound healed and the man was well. He was believed not to be the subject either of syphilis or of renal disease. The operation was done at his own home. A few months later, he was again under care for tracheal obstruction, with much swelling in front of neck, and was admitted into the Hospital. His symptoms subsided after the breaking of an abscess into his throat.

*Rebuilding Project*.—All acquainted with this Hospital will be glad that it is to be rebuilt, either wholly or in part. The present Hospital is old-fashioned, not well arranged, and not capable of good ventilation; its corridors and wards communicate in all directions. The plans for rebuilding or for additions were under discussion at the time of the visit, and a large sum of money had already been subscribed. We hope that in the new erection a few simple points will receive due attention; first, that the windows may be very low, thus adding much to the cheerfulness of the wards and facilitating ventilation; secondly, that contrivances for natural ventilation at the top and bottom of the windows may be adopted, by which fresh air may be let in and out freely without the draught which an ordinary window occasions; lastly, that isolation wards, quite distinct from the main building, may be provided, for the reception of all cases of erysipelas, pyæmia, and the like. We hope, too, that a room for the reception of the museum will be provided.

## MANCHESTER ROYAL INFIRMARY.

CASE OF HYDATID CYST IN THE BRAIN.

(Under the care of Dr. MORGAN.)

The subject of this case was a little girl, seven years of age, who was admitted into the Manchester Royal Infirmary on November 22nd, 1869, and died 1st February, 1870. At the time of her admission, it appeared that the patient had been ill for nine months, her illness commencing with convulsive seizures. These seizures were succeeded by paralysis of the lower extremities; the pupils were both considerably dilated, though there was no paralysis of the muscles of the eyeballs on either side. Her sight was much affected; there was no apparent loss of cutaneous sensibility. During the last four weeks of her life she was comatose; she became gradually weaker, and died February 1st, 1870.

*Inspection Sixty Hours after Death*.—On removing the calvarium, nothing unusual was observed; but, as soon as the dura mater was detached, a considerable portion of a cyst was seen lying immediately below it in the right cerebral hemisphere. On removing the brain from the skull, this cyst readily slipped out from the cerebral hemisphere, without discharging any of its contents. The cyst had occupied the anterior and middle lobe of the hemisphere, extending inwards to the lateral ventricle. A considerable portion of the corpus striatum and part of the optic thalamus were absorbed from pressure of the cyst. There was no softening or disease of any portion of the brain surrounding the cyst. There was no fluid in the right lateral ventricle; but that on the left side contained about an ounce of clear serum. In other respects the brain was perfectly healthy. The cyst weighed 18½ ounces, and contained 18 ounces of clear fluid. The fluid had a faint alkaline reaction. Specific gravity, 1011. Under the microscope, numerous echinococci and detached hooklets were found. Four smaller cysts, each about

the size of an egg, were found in the body—one in the left lung, two in the right lung, and one in the anterior border of the right lobe of the liver. These cysts differed from the large cyst in the brain, in being firmly adherent to the tissues in which they were severally situated.

## MEATH HOSPITAL, DUBLIN.

PLEURITIS; STHENIC PNEUMONIA OF RIGHT LUNG; VENESECTION; RAPID RECOVERY.

(Under the care of Dr. STOKES.)

[From Notes taken by Mr. WILLIAM REED MURPHY.]

THE PATIENT, T. P., aged 32, a smith, had been for many years of intemperate habits, and had suffered from two or three attacks of delirium tremens. On the evening of May 3rd, subsequently to a ten days' debauch, he was suddenly seized with shivering, which was shortly followed by great heat of skin, profuse perspiration, and a sharp catching pain below the right nipple. This pain was accompanied with a short dry cough.

He was admitted on the fourth day of his illness, when his symptoms, the same as those above detailed, were by no means urgent. Slight fever was present; and, on physical examination, some dulness was observed in the right inframammary region, where also a faint friction-sound was audible. Next morning (May 7th) a serious change had taken place. He was found propped up in bed with his body bent towards the right side. His countenance was anxious and indicative of much suffering. The alæ nasi dilated with each act of inspiration. His breathing was short, rapid—44 in the minute, and constrained; and he struggled to suppress a dry and evidently most painful cough, which was every now and then followed by the expectoration of some scanty and blood-stained sputa. He complained of intense stabbing pain in the right inframammary region. The right side of the chest was seen to be absolutely motionless; a widely-spread, though incomplete, dulness existed posteriorly over the right lung, while anteriorly from the mamma downwards a similar state was noticed. Auscultation failed to discover any sounds, normal or otherwise, in the affected lung, except in a limited space just below the clavicle. The skin possessed the "calor morax" in a marked degree, and its temperature was 103.2 deg. The pulse ranged as high as 128 per minute; and the tongue was coated with a thick white fur.

As the attack was clearly one of primary sthenic pleuropneumonia, and taking into consideration its acuteness and the great distress under which the man was suffering, Dr. Stokes determined, notwithstanding an evident weakness of the heart, to employ the lancet. The man was accordingly bled from the right median cephalic vein to the amount of eight ounces. A large poultice was applied over the affected side. The dyspnoea was at once relieved, and the pulse, which immediately before the operation had been 130, small and hard, fell to 124, and became soft, though still small and thready.

At 4 P.M., the venesection was supplemented by the local application of twelve leeches to the seat of pain under the right mamma. The bites were allowed to bleed freely into the poultice. At 8 P.M., the pain was almost gone; a gentle perspiration had set in; and the patient was inclined to sleep. Pulse only 104, soft and full; respirations 38; temperature 102.1 deg., or more than a degree lower than in the morning. The heart was weak, and its impulse was with difficulty felt.

May 8th, sixth day of the illness. The patient expressed himself as being much better, and all but free from pain. He had slept tolerably well. The skin was hot, but not as before dry, and his face was slightly flushed. The pulse was 92, respirations 28, and the temperature 100.5 degs. The sputa now consisted of viscid, almost pure, blood, but they were not very abundant. The urine was examined, and was found on this, as on subsequent occasions, to contain chlorides in abundance. The specific gravity was 1019. A complaint was made of continued dyspnoea and of weakness. Puerile respiration existed throughout the left lung, and in the upper and anterior portion of the right. In its lower and anterior part, dulness and absence of all sounds whatever were observed. Posteriorly, on the same side, was very dull, and intense tubular breathing with bronchophony was general. Vocal fremitus was markedly increased. The blood drawn from the arm on the previous day presented the characteristic appearances of buffing and cupping. The treatment consisted in the continued application of poultices to the affected side, and in the administration of four ounces of port wine. In the evening, he seemed more anxious and somewhat restless. The skin was again hot and dry; the temperature 102.4 degs.; the pulse had run up to 112, and the respirations were hurried and uneven—34 per minute. Notwithstanding all this, and the occurrence of a bad night, he next morning was again perceptibly better. The pulse was now only 86, respirations 26, and temperature 100.2 degs. Percussion testified



to the rapid progress which resolution was making throughout the upper portion of the right lung, and crepitus *redius* was audible all over the posterior aspect of the right side. In the inframmary region in front, dullness and silence still continued. The skin was slightly moist. The sputa had lost, in a great measure, their sanguineous character, being more copious, rusty, and exceedingly viscid. This evening the temperature had fallen to 99.4 degs.

May 10th, eighth day. The patient continued to improve. He had a good night. Pulse 80; respirations 24; temperature 99.0 degrees. Evidence of the presence of effusion in the right pleura was afforded on this morning by the disappearance of vocal fremitus over the lower part of the chest-wall. The crepitus could now be heard only at the end of inspiration; tubular breathing had almost entirely disappeared, while the percussion note everywhere approached more nearly its normal character. The sputa had lost their rusty tinge, and were of a clear mucous nature. From this day the patient rapidly regained health and strength, and on May 14th even the lower lobe of the right lung gave signs of its speedy restoration to a state of perfect and normal functional activity.

## REVIEWS AND NOTICES.

BIOGRAPHY OF SHERIDAN MUSPRATT (Hon. M.D.), PH.D., A.M., F.R.S. Ed., M.K.I.A., F.C.S., etc. By WILLIAM WHITE, formerly Honorary Secretary of the York Farmer's Club, etc. Third edition. London: 1870.

DR. MUSPRATT is, we are glad to say, not yet dead. There are evident advantages in having your biography published during your lifetime. Even if you decline the trouble of dictating those parts which are especially personal, you can at any rate revise the manuscript and ensure accuracy. Then, also, the mere fact of your existence in the flesh may impose some additional sense of responsibility on the friend who has undertaken the task, and may induce him to give extra care in the selection of fitting phrases. There must also be some pleasure in seeing a fair narrative of one's deeds in black and white. Probably but few of us, however far advanced in esteem for ourselves, could fail to feel elevated a little higher by the tribute to worth which the existence of a volume of biography would afford.

Against these gains, however, there are some set-offs. It is said that listeners rarely hear good of themselves; and a man whose biography is sent forth to the public before the dusk has topped his ear, is somewhat in the position of a man at a keyhole. At any rate, he must take his chance as to what is said. Critics are not always amiable; and if one here and there should choose to disregard the title-page, and treat a work issued under such circumstances as an *autobiography*, quote proverbs about self-praise, and, treating the author and his hero as one and the same man, compare him to a bantam-cock on a dunghill, there will be little room for complaint. Or he may, perhaps, declare that never till now did he fully understand the meaning of the well known French dictum, that there never yet was a man so deep in folly but he could find one still further gone who would admire him and write his life. These risks are by no means imaginary. The hero who, yet living, has challenged criticism of his deeds, must take his chance. The *de mortuis* doctrine, which has saved so many characters, does not apply to him. On the whole, balancing gain and loss, we are inclined to think that the old-fashioned plan of waiting until after death before permitting the production of a narrative of one's life, is the best; and even if it prevent much pleasure, at any rate may save us from some chagrin.

The book which is now before us, and which has suggested the preceding sentences, is a really marvellous production. It should form part of every psychologist's library, since it affords us insight into human character and motive of a kind not often permitted. The life of Dr. Sheridan Muspratt, by Mr. W. White, is no mere business puff. If we thought that the object in view was a pecuniary one, we should know how to deal with the production; but as it is, we are puzzled. Here is a man who has done good work, who has written a meritorious *Dictionary of Chemistry*; who has founded a provincial College of Chemistry; evidently an industrious, talented, enthusiastic man, yet one who has found time to dwell so much upon his own personal merits, and upon the way in which he would like the world to recognise them, that a gilt-edged pamphlet with photographic portrait is the result. Dr. Muspratt must be an indefatigable man; for the mere task of self-appreciation carried to the extent to which he takes it, might have occupied the whole time and thoughts of most men. Yet we repeat he has, in addition, done much good work. Although we may not rate at the value which he sets on it, his discovery of a new spring at Harrogate;

yet the man of whom Faraday could be got to say that he had "a reputation not excelled by any modern chemist," and that his *Dictionary of the Arts and Manufactures* "will render his name immortal," must have merit. This merit we are the more anxious to acknowledge, inasmuch as we are compelled, in justice to a public duty, to make protest against other parts of his character. The book from which we are about to quote, costs but a shilling, and may therefore be easily obtained by any student of human nature who may wish to dig for himself. For others, and in order to justify our implied censures, we will quote a few passages at random.

At page 14, we read: "Heralded by a reputation more than European, one loudly proclaimed in one hemisphere, and re-echoed from the other, Dr. Muspratt now determined, etc." When, as a pupil, our hero went to Liebig's laboratory at Giessen, we are asked to recognise, "the student in name, as master in fact"; and are assured that he "became the cynosure of a large circle of kindred spirits, with which at that time Germany abounded; and that Berzelius, Rosé, Kopp, Will, Hofmann, Fresenius, and Etting, with each other in their demonstrative admiration of Ireland's chemist."

Dr. Muspratt is by no means content with reputation as a chemist only; thus we are told, that, "of Sir Humphry Davy it is recorded that 'had he not been the first chemist, he would have been the first poet of his day.' A sonologist may be justly awarded to Dr. Muspratt." Mr. White adds, "Sometimes, his language partakes of a sublimity and an attractiveness which transfix the attention of the admirer of elegant diction, and which invest his descriptions with an undying interest." In justification of this eulogy, a specimen is given, which we can only commend to the attention of the reader of the pamphlet itself. If on perusal he should think it bosh, and in reality neither better nor worse than the biographer's own style, we trust that he will hold his opinion in spite of Mr. White's assurance that "no one of any pretensions to literary attainments can peruse it without," etc., etc. A little further on we are told that "Muspratt as an elocutionist stands almost unrivalled; as a reciter he has never been excelled—a Bellow, without his affectation and mannerism."

The allusions to the discovery of a new spring at Harrogate are, however, amongst some of the most amusing in the book. We are informed that at this place "the Doctor's researches met with a most auspicious termination—a national acquisition of the most vital and lasting importance,.... to which his name will hereafter be inseparably and gracefully attached, as an immortal trophy of his victory over a torrent but perfect treasure, which, but for the application of his incomparable skill, might have continued renownless to the latest period of the world's history." The paragraphs which follow these statements deal with "a fortuitous combination of chlorine and iron," and with "visits of the geni" and "wavings of the magic caduceus"; and they at least equal in poetry of diction the passage which Mr. White has quoted as a sample of his hero's style. We are assured that Harrogate will shortly "be appreciated throughout the confines of civilisation;" that, although "the announcement of Dr. Muspratt's startling discovery was regarded as incredible, incredulity has now succumbed to the *fait accompli*;" and "that thousands now acknowledge the deep and lasting obligation they are under to the consummate skill and invincible ardour which have thrown open the portals of the pool of Sileam." Dr. Muspratt is possibly not responsible for his biographer's expressions; but it is really too bad, after this, that either the one or the other should claim the possession of good taste. Yet, in spite of difficulties, we are asked, on Mr. White's authority, to believe that, "as a man of polished manners and refined taste, Dr. Muspratt has few equals." "When surrounded by these genial spirits, he assumed the demeanor of a man of the world, the suavity and polish of the true Irish gentleman, and becomes the wittiest of the witty."

Some of our readers may have been of the party who, during the Leeds meeting last year, visited Harrogate; and on that occasion perhaps tasted the renowned spring which contains chloride of iron. At any rate, they had then, according to Mr. White, the great treat of not only inspecting the bust of its discoverer, but of forming an opinion of its fidelity; for, "whilst they were examining the delineations of the artist, the great original stood within a few feet."

We have said that we do not regard this amusing memoir as a mere puff. Dr. Muspratt's aim is not so much money as fame. A few expressions occur, however, on closer search, which seem to imply that it would not annoy him if some suitable "indemnity" could be found for his discoveries. His chief wish, however, is for a title. "Academical honours from the most eminent European and Transatlantic foci of learning have been abundantly awarded;" "a further obligation remains to be discharged for the crowning effort of his mighty inspiration;" and, "as an Irishman, the chemist is justly entitled to a national badge." "The accredited discoverer of the principle of the safety-lamp received a

baronetcy; hitherto the absolute discoverer of a hydro-therapeutic agent, which is calculated to save thousands of lives, has acquired no national distinction." The italics are Mr. White's; and the implied doubt as to Davy's claims is as unworthy of a man of science as the rest is discredit-able to one of sense. There is yet one quotation to be made, and we have done: "*Amicus humani generis.* If ever man by unremitting toil, sacrifice of ordinary relaxation, exercise of the highest professional attainments, and these acquired by a severe and protracted course of preliminary study—application of inductive reasoning, spontaneous acquiescence of the most distinguished contemporaries, and all their train of beneficial results—could establish with the Howards, the Frys, the Burdett Courtis, and the Peabodys, a claim to the title of 'Friend of the Human Race', that man is SHERIDAN MUSPRATT, the *Davy of the present age, the Telford-Anglo-Celtic chemist par excellence.*" The italics, capitals, etc., belong to the original.

Before quite leaving this curious production, we may remark that its style fits well with its sentiments, as the last extract may well illustrate.

Dr. Muspratt, in addition to a photographic *carte de visite*, kindly supplies us with the opinion of a phrenologist on his cranium. Indeed, to complete the case for a psychologist, nothing is wanting excepting a cast of the head. No one will be surprised to learn that the phrenologist found "love of fame and approbation in a high degree—above every body in the profession." We may add with pleasure that he found also "the moral faculties good." The case is indeed evidently one of outrageous overgrowth of one special bump; but, as this would appear to have supplied motive-power for hard work in useful subjects, we must be cautious as to a too strong depreciation of it, however distasteful some of its results may be.

LECTURES ON HYSTERIA, etc. By F. C. SKEV, C.B., F.R.S., etc. Third Edition. Longmans: 1870.

MR. SKEV's little work, of which a third edition is now before us, is well known in the profession. It consists of six short lectures addressed to the students of St. Bartholomew's Hospital during the year 1866, and, in addition to its main subject, it comprises the topics of "Remote causes of disease in general," and the "Treatment of disease by tonic agency". The author's style is pointed and concise; and by those who read with judgment, there is certainly much food for thought to be obtained from these lectures.

The simulation of local disease in the hysteric state is illustrated by well selected and very instructive cases, and the practical importance of a correct diagnosis is strongly insisted on. Mr. Skev appears to locate hysteria in the nervous system exclusively, and is emphatic in his dissent from those who associate it with vascular disturbance or organic disease. To a large extent we must go with him; but it may perhaps still be plausibly suspected that the generative organs exercise, in a reflex manner, a very important influence in its production. This influence probably concerns the vascular system as well as the nervous. We are not sure that we gain much real insight by being told that "hysteria is the product of a disturbed, not a diseased condition of the brain or spinal cord; and that, finally, in considering the entire phenomena of hysteric affections, it is difficult to deny their relation to the mind, which appears to exercise some mysterious or occult influence over them." The cases adduced illustrate paraplegia, hemiplegia, stricture of the oesophagus, gastrodynia, contracted joints, wry neck, and many other local maladies as the results of hysteria, and exhibit, in many instances, to much advantage the author's sagacity of diagnosis.

Mr. Skev is well known as a vehement Brunonian. He affirms that within the last forty years the treatment of disease has undergone great and important changes, and that the consumption of wine and brandy in the London Hospitals has increased fourfold, and he views with great satisfaction his own share in bringing about this result. He believes that almost all forms of inflammation require "tonic treatment"; and this phrase from his lips means good diet, bark, and wine. The bark is given in the form of simple tincture, in full doses—one to three drachms twice a day. The wine is to be given freely, but not in enormous quantities, "three or four glasses of port wine is the maximum quantity that, taken at any one time, can be serviceable." The quantity required is to be estimated by its effects. The value of a diminished rate of pulse as proof that wine agrees, is very properly insisted on, as also the fact that in some diseases there is "a capacity for wine" very different from that of the same individual when in health. Mr. Skev makes no attempts to prove, by statistics or otherwise, that any general reduction in mortality has ensued from the remarkable increase in the use of stimulants in which he so much rejoices. He is content to speak from the impressions which individual cases have left on his mind. His remarks are, however, thoroughly practical, and well worth reading.

Mr. Skev has a few crotchets. He believes that the liver is "the most inoffensive organ in the whole body," and that constipation is, under many circumstances, an advantage rather than otherwise. He derides the use of purgatives, excepting under special circumstances; and asks why, if a daily action be a requisite condition of health, did Nature give us large intestines sufficient to contain at least a week's consumption of food? The italics are his, as also is the capital N in "nature." The question seems scarcely worth an answer, for the matter is surely one to be decided by observation, and not by any reference to supposed design. Is Mr. Skev certain that dejecta of to-day do not really represent the ingesta of a week ago, and that thus, under the condition of decent maternal relief, the large intestine does not really fulfil the destiny which he thinks nature has suited it for?

## MUSEUM NOTES.

### THE MUSEUM OF THE BRIGHTON HOSPITAL.

THIS Museum has been exceedingly well kept; all the specimens are in excellent preservation; all are duly labelled, and there is a complete catalogue of the whole, which, in many instances, contains detailed information as to the case. New rooms for the accommodation of the collection and for the curator are now nearly completed. Its prosperous condition generally, and a very large number of its recent additions, are, we believe, due to the zeal of Dr. Ormerod, under whose supervision the catalogue has also been prepared. Dr. Ormerod was kind enough to direct our attention to some of the more interesting specimens, and in several instances to supply us with information additional to that contained in the catalogue. We select the following as among the more valuable of the preparations.

*Villous Tumours of Bladder.*—G., 47, is a valuable example of a large villous fungus growing in the interior of the bladder. In addition to the chief tumour there are also several small tufts. All consist of a flocculent membrane very freely supplied with blood. The specimen was removed from the body of an old man who had suffered for seven or eight years from hæmorrhage from the bladder.

G., 45, is a similar specimen, with the difference that the tumour contains more solid structure and is less villous.

There are several good specimens of *calculi of the bladder*, and a very considerable collection of *calculi*. The latter, as usual, of various kinds. One curious stone has a marble for its nucleus, around which dense smooth layers of earthy salts have aggregated; it was extracted from a kettle. It illustrates the well-known fact of the value of a nucleus, and is the result of a domestic practice we believe not uncommon. All the urinary calculi have been analysed and arranged by Dr. Ormerod.

*United Fractures from the Lower Animals.*—There is a small collection of bones from the lower animals united after fractures. All of them were obtained by accident, at table and otherwise, and not as the result of experiments. They show, as we have had occasion to observe before, that the methods of union in the lower animals do not differ from those in man, and that the notion that an ensheathing callus always results when the fractured extremities are allowed to move is a mistake. In all cases, if the ends overlap, a bridge of bone is deposited between the surfaces which are in apposition, and none at all on those which do not touch; in some cases the bridge is of considerable length. In the Canterbury Museum there is the thigh-bone of a goose united in this way, with much overlapping and a long bridge, exactly as is frequently seen in badly treated fractures of the femur in the human subject. A circular ensheathing callus occurs, we believe, only under the same circumstances in the lower animals, as it occasionally does in man; i.e., when the fractured ends remain in apposition, although the periosteal fibres have been considerably torn or loosened, or in fractures which are wholly intra-osteal.

*Fracture of the Pelvis.*—There is a good example of fracture of the pelvis from direct violence, the bones being broken in several places. The man from whom it was obtained had been run over; he lived a week after the accident; the lower part of the sacrum and both pubic bones are broken.

*Thrombi from the Veins of the Lower Extremity causing Death by Impaction in the Heart.*—One of the most interesting specimens in the collection consists of a number of worm-like, firm clots of blood which were removed from the heart of a man who had died somewhat suddenly. He had been laid up for some little time with inflammation of the veins of one leg, and was apparently doing well when he was suddenly attacked with dyspnoea and symptoms of cardiac impediment, with which he very quickly died. Entangled in the tricuspid valves were found the coagula which we have mentioned; they were firm and



strong, and looked like red earth-worms. Dr. Ormerod felt no hesitation in believing that they had escaped from the inflamed veins in the leg, and that they were the cause of the man's death (c. 43). In connection with this very important and possibly unique specimen, we may quote the following from Mr. Skey's work on Hysteria. Mr. Skey clearly describes a precisely similar case, but unfortunately without a *post mortem* examination in confirmation of the diagnosis.

"A nobleman, aged 54, accustomed to take food and stimulants liberally, became the subject of phlebitis consequent on severe bodily exercise. His left leg became first affected, which passed through all the stages of obstructed venous circulation in about five weeks—consolidation, pain over the track of the larger veins, oedema of the entire limb, and finally, softening of the veins and absorption of the fluid. The right leg then became the subject of the same disease, and under the same treatment it progressed satisfactorily to its final stage. His confinement to his couch was limited to the additional term of ten days, when I assured him he should take a drive. On this information, and in the delight he felt at the termination of his long and severe confinement, he struck his thigh a smart blow with his open hand to prove to me how free his limb was from pain. This occurred late in the afternoon. At half-past ten, he had some difficulty of breathing, and he broke out into a profuse perspiration. Stimulants availed him not, and at half-past eleven he was dead. Here is physical exhaustion as the cause, acting on a system exhausted by an unusually low circulation—phlebitis the effect, and sudden death by *embolism*" (Skey on *Hysteria*, page 23).

## INVENTIONS, &c.,

### MEDICINE, SURGERY, DIETETICS, AND THE ALLIED SCIENCES.

#### LIME-FRUIT JUICE.

The supply of really good and reliable lime-juice to sailors is so very important that we make no apology for noticing the subject even now when scurvy is supposed officially, like small-pox, to be extinct.

The Messrs. Sturge of Birmingham have for some little time been engaged in cultivating the lime-tree in Montserrat, primarily for the production of citric acid. They have found it answer their purpose, however, to use the best part of the juice from the finest fruits for the preparation of pure lime-juice. It is found that, by using only about two-thirds of the juice contained in the ripe fresh fruit, and allowing it to settle until clear, an article is obtained possessing considerable keeping power without "fortification" by alcohol. The Admiralty authorities, we believe, prefer lime-juice which has not been fortified, if it will keep; and they add that "it is only lime-juice of the best quality" that can be kept for a considerable time unfortified. This lime-juice (consigned solely to Messrs. Evans, Lescher, and Evans, 60, Bartholomew Close, E.C.) is almost perfectly clear, of a bright yellowish-brown colour, and very pleasant in taste. As a drink, it is admirably suited for the present weather, and likely to be of much dietetic value in many forms of diathesis.

#### ROD FOR SURGICAL LENGTH MEASUREMENTS.

OUR woodcut illustrates a rule for measuring fractures, which was exhibited by Mr. Hutchinson at the annual meeting of our Association at Leeds last summer. Mr. Hutchinson holds that measurements with



the tape, as usually done, are liable to great fallacy, especially when swelling is present, as the tape must curve over all convexities. A wooden rule with short moveable rods, which can be fixed by screws, is, he considers, much more convenient; its use is also free from the risk of error.

DR. ROBERT SMITH, the Resident Medical Superintendent of the Durham County Lunatic Asylum, was, a few days since, knocked down by a large stone thrown by one of the male patients while returning from chapel. The blow appeared at first to be serious; but, though Dr. Smith bled profusely, he was, after receiving medical attention, able to move about a little the same day.

## NOTICE.

THE ANNUAL SUBSCRIPTIONS TO THE BRITISH MEDICAL ASSOCIATION FOR THE YEAR 1870 ARE NOW DUE: and it is a matter of great convenience to the Association, and conduces to the efficiency of its working, that they should be paid promptly.—Members of Branches, and all others who usually receive circulars at the beginning of the year from the local Secretaries, will greatly oblige, and will prevent trouble, by PAYING their SUBSCRIPTIONS TO THE LOCAL SECRETARIES, AND NOT TO THE GENERAL SECRETARY.—All other members should pay their Subscriptions without delay to the General Secretary, T. WATKIN WILLIAMS, Esq., 13, Newhall Street, Birmingham.

Members of the Association residing in the counties of Middlesex, Essex, and Hertfordshire (except those belonging to country Branches), should pay their Subscriptions to Dr. A. P. STEWART, 75, Grosvenor Street, W.; or Dr. ALEXANDER HENRY, 16, Great Coram Street, W.C.

Gentlemen wishing to become members of the Association are requested to apply to the General Secretary, to the Branch Secretaries, or at the office of the JOURNAL, when forms of application and the rules of admission will be forwarded.

## BRITISH MEDICAL JOURNAL.

SATURDAY, JUNE 18TH, 1870.

### THE CONTROL OF PROSTITUTION.

THE difficulties which surround this perplexing subject do not appear to us to diminish with discussion. Inasmuch as it is a matter which does not personally concern any of those who take part in the debate, we might have fairly expected calmness in argument. As regards the Act as it now stands, we are legislating for our soldiers and sailors only; and as regards its proposed extension, we have to think of the interests of our sons, not of our own. Any sobering effect which might have been expected from such considerations, however, is wholly lost in the peculiar and overwhelming interest which is intrinsic to the subject. It is one upon which every one feels himself entitled to have opinions, whatever may be the range of his facts. Nothing is more natural than it should be so, for every thing that concerns the relations of the sexes concerns the purity of our homes, the interests of morality and of religious faith, and the honour of our race. It is well that we should one and all be jealous of any hasty meddling in such a matter.

Those who have read much on the topic in question in the literature with which we have recently been so copiously supplied, must, we think, have frequently regretted that the ardour of controversy leads both sides to the use of arguments which are not perfectly fair. Now and then there is an evident want of candour; but more often we have to lament that kind of blindness to facts which results from vivid preconception and from determination to carry the day. Now, candour is the handmaid of truth, and it is difficult to believe that the real interests of the right are ever in the long run served by artifice and exaggeration. There is also another development of want of candour which consists in the partial concealment of opinions. It is certainly not always and on all occasions a man's duty to say all that he thinks; but in proportion as he is supposed to avail himself of this liberty of silence will his advocacy be liable to suspicion. People resent the conviction which comes even of facts when they suspect that only half has been stated, and that the part most certain to arouse their opposition has been kept out of their sight. Now many of the advocates of the extension of the Act are grievously suspected on this score, and hence much of the bitterness with which they are opposed. It is quite possible that less reserve might in the end serve their purpose better. On the other hand, it is scarcely untrue to say that the arguments of the writers in such productions as the *Shield* make no pretence to fairness, being one-sided and sensational from beginning to end. For these, however, there is more excuse, inasmuch as most of those who take



that data are new to the subject, and have no special familiarity with its side, whilst in almost every instance they write more from heart than from head.

We have before this avowed our conviction that the matter is not yet ripe for action; that it must wait until those who have most carefully studied it are more nearly unanimous as to its bearings. We purpose on the present occasion to say a few words on some of the questions which it suggests, not so much in the hope of offering any solution of them as of helping their further discussion.

The first point which strikes us is the desirability of making it widely known that the one sole object of legislation is the reduction of disease. If there were no syphilis, we should not ask for any laws to regulate the prostitute's calling. It is astonishing how few on either side in the battle seem to appreciate the simplicity of this object. So much has been alleged by the advocates of the Bill as to its good influence upon the prostitute herself, and as to its value in promoting decency of behaviour and comparative respectability of life, that it is not surprising that many should mistake these results for one of the proposed objects. Nor can there be any doubt that in the mouths of some of the most ardent of the "regulation of prostitution" does mean all this. We are exhorted to charity towards "fallen sisters"; and deficiency of Christian love is imputed because we are not willing to recognise and befriend the class referred to. Now, with those who have really no wish to see the calling elevated and made more respectable, and who view with great fear even its recognition, such arguments are provocative of hostility to legislation, which they would not feel if they believed the prevention of physical disease its sole object. It is a great pity that the two things should be mixed up together, for they require to be dealt with from wholly different stand-points. What we want to know first is, whether the proposed enactments will really diminish the prevalence of syphilis; and, having learnt this, we must next weigh the severity of that disease against the cost and collateral inconvenience of control, and determine on which side the balance will dip. It may be well or it may be otherwise that the calling of the prostitute should have social recognition, and that the hardness of our feelings in the past towards the class should be softened down in the future, and that we should scrupulously seek for euphemistic expressions when we have to talk about harlots; but the policy or impolicy of this matter has nothing to do with the aims of the act of Parliament.

Another very important point is concerned in the question as to whether the Government can undertake the supervision of prostitutes even with the single object of preventing disease, without at the same time giving some sort of legitimacy to their calling. The common-sense answer to this seems to us to be most certainly a negative. It will be increasingly difficult to convince the youth of the next generation that fornication is a sin, if they know that the police are openly employed in endeavouring to diminish its dangers. It may be very illogical on their parts—very unfair—but the youths of A.D. 1900 will certainly look on the existence of such an Act, should it be in existence, as a national recognition of a social custom. There is little question that such laws are so regarded in all countries where they exist. In the olden time amongst ourselves, when our prelates took supervision of the stewes, they did not, it is true, "patronise" them, but they undoubtedly connived at their existence; and the moral tone of the age in which such supervision was possible was obviously very different from that of the present. It came, we must think, very near to a tacit acknowledgment that, however wrong according to the strict letter of the law sexual irregularities might be, they were matters which it behoved the Church to wink at. It is not, we think, to be doubted that since then our national estimate of the virtue of chastity has risen; and the customs of the past are, therefore, of no great use as models for us. Another ingenious argument lately put forth in proof that the State does not sanction all that it controls, is the existence of laws as to the sale of poisons. It is urged that, although these are used for felonious purposes, yet their sale is only regulated, not forbidden. The answer to this is obvious. Poisons have legitimate uses as well as others, and

the State is therefore unable to prevent their sale. If they were used solely for wrong purposes, it would not hesitate a moment to proscribe them. If arsenic were used only for murder, and a law were enacted to regulate its sale, such law would undoubtedly be held by the stupid and thoughtless to connive at crime, whatever it might please law-makers to declare as to their intentions. So it will be with the stupid and thoughtless in reference to any laws which tend to mitigate the risks of the brothel-frequenter—and the class referred to constitutes a large portion of our population. The difficulties of parents and of preachers, in respect to this special sin, will increase tenfold, and our conceptions of sexual morality will most certainly approximate, year by year, to those of the Continent. There are those in both camps who hold that this will be no real harm; but, however that may be, let us on no account resort to quibbling in our arguments with those who think otherwise: nor let us try to persuade ourselves to the negation of common sense.

We may glance for a moment at the question, as it relates to our Garrisoned towns. Can anyone hesitate to admit that the recent Act is a tacit acceptance of the proposition that, amongst soldiers and sailors compelled to remain unmarried for the purposes of the State, the practice of fornication is unavoidable? This, then, is the dilemma in which Christian England finds itself; forced to allow to a certain section of her population that which her creed tells her is a deadly sin. We have put the matter in plain terms, and we have an object in doing so. Society has by no means said to any individual soldier that it regards sexual irregularities as venial in him, but it has said so practically to the *Service en masse*, and it will say so to some extent to the celibate youth of England, as soon as it takes prostitution under its control. It will certainly be understood to say so by those concerned. France has said so long ago, and laughs at our prudery, and there are not a few amongst ourselves who secretly join in her opinion. Those who thus share the continental faith think that there is no use in ignoring the facts of life, and that there is even something hypocritical in making a boast of superior morality when that boast can only be justified by resolute blindness to what goes on in each successive generation. On the other hand, there are amongst us many well acquainted with the ways of the world who take very different views from these, and who hold that, in spite of many insincerities, there is yet extant amongst us in this matter a real warfare against the flesh and the devil, and who would lose their lives rather than let their influence go on the wrong side. They think that the mere struggle and endeavour must count for something and will certainly in the future have their effect.

"For thence,—a paradox  
Which comforts while it mocks,—  
Shall life succeed in that it seems to fail?  
What I aspired to be,  
And was not, comforts me:  
A brute I might have been, but would not sink i' the scale."

Those who hold that venereal diseases have been ordained by the Deity for the chastisement of sexual sin are partisans, as it seems to us, of a narrow-minded theology. We shall not stoop to the easy task of answering them. If, however, a politician were to ask of the profession whether it is probable that venereal diseases do in some degree act as deterrents from unchastity, we presume there could be but one reply. Opinions may differ as the value of the chastity which is thus secured, and the most sanguine will be prepared to admit that the physical misery produced is a price in great excess of the worth of the article obtained. Still, that syphilis and gonorrhoea do stand for many men as efficient scarecrows in the fields of forbidden pleasure, no one of experience can doubt. If, in addition to the quasi-sanction which the State proposes to give, it can also spread abroad the idea that it has been successful in robbing the pleasure of its sting, we shall, undoubtedly, if other things remain equal, find an increase in the number of those who err. Now, this aspect of the question suggests another very important one. If the promiscuous intercourse of the sexes should increase amongst us whilst, as is perfectly certain to be the case, it is still only partially freed from physical risk, it is quite possible that there

may be no gain as regards the reduction of the sum total of syphilitic misery. We may find that we have irretrievably lost in morality and gained not at all in health.

### IS ERYSIPELAS A SPECIFIC FEVER?

It is often possible to learn useful medical lessons in law-courts. The legal mind is accustomed to use words carefully, and to give them precise definitions; whilst one of the main sources of confusion in medical matters is the ill-defined character of most of the facts with which we have to deal, and the slovenliness as regards terms which this naturally induces. We are apt to arrive at conclusions upon data which are but vague; and although, perhaps, on the whole, our verdicts are as frequently consistent with common sense as those of the sister profession, they are not seldom supported by arguments which are in themselves very illogical. A cross-examination from a barrister may often be the means of proving to the surgeon that his names, if not his opinions, are capable of great improvement.

A case came under public discussion a few days ago, in which the question concerned was a purely medical one, and upon which the lawyers on both sides had made themselves thoroughly conversant with the opinions of the day. A gentleman, who was insured in an Accident Office, had the misfortune to cut his leg on some broken earthenware, and was taken to a hospital to have it dressed; the wound in itself was trivial, but erysipelas supervened, and he died. The claim was disputed by the insurance company, on the ground that his death did not result from the accident. To the medical mind, such a plea must naturally seem absurd. There was more, however, to be said in its support than most would have expected; and, in order to establish the evitent right of the case, it was necessary to throw overboard the published statements of most of our authorities. Nearly all our standard authors agree in defining erysipelas as a specific fever, and in placing it among the exanthemata. Now, if a patient taken to a hospital on account of a fracture, should there contract a specific fever and die of it, could such death be considered fairly attributable to the accident? It was strongly urged that, erysipelas being, according to all authorities, an exanthem, it could not possibly originate in any other way than by contagion; and that thus there must have been an influence superadded to, and quite distinct from, the accident itself, which brought about the man's death. Strong medical testimony was produced on the side of the defendants and in support of the opinion that erysipelas spreads only by contagion. As further giving probability to the opinion that erysipelas is a blood-disease, and not a local one, great stress was laid upon the fact that in this instance the red blush was first observed, not exactly at the edge of the wound, but some little distance above it. Next, another totally different line of argument was adopted, and it was asserted that even if the occurrence of the injury were admitted to have been a "contributory" cause, still that it could not have produced the fatal disease, unless the subject were previously out of health.

We should not venture to ask the attention of our readers to this subject, were it merely a matter of legal quibble; on the contrary, it is one of very great importance in every-day practice, and one respecting which, accuracy in our knowledge and precision in the terms in which we express it, are very desirable.

The chief question may perhaps be best put thus: Is erysipelas a blood-disease in the same sense that small-pox is, requiring a period for incubation, during which the whole of the blood becomes equally affected? or is it a local inflammation due to local causes, having no definite incubation period, and in which the constitutional disturbance is caused by, and proportionate to, the local changes? One or two minor questions must also follow. If erysipelas is to be considered as a blood-disease, is its infecting material capable of spontaneous production? or are we to infer that the law of the other exanthemata holds good with it, and that the contagion must be received from another person? If it be a blood-disease, and yet liable to be produced by the material secreted on any wound, then it very clearly differs from

the rest of the exanthemata; differs, indeed, so much, that it can scarcely be wise to class it with them. An exanthem is a specific fever; and that it shall be producible only by a specific animal poison, is essential to our conception of it.

We have already stated that most of our medical authorities support the doctrine that erysipelas is a specific fever; this view will be found stated, with more or less explicitness, in Mr. Campbell De Morgan's essay in *Holmes's Surgery*; in Dr. Russell Reynolds's article in his *System of Medicine*; and by Dr. Aitken.

We will briefly enumerate the points in which erysipelas resembles the specific fevers, and those in which it differs from them. It resembles them in being attended by an inflammation of the skin; in being usually preceded by a rigor and general disturbance; in being attended by fever; in that it usually passes away after a certain duration; that it is often known to be transmitted by contagion from one individual to another. The features in which it differs from them, and most of which are very marked ones, are: that its so-called stage of incubation is extremely short, and not unfrequently absent; that the constitutional disturbance is mostly in exact ratio with the severity of the local inflammation, as if caused by it; that, whilst all proved blood-diseases attended by rashes produce the latter symmetrically, it never does so; that its stages are by no means uniform; that its rash never comes out fully at once, but extends gradually from the part first affected; and, lastly, that so far from one attack preventing another, it would appear rather that a special proclivity is produced.

Mr. Higginbottom, of Nottingham, in a paper communicated to this JOURNAL some years ago, was, we believe, one of the first to dissent from the popular doctrine, and to assert the purely local character of the disease. The evidence appears to us to be conclusively in favour of his view of the case. The chief apparent objection to it is the asserted stage of incubation. Everyone who has seen much of erysipelas will admit that in many, if not in most cases, before the skin is seen to be red, the patient becomes uncomfortable, loses appetite, and shivers. These symptoms, however, rarely precede the symptoms of redness by more than twenty-four or forty-eight hours; ought they to be considered as denoting an incubation period, or are they not rather part and parcel of the onset of the local inflammation? It will be seen that there is no proof of any incubation stage other than that in which these symptoms are present; we have no sort of evidence that the poison ever remains latent in the blood. The question, then, resolves itself into this: Are rigor and its attendant *malaise* which usher in erysipelas, proofs of disordered blood? To this, the answer may plausibly be given, that a rigor is not an indication of blood-mischief at all; that its phenomena are due to general spasm of bloodvessels in connexion with nervous disturbance; and that its occurrence is common to the onset of most acute inflammations, many of which are certainly due to local causes. It is begging the question to assume that redness is essential to erysipelas, and that the local processes of the erysipelatous inflammation cannot have begun before the characteristic blush appears; the probability is that they have so begun, and that it is to them that the constitutional disturbance is due. In connexion with suggestion, we may mention Mr. Busk's observation, that the lymphatic glands of the part are almost always tender before the erysipelas is noticed. If this enlargement of lymphatics were due to blood-change, it ought to be general, and not local. The fact that erysipelas has usually a definite duration, seems to us to have been much overrated as an argument in favour of its being a specific fever; that duration is very varied, it may be a day or two, or it may be several weeks; whilst relapses are very common. Probably the law under which erysipelas ceases after a time, is not very different from that under which most other acute inflammations do so; a carbuncle, orchitis, acute pleurisy, acute pneumonia, all of them examples of local disease, all show tendency to spontaneous termination.

To return to our case then, we think that the medical witnesses who held that erysipelas is essentially a local inflammation, due to a local cause, and that the febrile disturbance which attends it is produced by it, had the right on their side. It still remains to be considered whether

it is probable that the local disease is usually set up by specific contagion, or whether it may originate spontaneously; and, lastly, whether the patient's state of health has much or little to do with its occurrence.

Most surgeons to hospitals in which this scourge is common, will probably readily admit two things—first, that erysipelas does very usually spread by contagion; and, secondly, that it may occur at any age, and under any conditions as regards the patient's previous health. But little can indeed be substantiated as to predisposing circumstances: all that is necessary is the existence of a wound and the exposure of that wound to contagion. On the other hand, facts are plentiful both in private and hospital practice, which render it almost certain that erysipelas can begin *de novo*. In that form which occurs without a wound and which usually affects the head and face, contagion is very rarely suspected. In such cases the local influence of cold, exposure to draught, for instance, is almost always the real cause; and probably, in most cases in which this disease attacks wounds without the occurrence of contagion, the same influence has been at work. Strange to say, there is but little reason for believing that the contact of dead or dying or decomposing material with the edges of the wound can produce it; it rarely attacks sloughing or phagedenic wounds, and it is very common in those which are healthy. Idiosyncrasy and intemperate habits in all probability take a share as predisposing causes, but as nothing more. A correct estimation of the real position of erysipelas as a purely local inflammation is, we believe, not only essential to the nosologist, but of great importance in reference both to its treatment and prevention.

#### A BABY-SHOW.

A BABY-SHOW is well in season just now; and, with well-selected specimens of the budding flowerets of the nursery, it would prove little less attractive than Mr. Paul's roses at Sydenham, or Mr. Waterer's rhododendrons at South Kensington. Meantime, a little baby-show has been organised at the Lambeth Police Court, also from the exclusive resources of one establishment. The nursery at Brixton which displayed its treasures was on so large a scale as to deserve and to receive, although perhaps too modest to claim, the title of "farm." The court became a nursery, and ten little specimens of the farming process were displayed in the arms of the wives of policemen who volunteered for the duty. Unfortunately, the account given of them by Mr. Pope, the medical expert who appeared on the occasion, is such, that the poor little blighted buds could have been but little attractive to the eye. They were all in a neglected condition, and very emaciated and dirty. One of them was, at the time, evidently under the influence of some narcotic. The children could not cry naturally, and were always asleep. They all appeared to have been deprived of food. The history of the case is precisely that which we fully investigated by a special inquiry two years ago. It is a thoroughly typical example of the system of baby-farming, and it has been traced by the means which we then employed. A sergeant of police, having reason to believe that an illegitimate child had been "adopted" at this particular baby-farm, answered one of the advertisements which proceeded from it, just as one of the gentlemen acting for this JOURNAL had done before. The advertisement promised "a good home, with a mother's love and care, and entire adoption of the child, for a premium of £5, which sum includes everything." Notwithstanding the customary precautions to prevent inspection, the sergeant made his way into the place; and there he found the usual scenery of a baby-farm—the half-dozen children lying dirty and emaciated, huddled on a sofa, quiet and asleep, drugged and half-starved; nursing-bottles with sour milk, and a weak mixture of corn-flour. The women are remanded on a charge of neglecting to provide proper food and nourishment for the children, whereby their lives were endangered. The story is painful, but it ought not to cause any surprise.

At the close of the careful inquiries which we instituted in 1868, the nature and extent of this traffic were fully disclosed. Lord Shaftesbury then, at our request, called the attention of the Government to

the subject in the House of Lords; and the Duke of Marlborough, as President of the Privy Council, stated, on the part of Government, that "the system had been so thoroughly exposed in the able papers in the BRITISH MEDICAL JOURNAL to which his noble friend referred, that no further inquiry was necessary. It was intolerable that such acts should be committed in a civilised country, and yet escape without punishment by the law. Measures might be adopted, as had been suggested, for putting an end to so inhuman a practice, either by registering the houses of persons taking these children to nurse, or by a system of licensing, combined with periodical inspection by properly qualified officers. Government would turn their attention to the question during the recess; and he hoped they would be able to discover means which, embodied in a Bill, would obviate the dangerous abuses to which attention had been directed." That is how the question was left, and that is how it still stands. It is sufficiently obvious where the responsibility rests.

It is instructive to notice that the direct connexion of these baby-farms with the establishments belonging to the midwives *sub rosa* is fully maintained by the practice and traditions of this establishment. Not only did the child first traced come from this source, but the woman concluded her defence by intimating that "children are more frequently killed before they are born"—a sort of plea that there were worse than she engaged in the baby-traffic. She had adopted forty children in four years. Where are they? This question she has not yet answered. Meantime, we observe that the police are digging down ineffectually in the garden, and that efforts are being made to trace thither the bodies of infants lately exposed in the streets. There are three stages in this murderous business, of which we gave the clues to the police two years ago. The first is, "getting rid of baby" when the mother is not too far gone; the second is, "leaving baby" with a premium for entire adoption, which "includes everything"; the third is, "putting baby away", so as to avoid exposure by the registration of the death, and the expense of burial. Very simple police measures would suffice to break up this web of crime.

NOTICE has been given that no examination for admission to the Indian Medical Service will be held in August.

A DESPATCH from Zanzibar announces that the cholera has abated there. Before the abatement, however, there had been 14,000 deaths.

ON the second reading of the Vaccination Act, Sir M. H. Beach will move that it be read a second time upon that day three months.

DR. T. CLAYE SHAW, who has had medical charge of the Hampstead Fever Hospital during the past winter, has been appointed Medical Superintendent to the Asylum for Imbeciles at Leavesden.

AMONG the causes of death returned from the West Indian island of Nevis by the registrar is one "Died of Cold," although it is stated in the report that the thermometer usually stands at 83 degrees.

THE mortality in Paris from small-pox during the week ending the 11th June was 165: the general mortality decreased from 1,174 to 1,058.

At the Thames Police Court on Saturday, William Harding, aged 59, and described as a retired medical practitioner, was committed for trial on the charge of causing the death of a female by the administration of a noxious drug, and improperly using instruments. Bail was refused.

#### UNIVERSITY COLLEGE HOSPITAL.

DR. JOHN DAVIES THOMAS has been recommended by the Medical Committee for the appointment of Resident Medical Officer.

#### UNIVERSITY COLLEGE.

THE Lectureship of Practical Physiology and Histology is rendered vacant by the appointment of Dr. Michael Foster to the Professorship of Physiology at Cambridge.



## THE PATHOLOGICAL SOCIETY.

THE adjourned special general meeting of the Pathological Society for considering the details of the scheme of amalgamation proposed by the Royal Medical and Chirurgical Society will be held at 53, Berners Street, on Monday, June 20th, at 8.30 p.m.

## THE BROADMOOR ASYLUM.

WE have reason to believe that Dr. W. Orange, Deputy Superintendent of the State Criminal Asylum at Broadmoor, will succeed to the chief charge of that Asylum, rendered vacant by the lamented death of Dr. Meyer. We understand also that Dr. Tregelles Hingston, of the Isle of Man Asylum, will be appointed Medical Superintendent of the North Riding Asylum at Clifton, York, in place of Dr. T. B. Christie.

## GUY'S HOSPITAL.

THE new wing at Guy's Hospital is approaching completion. The wards, with the exception of the internal arrangements, are almost finished. To each ward an addition has been made not contemplated in the original plan. A large scullery has been attached at the back—a decided improvement. A novelty in ventilation has been introduced in the shape of transverse shafts divided into two compartments. The upper is for warm air, which passes into the ward above through gratings in the floor. The lower compartment opens into the ward beneath, and carries away the foul air.

## THE SANITARY STATE OF MANCHESTER.

WE have received the Annual Report of the Manchester and Salford Sanitary Association for 1869, from which it appears that the Committee of this useful body is continuing its efforts to improve the condition of the poorer classes by directing attention to sanitary matters in a manner deserving the encouragement and pecuniary support of the public in general. Among other things, the Committee has lately devoted its attention to the evidence given by Sir Joseph Heron, the Town Clerk of Manchester, before the Royal Sanitary Commission last year on the sewage question. It is considered that certain portions of his evidence were calculated to produce erroneous impressions; and, with the object of correcting what the Committee consider to be inaccuracies, a report was drawn up and forwarded to the Secretary of the Royal Sanitary Commission by Dr. Roberts and Mr. Knight. It is there pointed out that the average death-rate of Manchester for fifteen years, as reported by Dr. A. Ransome and Mr. W. Royston, was 32 per 1000, or, excluding certain healthy suburban districts, 34 per 1000; while in 1865—an exceptionally bad year for epidemics of small-pox, scarlatina, etc.—it was 39 per 1000. It is also stated that the infant mortality of Manchester is higher than that of any other place in the kingdom, this fact being regarded as an invariable sign of sanitary neglect. In reference to the statistics of disease, it is pointed out that the returns collected during the last ten years do not support the Town Clerk's statement that, if Manchester had statistics of sickness as well as mortality, it would compare favourably with other places. In reply to his advocacy of the ashpit-system, the Committee states that it is aware of 36,000 open pits in Manchester where fecal and other refuse is allowed to ferment and putrefy for months, while even the improved form of ashpit adopted by the Corporation provides for the retention of this material for several months close to dwellings; and it is believed that much of the unhealthiness and mortality in Manchester, especially among children, may be ascribed to the atmospheric pollution caused by the present privy and ashpit systems. The Committee differs from Sir Joseph Heron in doubting very much the sufficiency of the present method of inspection, and is in favour of a central authority having power to enforce the execution of sanitary work within a reasonable period. Lastly, in reference to Sir Joseph's statement that there are in towns a very great many questions, seriously affecting public health, which would probably be better understood by a gentleman who is not a medical man, the Committee expresses the opinion that it is difficult to perceive how a knowledge of medicine can be a barrier to the comprehension of such questions. An important feature

of the work carried out by the Association is the delivery of lectures on sanitary subjects; and the list of subjects dealt with, as well as the names of the lecturers, sufficiently indicate the amount of good done in this manner. Upon the ground of the services which it has rendered and the importance of the subject on which it is engaged, the Committee appeal to the wealthy and charitable to support its efforts and maintain it in a position to carry out uncurtailed the sanitary work of the Association.

## THE MEDICAL BILL.

THERE seems to be a general prevalence of opinion on the part of the corporations which have considered the subject, that the omission of the eighteenth clause, which enforces the necessity of a minimum examination for the licence to practise on all persons entering the profession is much to be regretted. The omission of this clause will impair the principle of admission by one portal, on which so much stress has been laid. Strong representations have been made to the President of the Privy Council by several of the corporations, and he has been urged to restore this clause.

## POOR-LAW MEDICAL OFFICERS' SUPERANNUATION.

WE learn that a deputation, consisting of the Presidents of the College of Surgeons and College of Physicians, etc., will wait on Mr. Goschen for the purpose of urging on him the advisability of supporting the Superannuation of Medical Officers' (England) Bill. At the same time, the memorial of the Poor-law Medical Officers' Association in favour of this measure will be presented to the President of the Poor-law Board.

## THE NEW CHEMICAL LABORATORIES AT ST. BARTHOLOMEW'S HOSPITAL.

IMPORTANT additions and alterations have lately been made in the chemical laboratories of this Hospital. A few years ago, a large laboratory was built at this Hospital for the accommodation of the students. The room is about sixty feet by thirty, and can accommodate from eighty to one hundred students. During the past year, this laboratory has been materially improved—first, by laying on steam and distilled water; and secondly, by arranging a suitable apparatus for the testing and evaporation of urine. The old lecture-room has been pulled down during the past year, and rebuilt. The arrangements of this room are of a very perfect order. First, the seats are not arranged in the usual uncomfortable style which is prevalent in medical schools, but are of a more comfortable description, having good back-rests, and being conveniently arranged for taking notes, and will accommodate one hundred and ten students. The lecture-table is considerably raised above the floor, thereby placing the lecturer on the same level as the middle of his audience. The whole wall at the back of the lecture-table is taken up by cupboards for lecture apparatus; but at the same time these have double doors, the outer one being made of slate, thereby serving as black-boards. At the side of the lecture-table there are cupboards, steam cupboards, lift, etc.; in fact, the whole appears to be most admirably adapted for the purpose for which it is meant. The old private laboratory has also been perfectly rearranged, and has been fitted up with every convenience; viz., slate distilling table, distilled water, steam, speaking-tubes, etc. The authorities have also excavated a large room under the lecture-room, which can be used as a furnace-room, and is especially adapted for large chemical operations. Here again we find steam and distilled water laid on, as well as a very fine slate-table for distillations; and in the centre of the room a large working table. At one end of the room a large glass case is fitted up for combustions, and on the other side a large cupboard for operations which give off noxious fumes. We find here also huge gas-holders for oxygen and hydrogen. The gas may be either used in this room or on the lecture-table, pipes being connected with it. Besides the above rooms, there are three or four small rooms; viz., weighing-room, electrical-room, and apparatus-room, all conveniently fitted up. We may congratulate St. Bartholomew's Hospital in having, if not the best, certainly one of the most conveniently fitted, laboratories in the kingdom.

THE MIDDLESEX HOSPITAL.

THE appointment of Surgeon to this Hospital rendered vacant by the death of Mr. Moore will be filled by Mr. Hulke. A vacancy as Assistant-Surgeon will consequently occur, to which Mr. Henry Arnott will, we hear, be appointed.

LIBEL.

THE action for libel which was brought by Dr. Edmunds against a publican named Eyre, for a libel published in the *Will o' the Wisp* reflecting upon his proceedings in connection with the St. Pancras Workhouse, was tried this week, and resulted in a verdict for the defendant.

THE PHARMACEUTICAL JOURNAL.

THE Council of the Pharmaceutical Society having decided upon making this journal a weekly publication in future, has advertised for an editor and a subeditor. The contemplated change is one that has long been needed; for, though the *Chemical News* seeks to maintain its existence by cultivating a circulation among druggists rather than by adequately representing general chemistry, it does so only in such a way that it is neither a physical, chemical, or pharmaceutical journal. We imagine there is an ample field for a good weekly publication devoted to the scientific relations as well as the trade interests of pharmacy; and we should gladly see such a journal not only started, but vigorously and creditably continued.

THE GREENWICH HOSPITAL.

IT is announced that the organisation of the Seamen's Hospital, recently removed from the *Dreadnought* to the infirmary of Greenwich Hospital, is now approaching completion. The wards will accommodate about 300 patients; but, as they are very small, the nursing staff has needed to be greatly increased. Small wards are favourable to speedy recovery, and to the prevention and limitation of epidemic diffusion of disease, but they add greatly to the cost of nursing. The resident staff includes the house governor and secretary, and three medical officers. The number of patients is increasing.

POOR-LAW MEDICAL ARRANGEMENTS.

THE St. Pancras Guardians have resolved to divide the parish into four districts for medical relief, with three dispensaries. District No. 1 is to have two medical officers, one at a salary of £200 a year, and one at £100 a year, and a dispenser at £75 a year salary; dispensary at Bower Cottage. In No. 2 district the medical officer will get £200 a year. In District No. 3 the medical officer is to have £200: the dispensary is at the vestry hall for both districts, and the dispenser will have £90 a year. In District No. 4 the medical officer is to have £200 a year: the dispensary is at Compton Place, and the dispenser gets £75. The object in view is that the medical men appointed shall give the whole of their time to the duties of the office. Such arrangements as these strengthen, we should hope irresistibly, the claim for a superannuation allowance.

CHARING CROSS HOSPITAL.

CONSIDERABLE additions are, we understand, about to be carried out at this Hospital. The lease of several houses adjoining the Hospital having expired, it is intended, on acquiring these, to erect a new wing, which will afford accommodation for twenty additional beds. Accommodation will also be afforded for a physiological laboratory and new *post mortem* room. There will also be additions to the surgical staff, it having been resolved to appoint two assistant-surgeons for surgical out-patients, a department which has hitherto been but partially developed. The senior of these appointments will be filled by Mr. Edward Bellamy, who has acted as Demonstrator of Anatomy for several years. The Medical School will be further and considerably enlarged on the expiry of the lease of the building now known as the Charing Cross Theatre; or, what is probably not so far distant, if we may judge from the usual history of theatres in London, on its failure.

THE ABUSE OF HOSPITALS.

IT is stated the Committee which recently undertook to report upon the out-patient system at general hospitals has arrived at a resolution that persons with incomes of more than thirty shillings a week are improper cases for gratuitous advice; and they recommend also that "gratuitous consultations and advice should be limited to hospitals and other public charities." They are also of opinion "that the present system of letters for out-patients is radically wrong, and ought to be abolished." The first of these conclusions is combated in the general press, on the ground that a working man with a family and an income of thirty shillings a week may possibly be the most deserving person who could be imagined to receive the benefits of a hospital in periods of sickness or accidental disablement, and that it is simply impossible to lay down any such inflexible or arbitrary rule. In respect to the second, it is urged that medical advice is "a necessary," and the best advice is most urgently required by the necessitous, since they most need to be rapidly restored to health, and are yet the most limited in their resources as to the remedies and the means of treatment.

KING'S COLLEGE HOSPITAL.

MR. ROYES BELL has, we understand, been recommended to the Council for the vacant post of Assistant-Surgeon to the Hospital. Considerable changes have lately been made with regard to the working of the out-patient department. Each assistant-physician sees the out-patients two afternoons a week, and, at the same time, the assistant house-physician sits with him and gives material aid in seeing the cases. There is, in addition, one "clinical" day a week for each assistant-physician, when six or eight cases, having been previously selected, present themselves, and the students in turn examine each case carefully, with especial regard to physical signs and the elementary part of clinical work. They have also to test the urine microscopically and chemically. In this way the teaching is more concentrated, and the material is much more utilised. Patients are seen as usual on the ordinary days, while any good case is postponed to the next "clinical" day; the more interesting and instructive cases are thus concentrated for clinical purposes, a plan which answers well in economising the students' time. At the same time, all the students are divided among the various teachers on the medical and surgical sides; and before their certificates are signed for lectures, they are bound to attend a certain number of times on the medical or the surgical practice of the hospital. The system is found at present to work well.

MEDICAL ACCOUNTS.

A REMARKABLE, and to some a not uninteresting, case was tried this week in the Bail Court. A firm of surgeons, dissolving partnership, employed accountants to collect the debts and make up the books. They collected £1,034 : 13 : 4; they had paid the plaintiffs £128 : 11 : 6, and proposed to retain £906 : 3 : 2 for their charges; subsequently they paid into court, by counsel's advice, £200 more, retaining £700. The defence was that the charges were fair and reasonable. The accounts from 1863 were irregularly kept; credit had not been given for all the amounts received. There were 1760 debtors, and nearly £6000 appeared as debts on the books, and all these matters had to be gone into. There were other difficulties, arising from the hostility of the partners. Verdict was given for £286 : 8 : 6, besides the amount paid into court. There is an obvious warning in the case.

BROKEN RIBS.

AT an inquest held on Friday on the body of James Doran, aged 52, a solicitor's clerk, who had died in the Prestwich Lunatic Asylum, the medical gentlemen who made the *post mortem* examination stated that seven of the ribs of the deceased were broken, and with no corresponding exterior marks of violence. The lunatic had been for some time in the Rochdale Union Workhouse, and died in the asylum on the day of his admission. There was no evidence to show how or when the injuries were inflicted, and the jury found that the man died from natural

causes, death being accelerated by injuries, but that there was no evidence to show how the injuries were caused. How were they caused? The *Pall Mall Gazette*, which has been very persistent in calling attention to the many recent recorded cases of this kind, insists that they must have been produced "by heavy quiet pressure, such, for instance, as a heavy man kneeling on the chest." It asks if any other tenable surgical hypothesis can be suggested.

#### MISS GARRETT.

MISS GARRETT has just passed her final examination for the degree of Doctor of Medicine in Paris. Her thesis has been read, and at the same time she received her degree from the Faculty of Medicine. Whatever opinion may be entertained as to the desirability of ladies studying and practising medicine, everyone must admire the indomitable perseverance and pluck which Miss Garrett has shown in overcoming the many obstacles to obtain in the first place the qualification of the Apothecaries' Company in London, and, lastly, the Degree in Medicine of the University of Paris.

#### HEALTH OF BARON LIEBIG.

We are glad to hear, from a private source, that Baron Liebig is now considered out of danger, and is on a fair way to recovery. The Baron has been suffering from a very severe carbuncle on his neck. He had previously been much prostrated by severe cerebral headaches, brought on probably by over-work at an original investigation into "The Cause of Fermentation, the Source of Muscular Power, and Nutrition," which had occupied his attention during the winter. The pain and discharge from the carbuncle added much to his already weakened condition; and at one time so little hope was entertained of his recovery that the members of his family were telegraphed for to Munich.

#### COSMETIC SURGERY.

OUR military surgeons should be able to decide the question whether there is any known process by which the scar of the branding-iron can be effaced. We presume that there is not. The question has been discussed lately, and it has received an affirmative solution, it is alleged, in the case of an aged criminal, who is described as having obliterated the infamous letters by "a red-herring poultice." This story stands in the mythical category of that of "the cock and bull and roasted soldier." Time will of course do much, in some cases—not all—to wear out such scars. As a matter of jurisprudence, it might not be uninteresting to know what is the experience of those who have had opportunities of observing the success of efforts made to obliterate the marks of the branding-iron, and what are the methods employed, if any. The subject has a bearing on cosmetic and practical surgery.

#### DIVIDED CAMPS.

REFERENCE is often made by public writers to the conflict of opinion which is commonly found amongst medical witnesses. Lawyers are most apt to refer to this diversity of judgment—rarely in complimentary terms—most often to suggest or point the conclusion that judgments so divided in their course and so little consistent are of slight weight and deserve little consideration. A barrister furnishes us this week with facts that should modify that opinion, if strict analogy can serve to afford an illustration or to point an argument. The analysis of the decisions of Lord Justice Giffard, sitting alone in appeal cases from January to June 1870, shows that of forty-one appeals from various courts, the decisions of those courts were affirmed in seventeen cases, reversed in nineteen cases, and varied in five cases. In applying this illustration to the cases of difference of opinion amongst medical experts in courts of justice, it must be remembered that in the great majority of cases to be decided—say 90 per cent. of railway compensation cases—medical opinion is unanimous. And such cases do not come into court. It is only where doubts and difficulties arise that a judicial decision in court is ordinarily asked. The cases of agreement, which are most numerous, are settled out of sight. Moreover, it is only fair to take into account the essential elements of mystery, individual vital

differences, and special combinations, which surround each medical case, and obstruct the arrival at certainty. In legal decisions, all the conditions are known, and the principles to be applied are ascertainable. The process is one of pure reasoning, free from conjecture. Yet it does not seem to be productive of complete unanimity in the end.

#### CHARLES DICKENS.

How true to Nature, even to their most trivial details, almost every character and every incident in the works of the great novelist whose dust has just been laid to rest, really were, is best known to those whose tastes or whose duties led them to frequent the paths of life from which Dickens delighted to draw. But none, except medical men, can judge of the rare fidelity with which he followed the great Mother through the devious paths of disease and death. In reading *Oliver Twist* and *Dombey and Son*, or *The Chimes*, or even *No Thoroughfare*, the physician often felt tempted to say, "What a gain it would have been to physic if one so keen to observe and so facile to describe had devoted his powers to the medical art." It must not be forgotten that his description of hectic (in *Oliver Twist*) has found its way into more than one standard work, in both medicine and surgery (Miller's *Principles of Surgery*, second edition, p. 46; also, Dr. Aitken's *Practice of Medicine*, third edition, vol. i, p. 111; also several American and French books); that he anticipated the clinical researches of M. Dax, Broca, and Hughlings Jackson, on the connection of right hemiplegia with asphasia (*vide Dombey and Son*, for the last illness of Mrs. Skewton); and that his descriptions of epilepsy in Walter Wilding, and of moral and mental insanity in characters too numerous to mention, show the hand of a master. It is feeble praise to add that he was always just, and generally generous, to our profession. Even his descriptions of our Bob Sawyers, and their less reputable friends, always wanted the coarseness, and, let us add, the *unreality*, of Albert Smith's; so that we ourselves could well afford to laugh with the man who sometimes laughed at us, but laughed only as one who loved us. One of the later efforts of his pen was to advance the interests of the East London Hospital for Children; and his sympathies were never absent from the sick and suffering of every age.

#### CORPORAL PUNISHMENT OF CHILDREN.

A WELL-KNOWN publisher's pen have for some time past issued a supplement to a magazine intended, if one may judge from its title, for readers of the gentler sex. Nevertheless, three numbers of this supplement have been occupied with the great "whipping question"—which, whether in connection with the flogging of garotters, or as a sign of a revulsion of popular feeling towards those brutal customs which belonged to bygone days, has at least sufficed to warrant another publisher in bringing out an expensive volume entirely dedicated to the use of the rod. As medical journalists, it is scarcely our duty to act as censors of the public morals, otherwise we might express a very plain opinion as to the character of some of the minute details given in both these productions. Some of our readers will doubtless remember that this sort of thing is periodical. Now, it is the *Family Herald*; another time, it is *The Queen*; and so one popular journal after another takes up the exciting question. As for the larger book, it is chiefly a *réchauffé* of these various discussions, mixed with scraps of Brantome, for the most part to be found, ready translated, in Milligan's *Curiosities of Medical Experience*. Our business is neither with the style nor the morality of the literature in question. We may have our own opinion that the public discussion of such questions merely illustrates aberrant forms of sexual instinct; and we cannot forget how closely a taste for obscene details is allied to insanity, of which Rabelais and Swift may be taken as glaring instances. But, as medical journalists, we have a special duty to perform in relation to those parents who are sincerely desirous to do what they believe right in regard to their children. We do not write for those parents who deserve the rod more than their offspring, but for those who naturally look to our profession as the "ministers and interpreters of Nature." And we would remind them that the



nervous system of a child is far more delicate and susceptible of harm than that of most adults. And we must remember that, although a tubercular, syphilitic, rachitic, or some other diseased diathesis, may be the real cause of convulsive diseases, yet the *exciting* cause—wanting which they might never appear—of epilepsy, chorea, and fatal convulsions, in young children, is, in a great number of instances, the mental shock of fright or terror, the result of which, not unoften, has been life-long imbecility. Let parents hesitate, then, before recurring to the brutal machinery of a bygone age.

#### REMOVAL OF THE WHOLE LARYNX.

IN cases of malignant new growths in the larynx, which are beyond the possibility of extirpation, the question as to the removal of the whole larynx may be raised. This has recently been done by Dr. V. Czerny of Vienna, who has approached this question experimentally, and shows that in dogs the operation can be performed without great difficulty, and that the loss of the larynx is not necessarily fatal to them. Even if the epiglottis have been included in the removal, the dog can swallow his food. The respiration is carried on through a cannula. Dr. Czerny further experimented on the possibility of artificially supplying a dog in this condition with the means of phonation, and succeeded in this by adding to the upper part of the cannula a piece with metallic tongs. Every surgeon will agree with the conclusion of Dr. Czerny's interesting paper, that only the dreadful and hitherto hopeless state of patients with malignant laryngeal growths can justify the proposal of such an operation.

#### ROYAL COLLEGE OF SURGEONS.

THE annual election of Fellows into the Council will take place, as already announced, on Thursday the 7th proximo, and, as Monday the 13th instant was the last day for the nomination of candidates, we are now able to announce that there are four candidates to select from to fill the two vacancies occasioned by the resignation of Messrs. Swan of Tavistock Square and Thomas Paget of Leicester. These gentlemen, taking them according to seniority, are Messrs. W. J. Erasmus Wilson, F.R.S., Henrietta Street, Cavendish Square, Professor of Dermatology in the College, diplomas of Fellowship and Membership respectively bearing date December 11, 1843, and November 25, 1831; Thomas Spencer Wells, Upper Grosvenor Street, August 26, 1844, and April 26, 1841; Holmes Coote, Margaret Street, Surgeon to St. Bartholomew's Hospital, December 24, 1844, and July 4, 1838; and Henry Lee, Savile Row, Surgeon to St. George's Hospital, December 24, 1844, and July 4, 1838. It will be seen that Messrs. Wilson and Wells are Honorary Fellows, and Messrs. Coote and Lee Fellows by examination.

THE OBSTETRICAL SOCIETY AND THE ROYAL SOCIETY OF MEDICINE. It was to be expected, after the resolutions which were passed by the Obstetrical Society at a special meeting held a year ago, and the statement of the views of the Council, both of which were printed and circulated previously to the special meeting on Wednesday, that the Society was not likely materially to alter the position which it had taken with regard to the amalgamation scheme. Great opposition was, therefore, expected on Wednesday evening. We confess, however, we were unprepared for the savage tilt which came off on Wednesday against the Royal Medical and Chirurgical Society and its scheme of amalgamation. Dr. Tyler Smith said that the Medical and Chirurgical Society had indignantly repelled the idea of the separation of Medicine and Surgery, and that alone prevented the Society from joining; and in no other way could the objects of the Society be carried out than by making Obstetrics equal with Medicine and Surgery. The Royal Medical and Chirurgical Society, with more of fashion than of reason, repudiated the opening up of the scheme. The Obstetrical Society had been, he considered, met by unfair terms. Dr. Smith proposed the following resolution—"That this Society, having regard to the interest of the department of medicine to the cultivation of which it is devoted, declines to accept the scheme of amalgamation offered by the Royal

Medical and Chirurgical Society; but would still be willing to negotiate for an amalgamation on the basis adopted by the delegates of all the societies." Dr. Tilt, in seconding this resolution, observed that they had had an useful past, and why should they not have a noble future? Dr. Routh considered that obstetrical men were made so little of because they had not an Obstetrical College; upon which Dr. Savage pointed out that the Society could not amalgamate and afterwards become a college. "Let us determine that we be a college," Dr. Savage then said, with reference to the last clause of the Medical and Chirurgical scheme, in which it is stated that they will not accede to any essential change, that "the little addendum, that little thing at the end, has settled the subject, and we decline to have anything more to do with them." This—which was put into form as an amendment—received, however, no second; Dr. Cleveland suggesting that it would be a pity to shut out further communication with the Medical and Chirurgical Society. It was further stated at the meeting that the threat of forming a section was to induce the Society to go over bodily. The proposed obstetrical section was an unknown quantity. It would, it was added, be disastrous to obstetrics if two societies were formed; and it would be a pity if the members of the Society who did not quite agree should assist in forming a new section. It was also stated that no decision arrived at by the meeting could be considered as final. The laws required that any such change cannot be decided upon until the annual meeting. Dr. Snow Beck proposed that, as the Society was composed of six hundred fellows, and less than a twelfth were present, a circular should be sent soliciting the opinion of each. This was seconded; but after a very warm discussion as to the legality of this, the President ruled that it be not put to the meeting; whereupon Dr. Beck entered a protest. After some further discussion, which was prolonged till half-past ten o'clock, the motion was put to the meeting. The number in favour of the motion was 36, and against it, 3. The resolution was therefore carried. It will thus be seen that the feeling of the majority of the members of the Obstetrical Society present was strongly opposed to the amalgamation. The Society objects, on several grounds, that it is not a good business bargain; that they would lose their independence; that they would be put on an equality with pathology, clinical medicine and surgery, physiology and anatomy, psychology, and the section devoted to epidemiology, hygiene and medico-legal matters; and, what probably is the chief source of the opposition to the scheme, they would be unable to carry out the scheme of erecting a College of Obstetrics.

#### MEDICAL TEACHERS' ASSOCIATION.

THE Council of the Medical Teachers' Association have given notice that the next general meeting of the Association will be held on November 18th. The Council believes that the formation of opinion has been most beneficially influenced and advanced by the views promulgated by the Association; and remarks with satisfaction that the recommendations of the Educational Committee of the General Medical Council, and the report of the Court of Examiners at the Royal College of Surgeons, with the new regulations adopted by the Council of the College, have been in agreeable harmony with the recommendations and reports of the Association. From these and other indications, it is the Council's opinion that further improvements may be expected, as the influence of medical teachers possessing an intimate acquaintance with the details and requirements of medical education comes to be more generally recognised; whilst it appears to the Council that the objects of the Association would not be attained more surely or more speedily by any immediate action. They therefore have decided to omit the general meeting which would otherwise have been held on Friday the 17th instant.

#### SCOTLAND.

THE LATE SIR JAMES Y. SIMPSON.

A LETTER of condolence has been received by Sir Walter G. Simpson from the Duke of Argyll, in which Her Majesty expresses her warmest

sympathy in the loss the family has sustained, and Her Majesty's own sorrow on account of the loss which the country has sustained, in the death of so great and good a man. Committees are being formed in London, Dublin, Manchester, Liverpool, and other large towns to carry out the memorial of the late baronet.

#### THE ABERDEEN ROYAL INFIRMARY.

DR. KEITH, who has for thirty-two years filled with much distinction the post of Surgeon to the Aberdeen Royal Infirmary, has just resigned that office, and been appointed Consulting Surgeon to the Hospital. Dr. Best, Dr. Davidson, Dr. Ogston, Dr. Rodger, and Dr. Charles Will are candidates for the appointment.

## IRELAND.

#### ROYAL IRISH ACADEMY.

At a meeting held on Monday, June 13th, the Rev. Professor Jellett, Senior Fellow of Trinity College, Dublin, President, in the chair, Dr. George Sigerson, F.L.S., read a paper entitled "Further Researches on the Atmosphere." He stated that the results of analyses of *ordinary atmospheres*, such as those of the town, the country, and the sea-breeze, which he had communicated to the Academy on a former occasion, had been fully confirmed by later investigations. The subject of the present paper was the examination of *special atmospheres*, of which the author proceeded to speak in detail. In the air of an *iron factory* he found a dust of a black colour and friable in nature, which was composed of carbon, iron, and ash. The iron was present in small rough and jagged pieces, and also in hollow balls averaging one two-thousandth of an inch in diameter. These iron globules were translucent. In *shirt factory* air, filaments of linen and cotton were present in great numbers, and minute eggs were also seen under the microscope; but these were, perhaps, of accidental origin. *Scotch mills*, from the nature and quality of the spongy, spiky dust which abounded in them, Dr. Sigerson branded as human slaughter-houses. In the dust of printing-offices, perceptible traces of antimony were detected by chemical examination. *Stable air* was shown to contain equine hair, cuticles, epithelium, moth cells, ovids, various fungi, besides a large amount of other forms of organic matter. The air of a dissecting-room was also largely impregnated with organic particles, and a microscopical examination of the dust collected resolved it into portions of white and yellow fibrous tissue, fibrillæ of voluntary and involuntary muscle, fragments of epithelium, and *débris*. In *smoker's air*, numerous globules of hot nicotine were observed, of a preeminently hurtful character. Very similar to this was the air inhaled by *tea-tasters*, in which, besides particles of cellular tissue, a narcotic oil of very deadly properties abounded in the form of minute cells. In concluding his paper, Dr. Sigerson took occasion to remark that the carbon which existed in the atmospheres of large cities was of use in counteracting the injurious effects of the presence of albuminoid ammonia, lately described by Dr. Angus Smith of Manchester, and that consequently limits should be placed to the consumption of smoke in factories, etc. The paper was illustrated by large diagrams representing the microscopical appearances of the different forms of dust spoken of above.

## UNIVERSITY INTELLIGENCE.

#### UNIVERSITY OF CAMBRIDGE.

DR. HOOKER and Professor Flower have been appointed Examiners for the Natural Sciences Tripos. Mr. Savory and Mr. Lestourgeon have been nominated Examiners for the degree of Master in Surgery; and Dr. Drosier and Mr. J. Wood for the degree of M.B.

ST. JOHN'S COLLEGE.—At the recent examination at St. John's College, Cambridge, a Foundation Scholarship of the value of £50 *per annum*, tenable for five years, was awarded to A. H. Garrod; an Exhibition of £20 a year to H. Blunt; and one of £10 to H. N. Read.

## ASSOCIATION INTELLIGENCE.

### BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Thirty-eighth Annual Meeting of the British Medical Association will be held in Newcastle-upon-Tyne, on Tuesday, Wednesday, Thursday, and Friday, the 9th, 10th, 11th, and 12th of August next.

*President*—CHARLES CHADWICK, M.D., F.R.C.P., Senior Physician to the Leeds Infirmary.

*President-elect*—EDWARD CHARLTON, M.D., Senior Physician to the Newcastle-upon-Tyne Infirmary.

An Address in *Medicine* will be delivered by FRANCIS SIBSON, M.D., F.R.S., F.R.C.P., Physician to St. Mary's Hospital.

An Address in *Surgery* will be delivered by G. Y. HEATH, M.B., M.R.C.S., Surgeon to the Newcastle-upon-Tyne Infirmary.

The business of the meeting will be conducted under six Sections:  
Section A. *MEDICINE*.—*President*: Dr. Embleton. *Vice-Presidents*: Dr. Simpson and Dr. Lyons. *Secretaries*: Dr. H. Barnes, Carlisle, and Dr. Morell Mackenzie, 13, Weymouth Street, London.

Section B. *SURGERY*.—*President*: Professor Lister. *Vice-Presidents*: Charles Trotter, Esq., and Timothy Holmes, Esq. *Secretaries*: Dr. Arnison, Newcastle-upon-Tyne, and W. H. Favell, Esq., Sheffield.

Section C. *PHYSIOLOGY*.—*President*: Dr. A. Clark. *Vice-Presidents*: Dr. Sanderson and Dr. Hayden. *Secretaries*: T. C. Nesham, M.D., Newcastle-upon-Tyne, and J. G. McKendrick, M.D., 29, Castle Terrace, Edinburgh.

Section D. *MIDWIFERY*.—*President*: Dr. Robert Barnes. *Vice-Presidents*: Dr. Gibson and Dr. G. Hewitt. *Secretaries*: Luke Armstrong, Esq., Newcastle-upon-Tyne, and J. H. Aveling, M.D., Rochester.

Section E. *PUBLIC MEDICINE*.—*President*: Dr. Rumsey. *Vice-Presidents*: Dr. Druitt and Dr. Morgan. *Secretaries*: Anthony Bell, Esq., Newcastle-upon-Tyne, and Dr. A. Ransome, Bowden, Cheshire.

Section F. *PSYCHOLOGY*.—*President*: Professor Laycock, M.D. *Vice-Presidents*: Dr. Sankey and Dr. Maudsley. *Secretaries*: Grainger Stewart, M.D., Borough Asylum, Newcastle-upon-Tyne, and T. Harrington Tuke, M.D., 37, Albemarle Street, London.

*Notices of Motion*.—The following notice has been given.

THE REV. DR. BELL: That a Committee be appointed for the purpose of inquiring into the present constitution and operation of the Committee of Council; and whether it might not be better to have only one well constituted Council, consisting of a limited number—say fifty—to be elected by the general body of members through the medium of voting-papers; and that the Committee report to an ordinary general meeting, or to a special general meeting convened according to law.

Gentlemen desirous of reading papers, cases, or any other communications, are requested to give notice of the same to the General Secretary, at their earliest convenience.

T. WATKIN WILLIAMS, F.R.C.S., *General Secretary*.

13, Newhall Street, Birmingham, June 6th, 1870.

### COMMITTEE OF COUNCIL: NOTICE OF MEETING.

A MEETING of the Committee of Council will be held at the rooms of the Medical Society of London, 32A, George Street, Hanover Square, on Tuesday, the 28th day of June, 1870, at 3 P.M. *precisely*.

To consider what further steps shall be taken relative to the "Medical Act (1858) Amendment Bill" now before Parliament; and other important business.

T. WATKIN WILLIAMS, F.R.C.S., *General Secretary*.

13, Newhall Street, Birmingham, June 14th, 1870.

### CAMBRIDGE AND HUNTINGDON AND EAST ANGLIAN BRANCHES.

THE annual meeting of the above Branches will be held at the Town Hall, Ipswich, on Friday, June 24th, at 3 P.M.; BARRINGTON CHEVALLIER, M.D., in the Chair.

The dinner will also take place at the Town Hall, at 6.30 P.M. Tickets, 12s. 6d. each.

P. W. LATHAM, M.D. }  
J. B. PITT, M.D. } *Honorary Secretaries*.  
W. A. ELLISTON, M.D. }

# LANCASHIRE AND CHESHIRE BRANCH.

The annual meeting of the above Branch will be held at Preston, on Wednesday, June 20th, at 12 o'clock. *President*, Dr. HALL, Lancaster; *President-elect*, Dr. SPENCER, Preston.

The dinner will take place at the Town Hall, at 5 P.M. Tickets (not including wine), 7s. 6d. each.

Gentlemen intending to read papers, are requested to communicate with the Honorary Secretary without delay.

HENRY SIMPSON, M.D., *Honorary Secretary*.

Manchester, June 13th, 1870.

# CUMBERLAND AND WESTMORLAND BRANCH.

The annual meeting of the above Branch will be held in the Board Room of the Infirmary, Whitehaven, on Wednesday, June 20th, 1870, at 1 P.M. M. W. TAYLOR, M.D., Penrith, President; THOMAS F. T'ANSON, M.D., Whitehaven, *President-elect*.

Dinner will be ordered at the Black Lion Hotel for 4 P.M.

HENRY BARNES, M.D., *Honorary Secretary*.

Carlisle, June 15th, 1870.

# SOUTH MIDLAND BRANCH.

THE fourteenth annual meeting of the above Branch will be held at the Infirmary, Aylesbury, on Thursday, June 30th, at 1 P.M.; CHARLES HOOVER, Esq., President, in the Chair.

Gentlemen who purpose reading papers or cases, are requested to furnish the names or titles of same forthwith to Dr. Bryan, Northampton.

J. M. BRYAN, M.D., Northampton } *Hon. Secs.*

G. P. GOLDSMITH, Esq., Bedford }

Northampton, May 31st, 1870.

# SOUTH EASTERN BRANCH.

THE twenty-sixth annual meeting of the above Branch will be held at the Rosherville Hotel, Gravesend, on Thursday, June 30th, at 1.30 P.M.; JOHN M. BURTON, Esq., F.R.C.S. Eng., President, in the Chair.

The dinner will be provided punctually at 5 o'clock. Tickets (not including wine), 7s. each.

G. FREDK. HODGSON, *Honorary Secretary*.

Brighton, June 1870.

# NORTH WALES BRANCH.

THE annual meeting of the above Branch will be held at the Crown Hotel, Denbigh, on Tuesday, July 5th, at 12 o'clock noon, under the presidency of T. FRANCIS EDWARDS, Esq.

Dinner at 4 P.M. Tickets, including wine, etc., 12s. each. To be had at the bar of the above hotel.

Gentlemen who purpose reading or communicating papers and cases, and who intend dining, will please to give an early intimation to

Beaumaris, June 1870. D. KENT JONES, *Hon. Sec.*

# BATH AND BRISTOL BRANCH.

THE annual meeting of the above Branch will be held on Thursday, July 14th, 1870, at the Mineral Water Hospital, Bath, at 4.30 P.M., when C. H. COLLINS, Esq., will resign the Chair to C. BLEECK, Esq., *President-elect*, who will deliver an address.

Members having any communications for the meeting, are requested to give notice of them to the Secretaries.

The following resolutions will be moved:

Mr. BARTRUM and Dr. SPENDER—"That it is desirable that the number of ordinary meetings be reduced to four."

Mr. TIBBITTS and Dr. BRITTAN—"That any gentleman who has been black-balled by this Branch of this Association, shall not be admitted to the meetings."

The dinner will be held at the York House, Bath, at 6.30 P.M. Tickets, including ice and dessert, 7s. 6d. each. Wines at moderate charges.

The Bath Secretary particularly requests that those members who intend to be present at the dinner, will send him their names before Monday, July 11th, in order that the necessary arrangements may be completed.

R. S. FOWLER, Bath, } *Honorary Secretaries.*  
CHARLES STEELE, Clifton }

# EAST SUSSEX DISTRICT MEETINGS: SOUTH EASTERN BRANCH.

A MEETING of the East Sussex district was held at the Queen's Hotel, Hastings, on Wednesday, May 11th, at 2.15 P.M.; J. UNDERWOOD, M.D., in the Chair. There were present fourteen members and two visitors, Dr. Allen (Hastings) and Dr. Lloyd. The former was nominated as a member.

*Next Meeting*.—Mr. HODGSON proposed, and Dr. CUNNINGHAM seconded, that the next meeting in September be at Hayward's Heath, and that Dr. Byass (of Cuckfield) be requested to take the Chair.

*Papers*.—1. Mr. HODGSON narrated a case of Fatal Injury of the Head, occurring to a Baby. In December 1867, a fine healthy boy, aged 15 months, fell with his head on his occiput on a carpeted floor. Happening to be close by, Mr. Hodgson saw him in a few minutes, and found him then lying in his nurse's lap, so pale and thoroughly stunned as to appear dead. The breathing was just perceptible; the pulse scarcely so. In about half an hour he revived, and looked about him; and he was quietly put to bed. The next morning he seemed as well as usual; having only a small swelling on the back of the head. He was ordered to be kept quiet in a room by himself, and free from all excitement. This regimen was maintained for several weeks, when, no untoward symptom whatever having shown itself, he was allowed gradually to resume his amusements, and to associate with the other children. He continued to all appearance quite well for nearly three months; when, after a little unusual fretfulness and slight dresish for food for a few days, he suddenly had a convulsion. Except the fits, scarcely any other symptoms were present to point to the head. A purge was given, and saline medicine with prussic acid; also a warm bath. But the convulsions recurred more and more frequently, until in a few days they were almost constant; and he finally succumbed to them in a week, the pupils never having been insensible to light. For one twelve hours the day before death the convulsions were kept in abeyance by the frequent inhalation of chloroform; but this was discontinued on it being apparent that no ulterior good was derivable from it. On *post mortem* examination the day after death, the membranes of the brain which covered the front portion of the right hemisphere (the site of *contre-coup*) were found in a state of chronic inflammation bordering on suppuration, and the corresponding portion of the brain itself, to about the extent of the bowl of a teaspoon, and three-fourths of an inch deep, was in a state of red softening—close upon the formation of abscess. No other morbid appearance was discoverable.—Several gentlemen then narrated some interesting cases of injuries to the brain, recovering with some considerable loss of brain-substance.

2. Dr. ALLEN read the particulars of a case of Intestinal Obstruction occurring in a lady aged 65. The patient had suffered three months before from symptoms of gall-stone. After a constipation of seventeen days, a round substance, three inches in its greatest diameter, was passed, and the patient recovered perfectly. The substance seemed to consist of inspissated bile, studded with scales of cholesterine.

3. Mr. F. C. MUDD read notes of a case of Traumatic Tetanus treated with Bromide of Potassium. The patient, J. C., a carrier, crushed the tip of his little finger on April 6th, 1869. The nail and soft parts were displaced, but the wound appeared to be going on favourably. It was treated with cold water dressing for the first few days; after that, with carbolic acid and olive oil. On the evening of the 19th, he complained of stiffness about the muscles of the neck and jaw, which he attributed to a cold. He could not open his mouth more than half an inch. The finger was hot and painful. The tip was amputated at once, and bleeding encouraged for a short time. A purge was given, and a mixture with ten grains of bromide of potassium for a dose, every four hours. At 6 the next morning, there was complete trismus. Turpentine enemata were ordered, and the bromide was continued. On the 21st, he was much the same till 10 o'clock P.M., when symptoms of opisthotonos set in. Nourishment and medicine were administered through the teeth, which were defective on one side. The bromide was increased to 20 grain doses, and sinapisms were applied the whole length of the spine; the finger was poulticed. On the 22nd, the symptoms of opisthotonos were relieved. The bromide was increased by 5 grains, and turpentine enemata were administered. In the evening, he could open the mouth sufficiently to introduce the little finger between the teeth. On the 23rd, the opisthotonos had subsided, but there was great pain the whole length of the spine; this was greatly relieved by aconite liniment. The dose of bromide was increased to half a drachm. From the 24th, he could open the mouth more every day; and on the 26th, the dose of bromide was gradually diminished. On the 29th, he was sitting out in an easy chair; and on May 8th, he was walking out, quite convalescent.



## SPECIAL CORRESPONDENCE.

## PARIS.

[FROM OUR OWN CORRESPONDENT.]

Paris, Monday, 6th June, 1870.

1. *Small-pox Mortuary Statistics since 1st January.*—2. *Second Meeting of Medical Practitioners and the Public to discuss Vaccination and the Small-pox Epidemic.*

**SMALL-POX MORTUARY STATISTICS SINCE 1ST JANUARY.**—During the week ending on Friday night, 3rd June, the mortality in Paris from small-pox was 173. This is an improvement, for during the preceding week the deaths from that disease were 218.

The following statement, compiled from the weekly bulletins issued by the Prefecture, will show the weekly small-pox mortality, and its relation to the general mortality, since the beginning of the year to the 4th of this month.

Week ending Friday, 7 Jan.	From Small-pox.	From all Causes.
" " 14 " "	40	1006
" " 21 " "	27	998
" " 28 " "	48	980
" " 4 Feb.	47	1044
" " 11 " "	42	1105
" " 18 " "	66	1139
" " 25 " "	83	1292
" " 4 March	79	1362
" " 11 " "	97	1337
" " 18 " "	90	1263
" " 25 " "	112	1189
" " 1 April.	81	1101
" " 8 " "	103	1262
" " 15 " "	118	1201
" " 22 " "	102	1196
" " 29 " "	132	1199
" " 6 May.	166	1263
" " 13 " "	133	1217
" " 20 " "	179	1210
" " 27 " "	195	1239
" " 3 June.	218	1254
Totals	173	1174
Totals	2291	26,131

Many interesting remarks are suggested by these figures; but, without going into considerable meteorological and other details, for which there is not space in this place, few of them would be well understood. There are two facts, however, which if borne in mind, will increase the interest of the above statement. First, that the population of Paris (1,825,274 in 1866) is about half of that of London; second, that the total mortality in Paris since January 1st has been above that of the average during the same period of other years; and this increase has been by no means wholly caused by small-pox, but has been to a great extent the result of deaths from diseases of the respiratory organs.

**SECOND MEETING OF MEDICAL PRACTITIONERS AND THE PUBLIC TO DISCUSS VACCINATION AND THE SMALL-POX EPIDEMIC.**—The second conference on vaccination and small-pox took place on Wednesday, June 1st, at half-past eight P.M., in the Gymnasium, 34 rue des Martyrs. The attendance was considerably greater than on the former occasion, and the speaking was much more interesting and animated. As counted by myself and a friend, the number present was between 500 and 525; all, or nearly all, seemed well dressed, thoughtful, and intelligent. I have no means, however, of knowing exactly how many were medical and how many were non-medical, as the general public had been invited to attend by newspaper paragraphs issued on several preceding days. No doubt, two thirds, at least, were medical men, among whom there was a sprinkling of suburban and provincial practitioners. From the probability of these conferences being continued for some weeks; from the excellent and active measures of organisation adopted by the managing committee; and from the spirit of the second meeting, it is quite possible that out of these meetings for the discussion of vaccination and small-pox may arise a permanent association of the Parisian and provincial medical profession. There is a desire with many to see a comprehensive, and, if I may use the expression, a democratic medical society established in France; and the present temporary organisation may be the origin of a permanent body, occupying in France a somewhat analogous relation to the Academy of Medicine that the British Medical Association bears to the ancient Royal Colleges of Medicine and Surgery in England—a body curbing, yet not superseding, the old medical oligarchy, and enabling the rank and file of the profession to maintain a better social standing, and co-operate in matters affecting the public weal. The present cordial co-operation of Parisian and provincial doctors in relation to the great question of the day certainly affords a fine opportunity of testing the possibility of instituting a "French Medical Association." The medical societies which exist in each *arrondissement* of Paris would naturally become branches of the great trunk association; and upon the same principle, and very often with somewhat similar existing nuclei to aid, the provincial ramifications might soon be organised.

To return to the meeting of 1st June. Pretty punctually at the appointed hour, Dr. Caffé took the Chair. The first business was to decide whether a managing committee was to be named at each meeting, or whether the *bureau* elected on 25th May was to be considered as installed in permanence. It was decided by acclamation that the efficient direction of the business could only be accomplished by permanent officers, and that Dr. Caffé and his colleagues were the right men in the right place.

I may mention that several orators who came with finely worded written speeches were obliged, after enunciating a few sentences, to put their manuscripts in their pockets, and condense what they had to say in a few words. The Chairman, in his brief introductory speech, inculcated brevity and the statement of facts, striking a capital key-note by repeating an expression he used at the first meeting: "Allons au fait, en praticiens que nous sommes." This it was which gave life to the meeting: the debate was earnest, and quite equally divided between those who had and who had not entered their names to speak. Though the meeting was very interesting, selection and condensation are required to make any report of the proceeding at once instructive and succinct.

I propose, therefore, to defer the further notices of these conferences till I can report several of them consecutively. This plan will increase their value and facilitate condensation. In the meantime, my chief object in noticing these meetings is to state their importance, and to announce that they are destined to be the means of collecting and diffusing a mass of statistical and practical information relating to vaccination, revaccination, and the epidemic of small-pox now prevailing in Paris and several large towns of France.

Let me add, that the view which I have taken of the vaccination conferences, and the movement associated with it in the background, is not in accordance with that entertained by some very eminent *confrères* with whom I have spoken on the subject. There are about one hundred hospital-physicians in Paris; and among them are unquestionably the majority of those in the largest practice and of the best social position. Now, most of this eminent section of the profession decidedly keep aloof from the movement headed by Drs. Caffé, Gallard, Marchal (de Calvi), Le Sourd, V. Revillout, and Dally. By one of our medical magnates I this morning heard it sneered at as a mere evanescent manifestation of medical radicalism promoted by journalists. I beg you, therefore, to weigh separately my facts and my opinions.

Dr. Caffé is chief editor of the *Journal des Connaissances Médicales Pratiques et de Pharmacologie*; Dr. Gallard is one of the physicians of La Pitié; Dr. Marchal conducts *La Tribune Médicale*; and all the other gentlemen of the *bureau* are publicly and influentially connected with the editing of medical journals.

Paris, Monday, 13th June, 1870.

1. *What is and has been the actual Weekly Mortality from Small-pox in Paris?*—2. *Last Week's Small-pox Mortality.*—3. *Third Meeting of Medical Practitioners.*

**WHAT IS AND HAS BEEN THE ACTUAL WEEKLY MORTALITY FROM SMALL-POX IN PARIS?**—In my letter of 23rd May (BRITISH MEDICAL JOURNAL, 28th May, p. 558), I referred to the statement made by Dr. Decaisne, in a letter to *La France*, that the weekly mortuary statistics of Paris issued by the Prefecture do not embrace the deaths in hospitals. This statement was called in question by a speaker at the Vaccination Congress in the rue des Martyrs; but it has not yet been withdrawn by Dr. Decaisne, nor contradicted in any direct or indirect official form. From what I hear, an official explanation is very much wanted. The *Saint-Public* substantially repeats and adopts Dr. Decaisne's statement in its impression of the 9th instant, in an article upon the decreasing weekly mortality from small-pox.

Il est bien entendu que nous ne parlons ici que pour la ville, la mortalité des hôpitaux ne nous étant pas révélée. Dans les hôpitaux, la mortalité doit être grande, d'après nos renseignements particuliers. A la Salpêtrière, il y a en ce moment 104 malades, et la maladie conserve toujours le caractère le plus grave—(émorrhagique)."

**LAST WEEK'S SMALL-POX MORTALITY.**—The mortality of the present epidemic seems to be fairly on the decline. During the week from

5th to 11th June, the total deaths reported by the Prefecture were 1058, and of these only 165 were from small-pox.

**THIRD MEETING OF MEDICAL PRACTITIONERS.**—A third meeting of medical practitioners was held at the Gymnasium, rue des Martyrs, on Wednesday, the 8th June. The attendance was less numerous than on the preceding Wednesday; but the interest of the discussions was fully sustained. It is proposed to publish a volume containing a complete report of these meetings, with the original documents *in extenso*. There were about 250 present; and among them at least four members of the British Medical Association; viz., Dr. Shrimpton of Paris, Dr. Fleming of Birmingham, Dr. Henry of London, and the writer.

## OBITUARY.

CHARLES HEWITT MOORE, F.R.C.S.

"SERUS in cœlum redeas" was the hope and earnest wish of the large circle of loving friends who now mourn the loss, at the early age of forty-eight, of that good man and accomplished surgeon, Mr. Charles Hewitt Moore. He was born on the 12th of June, 1821, at Plymouth, where he rested from his labours on the 6th instant, having thus almost completed his forty-ninth year. He came of a well-known stock, the Moores of Plymouth having for several generations been famous as shipbuilders, or, as they are now termed, naval architects. He was the second son of Mr. William Moore, who married Miss Foster, also of Plymouth, and who died three years ago, at the patriarchal age of eighty-four. He was educated at the Plymouth New Grammar School, where his fine natural disposition and intelligence won for him the high esteem, first of the Rev. John Heyrick Macaulay, and after his removal to the Head Mastership of Repton, of Mr. Walker and the Rev. Nelson Barnes.

When he went to London, at the age of sixteen, to commence his medical studies, he was placed, by the advice of his uncle, the late Dr. Joseph Moore of Savile Row, as house-pupil with Mr. Skeay, then assistant-surgeon at St. Bartholomew's. His fellow pupil was Mr. Spencer Smith, of the wholesome influence of whose example he often spoke with gratitude in after life, during which, the friendship thus early formed remained unbroken. He never ceased to feel, and very often expressed, the deep obligations under which he lay to Mr. Skeay and Dr. Burrows; and to the careful training he received from both of these eminent men, he mainly attributed the development of those qualities of precision of thought and accuracy of observation which so remarkably characterised his subsequent teaching and practice. His work at St. Bartholomew's, like that of his future life, was not showy, but thorough and substantial. "He was," says Dr. Burrows, "one of my best clinical clerks, at a time when I was able to give careful attention to my cases in the wards, and to take a deep interest in developing the powers of the young men who came, in large numbers, under my tuition." Moore was, at that early period, remarkable for his quiet, thoughtful, painstaking, conscientious discharge of the duties entrusted to him—a graphic portrait, by a practised hand, of the youth, which all who knew him later in life will recognise as a faithful likeness of the man. It was during his period of study at St. Bartholomew's, that he became acquainted with his much valued friends, Thomas Warburton Benfield, now the Senior Surgeon of Leicester Infirmary, and President of the Midland Branch of the British Medical Association; and James D. Rendle, now the Medical Officer of the Brixton Government Prison, who watched over him with a brother's care during the first part of his fatal illness. He passed his examination for the Membership of the College of Surgeons in 1842; acted for several years as Assistant to Mr. Skeay, superintending the dissections for his anatomical course at the Aldersgate Street School of Medicine; and became House-Surgeon to Mr. Vincent in October 1844. After the expiry of his twelvemonth in St. Bartholomew's, he left England for Berlin and Vienna, where he availed himself to the utmost of the great advantages which their celebrated schools offer to the zealous student; and, shortly after his return to London, he was appointed, in 1847, Demonstrator of Anatomy at the Middlesex Hospital. In 1848, he was appointed Lecturer on Anatomy, a post which he resigned on completing his twentieth course in 1867. In the same year (1848) he was elected Assistant-Surgeon, on the promotion of Mr. De Morgan to the Surgery; and, before the year was out, and the acceptance, by Mr. Moncrieff Arnott, of the Professorship of Clinical Surgery at University College Hospital, led to his appointment as Junior Surgeon, at the early age of twenty-six. In 1869, after having been two years without a lectureship, he was appointed Joint-Lecturer (with Mr. De Morgan) on Systematic Surgery, and had just concluded his three months' course, when he

was stricken with the malady which, after many weeks of intense suffering, terminated his laborious and useful career.

It was on the 5th of April that he sent for his friend and former colleague, Dr. Stewart, who found him in a state of great prostration, and complaining of very severe hemicrania of the right side, and giddiness in the erect and the sitting postures. The urgency of the symptoms having somewhat abated on the following day, he exchanged the hot and oppressive atmosphere of Piccadilly for the airy and cheerful residence of his friend Dr. Rendle at Clapham Park, where he remained till his removal to Plymouth on the 7th of May. The extreme exhaustion, followed at night by syncope, produced by his brief journey to Clapham, awakened the suspicion that his illness depended on something more serious than nervous depression from overwork—a suspicion that was too soon confirmed by the sudden recurrence, after a week of steady improvement, of all the unfavourable symptoms, with greatly increased severity. During the paroxysms of agonising pain, which lasted from one or two to four or five hours, he was at times entirely unconscious of what was passing around him; yet during the intermissions his intellect was as clear and keen as ever, and his jocular remarks compelled a laugh from friends who feared too truly that the brief gleams of sunshine would soon be followed by a deeper gloom. Dr. Burrows, Dr. Murchison, and Dr. Greenhow, who saw him at different times in consultation with Dr. Rendle and Dr. Stewart, all shared the fear that there was either a tumour or softening of the brain; and his apprehensions were strengthened by a marked failure of memory on the day preceding his departure from Clapham. Still, even after his removal to Plymouth, where he was under the constant care of his old friend Mr. John H. Eccles, he was at times so much better as to awaken a transient hope of amendment. One morning, he felt for some hours so well that he made the significant remark, "This is the first time I have felt as if recovery were possible." A few hours thereafter, his sufferings returned with their wonted severity. During the night of the 26th of May, he had an apoplectic seizure, with subsequent paralysis of the whole of the left side of the body. The unconsciousness, which was for a time complete, was intermittent during the following week of growing weakness; and the great impairment of sight, which was present during the last few days of life, made it doubtful whether vision was not totally destroyed.

The post mortem examination, which was carefully conducted by Mr. J. H. Eccles and his son, Mr. George H. Eccles, established the existence of extensive yellow softening of the right hemisphere, with an apoplectic clot about the size of a nutmeg near the centre of it. The choroid plexus was infiltrated with a lymph-like fluid; but the cerebral arteries were free from anything like atheromatous deposit, and the optic thalami and corpora striata presented no indications of disease.

Sedate, cautious, and self-possessed, never speaking unless he had something of value to say, or without careful previous consideration, and putting conscience into every work he undertook, Mr. Moore was listened to with attention, and his opinion carried weight, in committees, councils, and societies, where he did much useful and solid work which never met the public eye. But the leading feature of his character was his deep religious feeling, and his firm grasp of gospel truth and of a living Saviour, which, dating from his residence in Berlin, supported and cheered him in afflictions and bereavements, led him to put forth earnest efforts in connexion with the Christian Medical and other Associations for the spiritual good of others, and were a constant solace to him amidst the terrible sufferings that preceded his entrance into the everlasting rest.

Mr. Moore was the author of several papers in the *Medico-Chirurgical Transactions*, among which were a Case of Fracture and Dislocation of the Pelvis (vol. xxiv); a Case of Pulsating Tumour (vol. xxv); a Case of Arterio-venous Aneurism of the Temporal Vessels treated by Ligation of both Artery and Vein (vol. xli)—a very valuable communication; on Division of the Gustatory Nerve and Ligation of the Lingual Artery in Cancer of the Tongue (vol. xlv); Case of Aneurism treated by Insertion of Iron Wire (vol. xlvii)—very characteristic of ingenuity of mind and boldness in carrying out his views; Account of an Arterio-venous Cyst in the Popliteal Nerve (vol. xlix); Cases of Periodic Inflammation of the Knee-joint (vol. l); on the Influence of Inadequate Operations on the Theory of Cancer (*ib.*) etc. He also translated the third volume of Rokitsky's *Pathological Anatomy* for the Sydenham Society, and wrote the articles "Tumours and Cancer," "Injuries of Blood-vessels," and "Diseases of Absorbents," in Holmes's *System of Surgery*. He also wrote on Rodent Cancer; and, in Holmes's *System of Surgery*, which was one of the special subjects brought forward, by the request of the Committee of Council, at the Leamington meeting of the Association. These two latter, with his article on Tumours and Cancer, and on the Influence of Inadequate Operations on the Theory of Cancer, may be looked on as the published results of his careful ob-

servation on cancer. He was, up to the time of his illness, collecting information on this subject, and specially with reference to the important question as to the constitutional nature of the disease. He was also the principal writer of the Report on Dr. Fell's Treatment of Cancer, published by the Middlesex Hospital. His last work was *On Going to Sleep*—full of ingenious thought and valuable suggestion. None but those who had frequent conversation with him on the subject during the preparation of this little work can have an idea of the amount of labour bestowed upon it. In addition to contributing to the *Medico-Chirurgical Transactions* the numerous papers to which we have above referred, he was for some years one of the most able and zealous officers of the Royal Medical and Chirurgical Society, in which he filled at various times several offices, retiring from that of Treasurer at the last annual meeting.

#### CHARLES A. ROBINSON, ESQ.

We have lately had to record several deaths from acute purulent infection amongst the younger members of our profession—Dr. Kempthorne but three weeks ago, and Mr. Stanley Peacock, of Newcastle, shortly before. We regret to add the name of Charles A. Robinson, M.R.C.S., L.M. & L.S.A., a student of University College, late House-Surgeon at the Hospital for Women in Soho Square, and at St. Peter's Hospital. He died on the 12th instant, after ten days' illness, of diffuse internal cellulitis, at the age of 25. He was a man of most amiable character: a steady and conscientious worker in all branches of the profession, not omitting those "special" departments which are utterly neglected by nine-tenths of modern students. He intended to return in a few months to Jamaica, his native place, where he would undoubtedly have well maintained the honour of his profession.

## MEDICAL NEWS.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—The following members of the College, having been elected Fellows at previous meetings of the Council, were admitted as such on June 9th.

Parr, Staff-Surgeon-Major Thomas. Recruiting Office, Peterborough: diploma of membership dated July 2, 1842.  
Simpson, Frederick Hamilton, Fore Street, E.C.: March 18, 1842.  
Tilley, Samuel, L.S.A., Union Road, Kotherthie: November 4, 1836.

At the same meeting of the Council, the following members were also elected Fellows, and will be admitted at another meeting.

Gosse, William, Adelaide, South Australia: November 20, 1835.  
Harris, Henry, L.S.A., Kedruth, Cornwall: May 13, 1833.  
Stacy, John Edward, Rendwick, Sydney, New South Wales: January 7, 1820.  
Taylor, Thomas, L.S.A., Warwick Place, Grove End Road: April 7, 1837.

**APOTHECARIES' HALL.**—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practice, on Thursday, June 9th, 1870.

Christian, John Griffith, Rhyl, Flintshire.  
Evans, Samuel, Llandovery, South Wales.  
Tait, George Walter, Knowle, near Birmingham.  
The following gentlemen also on the same day passed their first professional examination.

Burn, George Wilson, St. Bartholomew's Hospital.  
Sayer, Charles Wathen, St. Bartholomew's Hospital.  
Stamford, William, Middlesex Hospital.  
Tattersall, Lord, St. Bartholomew's Hospital.

As an Assistant in compounding and dispensing medicines.  
Read, Henry Holditch, Peterborough.

#### MEDICAL VACANCIES.

The following vacancies are announced:—  
**BATH MINERAL WATER HOSPITAL**—Resident Medical Officer: applications, 30th; duties, July 13th.

**PRIXION DISPENSARY**—Resident Dispenser.  
**EAST SUSSEX, HASTINGS, and ST. LEONARD'S INFIRMARY**—Assistant-Surgeon: applications, 25th.

**GENERAL LUNATIC ASYLUM**, Douglas, Isle of Man—Resident Medical Superintendent.

**GUY'S HOSPITAL**—Lecturer on Forensic Medicine and Chemistry.  
**HAVERSTOCK HILL and MALDEN ROAD PROVIDENT DISPENSARY**—Medical Officer: applications, June 24th.

**HOSPITAL FOR WOMEN**, Soho Square—Surgeon.  
**LEEDS GENERAL INFIRMARY**—Surgeon: applications, 24th; election, 27th.

**LINCOLN GENERAL DISPENSARY**—House-Surgeon: applications, 22nd.  
**LIVERPOOL DISPENSARIES**—Assistant Resident House-Surgeon: applications, 22nd & 23rd.

**MIDDLESEX HOSPITAL**—Lecturer on the Principles and Practice of Surgery: Surgeon: Assistant-Surgeon.

**NEWRY UNION**, co. Down—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Millvale Dispensary District: 28th.

**ROYAL ORTHOPÆDIC HOSPITAL**, 315, Oxford Street—Resident House-Surgeon and Apothecary: applications, 22nd.

**ST. AUUSTELL UNION**, Cornwall—Medical Officer for District No. 2: applications, 23rd; election, 24th.

**ST. CECILIA**—Certifying Factory Surgeon for District of.

**ST. LUKE'S HOSPITAL FOR LUNATICS**—Surgeon: applications, July 1st; election, 8th.

**ST. MARKLEBONE PROVIDENT DISPENSARY**, Duke Street, Portland Place—Medical Officer in Ordinary: applications, 25th.

**SOUTH STAFFORDSHIRE GENERAL HOSPITAL**—House-Surgeon: applications, July 2nd; election, 19th.

**SURGEON'S HALL**, Edinburgh—Lecturer on General Pathology and Pathological Anatomy.

**UNIVERSITY COLLEGE**, London—Professor of Practical Physiology and Histology: applications, July 6th.

#### MEDICAL APPOINTMENT.

Names marked with an asterisk are those of Members of the Association.  
**BANKS, W. Mitchell, Esq.**, appointed Lecturer on Descriptive and Surgical Anatomy at the Liverpool Royal Infirmary School of Medicine.

#### BIRTH.

**HARPER**—On June 14th, at Barnstable, the wife of \*Joseph Harper, L.R.C.P., of a daughter.

#### DEATHS.

**HILTON**—On June 14th, at Croston, Lancashire, aged 49, Elizabeth, wife of \*John Hilton, Esq., Surgeon.

**JONES**—On June 13th, at Wrexham, aged 32, Susannah, wife of \*T. Eytton Jones, Esq., Surgeon.

#### UNITED HOSPITALS ATHLETIC SPORTS.

ON Thursday, June 9th, the United Hospital Athletic Club held its fourth annual meeting at the Athletic Club Grounds, Lillie Bridge. A very large number of spectators entered the grounds from the time when the sports began until late in the afternoon; the greater proportion being of the fair sex. The day was fine, and the scene was enlivened by the Band of the Grenadier Guards. The sports began at 12 noon, with the heats for the 100 yards, for a challenge cup, presented by Mr. N. Montefiore, of Guy's Hospital, which were won by F. R. Cross (King's College), R. Haig (St. Bartholomew's), W. E. Koch (University College), and A. F. Sherwood (St. George's). In the final heat, C. E. Watson (King's College), the holder, won by 6 in. from F. R. Cross, in 10 3/5ths seconds. *Throwing the Hammer*,—H. Payne (St. Bartholomew's), won with a throw of 69 feet. *The Cricket Ball* throw was won by the same hospital, through the medium of E. Footell, with a throw of 101 yds. 1 ft. 5 in.; F. B. Bayen (Guy's) being a good second, throwing 101 yds. *Quarter Mile Hurdle Race*,—I. W. E. Koch (University); 2. H. O. R. Cross (King's); 3. C. Hartley (Charing Cross). Won, somewhat easily, by six yards, in 76 1/2 seconds. *One Mile Race* for challenge cup, presented by Guy's Hospital, A. B. Kelly (University) led from start to finish, and won easily from C. W. Owen (St. Thomas's), in 4 min. 53 sec. *High Jump*,—A. Brickwall (Guy's) cleared 5 ft. 2 in.; G. Stevens (King's College) clearing 5 ft. *Long Jump*,—Ivor Lewis (Guy's) jumped 18 ft. 9 1/2 in.; G. Stevens again being second, 24 in. behind. *100 Yards Hurdle Race*.—This was run in heats, the winners being W. E. Koch (University College), G. Stevens (King's College), and P. Haig (St. Bartholomew's). In the final heat, Koch won easily in 18 1/2 seconds, Haig falling at the eighth hurdle, Stevens being second. *Half Mile*,—W. C. Head (St. Bartholomew's) won, after a good finish with A. Harding (University College), by 3 yards, in 2 min. 9 sec. *Putting the Stone*,—G. Power (Guy's) 34 ft. 7 in.; R. C. Coombe (Guy's) 32 ft. 8 1/2 in. *Quarter of Mile Flat Race*.—This resulted in a rattling good finish between the two Cross's of King's College; the Treasurer (F. R. Cross) staying the best and winning by 2 1/2 yards. *Two Miles*.—The pace for this was very slow for the first mile. On going round the last time, L. W. Hicks (Guy's) led; he was joined in the straight run in for home by B. Conway (St. Thomas's) who forged ahead by degrees, and won by two yards: time 11 min. 22 sec. *Two Hundred and Fifty Yards, Flat*.—This was run in one heat, owing to a number of men "scratching." It was won by F. R. Cross (King's College), again beating H. R. O. Cross, who finished a good second; time, 28 1/2 sec. *Stranger's Race*. *One Mile*.—Out of the forty-three entries, twenty-three came to the post. C. L. Williams, with 95 yards start, won somewhat easily. The Consolation was won by J. Kemp (St. George's). Mrs. Sydney Ringer, at the conclusion, kindly distributed the prizes to the successful competitors, who were heartily cheered by their friendly rivals.

A COTTAGE INFIRMARY is proposed to be established in connection with the Penzance Dispensary.



# OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.  
TUESDAY.....Guy's, 1.30 P.M.—Westminster, 2 P.M.—National Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.  
WEDNESDAY...St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.15 P.M.—Middlesex, 1.30 P.M.—University College, 2 P.M.—St. Thomas's, 1.30 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2 P.M.—Cancer Hospital, Brompton, 3 P.M.—King's College, 2 P.M.  
THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 11 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.  
FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.  
SATURDAY....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.—East London Hospital for Children, 2 P.M.—Hospital for Women, 9.30 A.M.

# NOTICES TO CORRESPONDENTS.

All Letters and Communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen Street, Lincoln's Inn Fields, W.C.

CORRESPONDENTS not answered, are requested to look to the Notices to Correspondents of the following week.

To PURCHASERS.—To insure attention, it is requested that all orders sent to the Office for extra copies of the JOURNAL, be accompanied with stamps for the amount.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

Dr. HEATON's case shall appear.

Mr. HORTON (Dudley).—We quite agree in your view of the case.

## IRIDESCENT FILM ON URINE.

SIR,—Enquirer will, I think, find the film to consist of crystals of ammoniac-magnesian phosphate. Provided the urinary organs are healthy, its persistent appearance in comparatively fresh urine probably indicates dyspepsia of an *atonic* character. I am almost sure it would not occur if, but settled the stomach, and, if moderately, I would suggest pepsine, with muriatic acid and nuxvomica, or better infusion. I believe this pellicle may be observed after eating asparagus freely. In the urine of patients taking turpentine and copaba, the triple phosphate often occurs. This may be produced by the alkalinities of urine, caused by alkalies prescribed with these medicines, or by the evolution of ammonia from the decomposition of urea, hastened by the presence of pus or mucus in the urine.

I would refer Enquirer to Dr. Beale's last edition of his work on Urine, Urinary Deposits, and Urinary Diseases. Dr. Pratt's and Bence Jones's, and Dr. Aitken's works are worth consulting on the subject.

Cambridge, June 4th, 1870. I am, etc., J. T. BECK.

SIR,—Perhaps the following description of the two commonest forms of films on the urine, which I have observed, may assist "Enquirer" of Saturday's JOURNAL.

F. B. NUNNRELL, M.D. (Lond.)

28, Harley Street, W., June 4th, 1870.

Films occur most frequently in neutral or alkaline urine, which is also sometimes more or less cloudy, and deposits a white sediment of earthy and triple phosphates. Such urine often only imperfectly clears with nitric acid. When the film is examined microscopically, it is seen to consist of numerous minute molecules, many spicules of a fungus, crystals of the triple phosphate, and sometimes a few crystals of oxalate of lime. Whatever renders the urine alkaline is apt to produce this film, as the ingestion of the alkaline salts of tartaric and citric acid, or decomposition of the urea into carbonate of ammonia, as happen in urine which has been voided for some time, especially if it contains mucus, pus, albumen, or casts, in notable quantity.

Films are also met with on acid urine, which at the same time frequently deposits a reddish or yellowish sediment of the urates of soda and ammonia. They are composed almost entirely of clusters of minute granules of these substances, and are occasioned by whatever diminishes the water of the urine relatively to the other constituents, as sugar and the febrile state. A heavy meal will also give rise to them from increasing the uric acid.

Regarded alone, neither of these kinds of films is of particular significance; but the general condition of the perfectly fresh urine should be examined. The film observed by "Enquirer" would probably belong to the latter class; and a film of a similar kind is also common in acute rheumatism.

SIR,—In common with "Enquirer," I may say that occasionally my urine is covered (after standing a few hours) with a greasy rainbow-coloured surface, and now and then the odour is so disagreeable, especially if taken with sugar. I am inclined to rheumatism, having had many an abortive attempt at rheumatic fever, and often feel rheumatic pains if I take cold, or commit an error in diet, particularly if I take even half a pint of fermented liquor, especially in cold weather, or if my skin is not so moist and fresh; or, even if a part of my body remains for an hour in contact with cold substances, if a part of my dress intervenes. I occasionally drink claret, but I find that dry sherry suits me better than anything else, and that one or two glasses of sherry or spirits, as gin, whisky, brandy, or rum, with cold water, are better than any greater amount of anything else taken with sugar. Dr. Watson, I think, alludes to iridescent urine in his lectures on dyspepsia. I think that over-exercising, mental or bodily, will produce the film, especially if the subject of this morbid state of urine "keeps himself up" with alcoholic stimuli. I am not sufficiently experienced in medical chemistry to enter scientifically into the matter, but shall be very happy to hear from "an authority" on these cases.

I am, etc., ENQUIRER No. 2.

NOTICE TO ADVERTISERS.—Advertisements should be forwarded direct to the Printing-Office, 37, Great Queen Street, W.C., addressed to Mr. RICHARDS, not later than *Thursday*, twelve o'clock.

## HYDRATE OF CHLORAL.

SIR,—Perhaps you may consider the accompanying case of recovery, after a nearly fatal dose of hydrate of chloral, sufficiently interesting for the BRITISH MEDICAL JOURNAL.

I am, etc., HERBERT M. MORGAN.

I was lately called, in great haste, to visit a child about eight years of age, who had taken the wrong medicine by mistake. I found the child with a deadly white face, and scarcely any colour on the lips, breathing slowly and quietly, almost pulseless, the pupils natural, and the hands and feet rather cold; he was very drowsy, and it was with difficulty that he could be made to understand or speak. I found that another child had given him a dozing dose of chloral for an adult, and containing twenty-five grains of hydrate of chloral (the child was taking medicine for a simple sore throat, and was not much amiss). I caused him to inhale freely the vapour of ammonia, and made him swallow some whisky and water, which he soon vomited; and, as it was ready, I gave him some strong coffee. All the time he begged to be let alone, and to be allowed to sleep, and said he was sure it was time. The account which his sister gave was, that a few minutes after she had given him the dose, he went pale, and fell off his chair, and rolled about on the floor; she thought, at first, he was acting for her amusement. In about an hour after taking the dose, he was much better, and continued to take some coffee, and was quite well again next day, after a night's sleep.

## TRIPLETS.

SIR,—The average of triplets is about one in 4,500 births; therefore I think the following case may be interesting. On May 1st I delivered Mrs. M. of three living children, of average size, and all likely to survive. The first was a boy, foot presentation; the second a boy, head presentation; and the third a girl, foot presentation. The placenta soon followed. One large one (with two cords, about two inches apart, attached to the same fashion) for the boys, and a small separate one for the girl. The mother and three children are all doing well.

I am, etc., PERCY BOULTON, M.D., etc.

23, Harewood Square, N.W., June 1870.

ARTS EXAMINATIONS.—At the preliminary examinations in Arts, etc., for the diplomas of Fellowship and Membership of the Royal College of Surgeons, which will take place at the Whittington Club on the 21st, 22nd, and 23rd instant, it is stated that 333 candidates will offer themselves; viz., 82 for the Fellowship, and 251 for the Membership.

## BRITISH ASSOCIATION COMMITTEE ON SEWAGE.

We have received from Dr. Paul and Professor Wanklyn a letter in reference to the questions that have arisen in this Committee; but since the nature of the case, as represented by us last week, appear so obvious as to need no further discussion, we think it superfluous to insert these letters, or to do more than express our hope to the members of the Committee that they will not be any longer hindered from carrying out their intention of dealing with their subject in such a way as to justify the support as well as the expectations of towns; and that all who can do so will zealously co-operate together with that object.

THE COLLEGE LECTURES.—Mr. J. W. Hulke, F.R.S., will bring his course of Lectures on the Minute Anatomy of the Eye to a close this day (Friday).

A FELLOW.—Not having signed the bye-laws of the College, you cannot be allowed to recede your name from the list of candidates for the 22nd election.

We are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Indian Medical Gazette, May 16th; The New York Medical Gazette, May 28th; The Parochial Critic, June 15th; The New York Medical Record, June 2nd; The Boston Medical and Surgical Journal, June 2nd; The Madras Mail, April 4th; The Gardener's Chronicle, June 11th; The Medical Mirror, June 8th; The Academy, June 11th; The Shield, June 6th; etc.

## COMMUNICATIONS, LETTERS, ETC., have been received from:—

Mr. Campbell de Morgan, London; Dr. T. Hayden, Dublin; M.B. C.M.; Dr. C. H. Leet, Dublin; Mr. S. W. North, York; Dr. G. F. Bodington, Birmingham; Mr. F. R. Cross, London; Mr. J. W. Hulke, London; Mr. J. Houghton, Dublin; Mr. S. M. Bradley, Manchester; Dr. E. Goodeve, Clifton; Mr. R. Murphy, Navan; etc.

## LETTERS, ETC. (with enclosures) from:—

Dr. Handfield Jones, London; Dr. J. D. Heston, Leeds; Dr. Joseph Bell, Edinburgh; Dr. J. F. Goodhart, Aberdeen; Dr. H. Simpson, Manchester; Dr. Corfield, London; Dr. Wilks, London; Mr. Naylor, London; The Registrar-General of England; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; Mr. T. M. Stone, London; The Registrar of the Medical Society of London; Mr. D. Kent Jones, Beaumaris; Mr. N. McGreevy, Drogheda; Mr. T. Watkin Williams, Birmingham; Dr. E. D. Mapother, Dublin; Dr. J. W. Moore, Dublin; Messrs. J. and W. Wood, Manchester; Mr. J. Harper, Barnstable; Dr. Playfair, London; Dr. A. Marshall, Preston; Mr. J. W. Langmore, London; Dr. A. P. Stewart, London; Dr. H. Barnes, Carlisle; Dr. Paul, London; Messrs. E. Marlborough and Co., London; Mr. R. S. Fowler, Bath; Dr. R. Dacre Fox, Crumplach; Dr. J. Rogers, London; Dr. Broadbent, London; Dr. Bence, Dingwall; etc.

## BOOKS, ETC., RECEIVED.

The Principal Baths of Rheumatism: being a portion of the Baths of Germany. By J. Lee, M.D. 4th Edition. London: 1870.  
Annual Report of the County and City of Cork Medical Protective Association for the year ending March 1870.  
The Fourteenth Annual Report of the State of the United Lunatic Asylum for the County and Borough of Nottingham. Southwell: 1870.  
Remarks on an Address delivered by the President of the Royal College of Physicians on the 11th of April 1870. By E. Bradford, Esq. 1870.

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## INTRODUCTORY LECTURE

TO A COURSE OF LECTURES ON

## HYGIENE AND PUBLIC HEALTH.

*Delivered at University College, London, May 10th, 1870.\**

BY

W. H. CORFIELD, M.A., M.B.Oxon., M.R.C.P.Lond.,

Professor of Hygiene in the College.

THE objects of our science we have described as being the especial study of the causes of disease and their prevention. To this end we must study all the agents of whatever kind which modify the health of man. We must study man himself as regards his constitution, age, sex, habits, professions, etc. And again, we must study all the modifications of the conditions in which man is placed, all alterations of the medium in which he lives, all the effects of various soils, of the proximity of seas, of the state of the water-supply, the action of the various kinds of food and drink, and of the narcotico-stimulants used so much all over the world; of exercise, mental and bodily; and, in fact, all the agencies by which the health of man may be impaired and his life shortened. We must, therefore, call in the aid of all the physical and natural sciences; and, taking their data for axioms, proceed to the solution of the all-important and difficult problems which the study of the science of health presents to us.

We require, first,—what all scientific investigators require in common—a knowledge of the mathematical methods, not only to aid us to make correct deductions from the facts before us, but to enable us to give a correct explanation of the true meaning of statistical figures, or we shall be led to make the error which has been made over and over again; viz., to deduce from them the contrary to what they prove. We require the aid of physics and chemistry in order to study the effects of heat, light, electricity, the various conditions of the air, earth, and water, the composition of the excreta, and a host of other important matters. We cannot do without geology, for from it we learn the disposition of the rocks of the earth's crust, and so are able to study the conditions of water-supply in given localities, and even the mode of production and spread of such diseases as cholera, intermittent fever, and endemic goitre. But, above all, we must draw in the aid of physiology, the science which studies the conditions of the existence of life while we study its preservation. It is by the exaltation or depression of one or more of the functions of the body or its parts that disease is produced and death brought nearer, and by the suppression of those functions that death is ultimately produced. It is therefore plain, that we who would study the means of avoiding disease, must know beforehand the normal condition of the functions of the economy. Natural history interests the hygienist in his study of the means of the prevention of parasitic diseases, but still more so in the more difficult researches into the means of the production of epidemic and endemic diseases. Every year adds several to the list of diseases, which appear to be caused by the presence of living organisms in the economy of man—organisms either generated *de novo* from unorganised materials, or produced from existing cells by the action of special chemical and physical conditions. The study of the conditions of the development of these ferments is one of the largest and most important branches of hygiene, and will lead to great results. It is only by knowing this that we can hope to prevent the formation and spread of diseases. Look at the goitre, with its hideous congener cretinism. What could be done against them, before it was shown by Inglis and others that it was the presence of magnesium salts in the waters that caused the one, and the intermarriage of goitrous people that caused the other? But this is not all. It is probable that it is not the mere fact of magnesium salts being present in the waters that causes goitre in those who drink them, but the development of a particular ferment under those special conditions. The like may be said of intermittent fevers, of cholera, of typhoid fever, and probably of a host of diseases which we do not generally consider to be produced by living organisms.

But how to discover all this? By direct experimentation. We must only be content with demonstrated facts, and reject every thing that is not proved. It is the only way in which a science can be advanced.

Until we know where lies the true cause of cholera—whether it be

conveyed by the excrementa to the waters which we drink, as is generally believed, or whether suspended in the air, and subject to the laws of diffusion of gases, as Poznanski maintains—we work comparatively in the dark in trying to prevent its visitations; and the same is true of all other diseases. We must, therefore, take the facts given us by other sciences, and use them as levers with which to remove our medical difficulties, and throw light upon the obscure problems of medical science. Don't think that a man is a worse physician for being a good chemist, or physicist, or mathematician. He who is well trained in these branches of science has his mind prepared to study the difficult problems of life and of disease; and depend upon it, he will make, in the long run, a far better practitioner than he who has neglected them. If this were not the case, the connection of schools of science with schools of medicine would be a farce, and the country would join in the retrograde cry of the great French clinician, Trousseau: "Gentlemen, let us have a little more art and a little less science."

It is on account of this need of the assistance of so many sciences, that most of the systematic works on hygiene are chiefly filled with explanations of scientific facts and methods which do not belong to hygiene, properly so called, at all, and which ought not to have found their way into works on the subject, where they can only be cursorily treated: they should be left to their proper places, and the hygienist should take them as data.

On the other hand, as we have already seen, hygiene assists very materially the most practical part of medicine; viz., therapeutics. Need I quote Donné to convince you that most of the diseases of infancy are best treated by regimen? Is not the same true of old age? How are such chronic diseases as glycosuria, phthisis, gravel, gout, obesity, and a host of others, best combated, and even prevented, if taken in hand as soon as their indications present themselves? Is it not by regulation of diet, of exercise, of baths, etc.—in fact, by the employment of the various hygienic modifiers? Not only so, but in how many other cases which do not seem at first sight to come so especially under hygienic management—as for example the acute febrile diseases—how much is done by wise dietetic regulations! Above all, during convalescence from such diseases, we have recourse to hygiene—"où la maladie cesse, l'hygiène recommence" (Michel Lévy).

It is this therapeutic side of hygiene which has engrossed the attention of many writers from Hippocrates, who said: "I shall direct the diet of my patients to their advantage according to my power and my judgment", and from Herophilus, who divided medical science into three branches—(1) dietetics, (2) medicine, (3) surgery—down to the writers of the present day. But to what can we point as the result of the more general study of prophylactic measures owing to the revival of hygienic institutions during the present century? Have we nothing tangible to induce us to follow in the steps of those who have assisted or are assisting in the glorious work of emancipating the human race from the scourges of disease? Are no diseases becoming less frequent owing to our knowledge of the means of preventing them, or less dangerous because we are more acquainted with their causes, and therefore with the means of combating them? How many of you have seen cases of scurvy? They are certainly not common now; and yet scurvy was one of the most redoubtable endemic diseases of the middle ages, especially in temperate and northern climates. In Holland, for example, it was always raging; our navies and those of other nations were never free from it; and yet it no longer exists in Holland and the Low Countries generally, and does not often show itself among sailors—never if they are properly cared for. How is this? It is because we understand better the conditions of its development. We know that it is always associated with bad hygienic conditions, and with a want of fresh vegetables as a part of the diet. It is since the damp, unwholesome dwellings of the Low Countries have been replaced by well-built, well-drained, and well-ventilated houses, and since the navy has been supplied with lime-juice to act the part of the fresh vegetables which cannot well be got at sea, that this disease has ceased to make its appearance.

Take some still more striking instances. We have already said that England was invaded twenty times in ten centuries by the pest or plague—that terrible disease which in one invasion (1348-1360) carried off one-third part of the inhabitants of the old world, killing thirteen millions of people in China alone—that fearful malady with which Europe was visited forty-five times during the seventeenth century, and which killed in London alone more than 68,500 people in one year, the memorable year 1665. Why is it that in Western Europe we have not seen the plague since 1720, the last time that it appeared at Marseilles? It is certainly not that our communication with eastern countries has decreased; obviously the reverse is the case. There are two excellent reasons. One is, that in Constantinople it has ceased to appear; since 1839, not a single case of it has been noticed in that city, once one of

\* Concluded from page 619 of last number.



the greatest centres of it; and this immunity the Board of Health of Constantinople attributes, with justice, to the improved sanitary conditions of the city. The same is now true of Syria; so that the only great centre of the pest which now exists is Lower Egypt, a country in all respects, at the present day, one of the most insalubrious in the world—a country not only filled with marshes, from which offensive malaria continually arises, but inhabited by a people who do not try to make it better—a people formerly flourishing and independent, but now poverty-stricken and desponding—the once intelligent and active Arabian race. Read Hamont's account of the Arab villages in Lower Egypt; read how the small earth-huts of four feet square serve each for the habitation of a whole family, including the usually desecrated domestic animals; read how the villages, made up of such wretched hovels, are generally built in marshes, and how all the refuse matter lies about in front of the holes which do service for doors to the huts; read how from abject poverty whole villages are sometimes without bread for a fortnight, and the people reduced to eat herbs of various sorts (even thistles), bread made of linseed-meal, young dogs, and indeed almost any thing that may serve to fill an empty stomach; and then can you wonder that in such a country the pest still reigns, and that, whereas the mortality was only from 5 to 10 per cent. among the Europeans during the epidemic of 1834, it was as high as 84 per cent. among the wretchedly conditioned native races? Does not this show us in a striking manner that it is not so much the type of the particular epidemic, but the soil that it finds—in other words, the good or bad hygienic condition in which the people are, that causes the virulence or the benignity of the attack?

The other great reason of our immunity from this awful scourge is to be found in our own improved condition. Note it as a remarkable fact, that the plague which raged in London in 1665, has never appeared there since 1666, the year of the "Great Fire of London", by which 13,000 houses were destroyed. Let us not, however, rest idle and think ourselves secure: our communication with Alexandria and Cairo increases every day; and as long as the unhealthy conditions which engender the pest there continue, we may have it again brought among us; and who is there who would dare to say that the over-populated quarters of our great metropolis are in such a perfect state as regards sanitary arrangements that the disease would no longer find here the soil congenial to it? Cholera and typhus fever still find the conditions suitable to their existence among us; and why should not the plague do so too?

Look, again, at ergotism, which under the name of the black pest decimated the populations of many of the countries of Europe during the seventeenth and beginning of the eighteenth centuries, but which has now disappeared; or at the goitre, of which we now know the proximate cause at least, and the means of its prevention, and of which we may predict the disappearance with that of its hideous descendant, cretinism.

See the immense progress we have made in our knowledge of intermittent malarious fevers, of which we now know the conditions of production, the means of prevention, and the cure; the means of prevention being the clearing of malarious districts and their drainage and tillage, as has been most abundantly proved in Algeria.

Are we as afraid of typhoid fever as we were? and is the mortality of it so great as formerly? Certainly not. Since the able researches of Mr. Simon, published in the *Health of Towns Reports*; of Dr. Acland, in his "Report on Fevers in Agricultural Districts"; and of many other observers, we know so much more of the causes and modes of propagation of this fever, that we are now able by sanitary measures to diminish considerably the mortality of it. Let us take some figures. In Bristol, before the improvements in the water-supply, etc., the annual mortality from typhoid fever was 10 per 100,000 inhabitants; since those improvements, it has been only 6.5. At Merthyr Tydfil, a mortality of 21.33 has been reduced to 8.66; at Croydon, 15 to 5.5 etc. Here are tangible facts to which we can point as resulting from improvements in the sanitary condition of our great towns, especially as regards sewerage arrangements and water-supply. Not only so, but since heroic remedies and supposed "specifics" have been given up in its treatment, and reliance been placed on the more natural methods before enumerated, the mortality among those actually attacked has been diminished considerably.

We cannot pass from this subject without noticing the most remarkable prophylactic measure that medical science has ever produced—the great discovery of the power of vaccination as a preventive of small-pox by our immortal countryman, Jenner. The statistics on the subject are too well known to you all here to need any comment from me, so I will content myself with pointing out to you the fact that in countries where the vaccination of infants has been carried out more rigorously than in our own, the number of deaths from small-pox is almost reduced to

nothing, showing that where people do not find out themselves what is best for them, a wise government does well to enforce the observation of sanitary regulations.

But with regard to that large class of diseases known as constitutional, can we do nothing for them? Are we powerless before the ravages of phthisis, of cancer, of scrofula? Must they go on blighting the existence of whole families; or can we hope, by wise advice, at any rate to modify their effects? Most certainly we can. A man is not necessarily obliged to be consumptive because his father died of phthisis, or scrofulous because there is scrofula in his family: he is only more predisposed to tubercle or to scrofulous disease because the one or the other has occurred among his near relations; and in many cases, by careful attention to his mode of life and avoidance of excesses, he may ward off indefinitely the fearful disease with which he is threatened. As yet we know little or nothing of the causes of such diseases; but it is certain that bad hygienic conditions favour the development of several of them, and may in many cases be the direct causes of them. One point should be noted; it is that the intermarriage of families in which one of these diseases exists favours its development, and should, therefore, be avoided.

I should not fulfil my task to-day did I not refer to a class of diseases only too widely spread, unfortunately, among all ranks of society. Here is a wide field for wise preventive legislation! I know that many well-meaning but misguided people would tell you that such diseases as syphilis and its congeners are the just punishment of immoral conduct, and that therefore, forsooth, they must be allowed to spread themselves, unchecked, among the population of our land. This is certainly not the hygienist's way of looking at it; and, let us hope, not the lawyer's, for it is to him that we must look for the carrying out of such measures as may be considered necessary for the subjection of this formidable enemy of society.

In the civilised condition of man, new discoveries are made every day, and new methods for the employment of labour arise. Each of these entails a special kind of work and exposes to particular dangers. Need I call to your minds the well-known instances of the special anemia of miners, the phthisis of stonemasons, the jaw-carries of phosphorus-match makers, the palsies of workers with lead, with mercury, and with bisulphide of carbon? And so hygienic, being the study of the prevention of disease, gets fresh branches added daily to its already enormous superstructure, and follows the arts in their progress, indicating at each step the precautions to be taken to avoid the spread of disease and death.

From its very nature, hygiene interests all classes of society; but it is to those who are worst off, the poorest and most wretched, that it must direct its first attention. Civilisation has its evils as well as its advantages, as Bouchardat has well remarked; and one of the greatest of them is the over-crowding of people in the great centres of population, with the misery and disease which are the results of it.

It is to better constructed houses for the working classes, to a free supply of good water, and to satisfactory sewerage arrangements, that we must look for an amelioration in these respects; and, I would hasten to add, to a wider spread among those classes of such an education as shall lead them to appreciate the means used for the improvement of their condition, and to lend a helping hand for the furtherance of those means.

Much has already been done in this way, but yet much remains to be done. Is it not a grand result to be able to announce that the average life of man has been steadily rising during the present century in most of the countries of Europe? I will not quote numbers to you, because the various statistics, although agreeing in the main, differ greatly in their details, on account of the different ways in which they have been procured; and some of them are little to be relied upon. No doubt many circumstances have contributed to this happy result; but I think that I am justified in maintaining that the chief cause of it has been the great improvement that has been effected in the sanitary condition of the large towns.

Encouraged by these triumphs, already obtained by our science, let us march onward, looking confidently forward to new and still greater achievements, and keeping always in view the lines which we took last year as our motto—

"Ad credes hominum prisca amiotheatra patelant,  
T'langue d'ouvrent vicer, nostra patient."

THE UNIVERSITY OF OXFORD.—At the commemoration held on Tuesday and Wednesday last, the honorary degree of D.C.L. of the University was conferred, amongst others, on Sir James Alderson, M.D., President of the Royal College of Physicians; Dr. Paget, President of the General Medical Council; Dr. Bence Jones, F.R.S.; Sir William Jenner, M.D., F.R.S.; and Professor Frankland, F.R.S.

## CLINICAL OBSERVATIONS ON DISEASES OF THE SKIN.

By GEORGE NAYLER, F.R.C.S.,

Surgeon to the Hospital for Diseases of the Skin, Bridge Street, Blackfriars.

## ICHTHYOSIS.\*

HITHERTO I have considered ichthyosis as general, and therefore complete; but it is by no means invariably so. Instances are often met with in which it occurs only in a partial form. These betray a roughness of surface varying in degree and extent in different cases, but chiefly observed on the outer aspect of the limbs and the loins, and most of all in the vicinity of the knees or other large joints. We shall here search in vain for any indication of the eruption on such parts as the face, hands, or feet. The scalp participates, but irregularly; it may exhibit at a single spot a large, thick, and irregular crust, very adherent, and covered with hair; or in other cases, separate white patches, scarcely raised, but equally tenacious as the last, and penetrated at various points by hair. In the regions which are thus devoid of any squamous characters, perspiration will frequently be found continuous and excessive, as if to compensate for the more general deficiency of the same secretion elsewhere; nor even in winter is it altogether deficient, particularly in such places as the palm and sole. In one respect this excess of perspiration proves a boon to the patient; for in consequence, as will be presently remarked, no feeling of irritation is caused by the disease. The latter is an inconvenience, but no more; nor is it much influenced by those changes of climate or weather which otherwise aggravate the complaint. Again, partial ichthyosis is sometimes very restricted in its locality; and I well remember a young lady, a private patient of Mr. Startin, in whom this disease was entirely confined to the palmar and plantar surfaces. Her father was similarly but less severely affected, while the rest of her family were quite exempt. Still more recently, an example of this rare affection came under my care at the Hospital in a young woman, 20 years of age, who likewise had the complaint limited to the hands.

From what has now been stated of ichthyosis, it will be seen that I have used the term in a far more comprehensive sense than has hitherto been assigned to it. Considered from this point of view, there are few cutaneous disorders which offer so many and at the same time such distinctive degrees of comparison. A malformation of the skin rather than an actual disease, it varies from a general roughness of the surface, and even this may be scarcely perceptible, to a condition of the utmost severity, as in the harlequin fœtus; between these two extremes every connecting link in the chain of development is complete. If I may hazard a conjecture, and something more than a conjecture, I would say that, whatever type the complaint originally assumes, its tendency is always to revert to that state, and seldom to exceed it. We do not find, for example, the lower varieties of ichthyosis, however modified by external causes, attain a higher or more advanced grade; nor, on the other hand, does partial ichthyosis pass into a more general form. Whether the instance of Barbara C., previously cited, which was likewise accompanied by a deficiency of some of the digits, may be deemed in this respect as entirely exceptional, a larger number of cases can alone determine. It is probable that increased data would furnish parallel results, since we detect in all malformations of the extremities a certain order in their very irregularity—a method, so to speak, which repeats itself with perfect exactitude. Thus far, however, I can affirm, that scarcely a single case of ichthyosis has passed under my notice unattended by a peculiar malformation of the external ear, and notably of its lobe, which might be taken as no mean exponent of the degree of the primary disease involving the skin. My attention was first directed to this inquiry when examining a harlequin fœtus, in which no trace of an external ear remained; and, in proceeding through successive deviations from this example, a corresponding diminution in the extent of malformation was observed, until the opposite limit was reached. The only apparent alteration then consisted in the lobe being connected with the adjoining surface of the cheek, of which it seemed to constitute a part.

Allusion has already been made to the complication of ichthyosis with prurigo: that with eczema will demand a few words. The occurrence of eczema, although sufficiently rare, is chiefly found in ichthyosis when the latter is partial. In some instances, the eczema, if slight, would seem to be accidental; but I am disposed to conclude that in the greater number the complication should be regarded as congenital, returning as it mostly does in the course of a few months from the date of the original disorder, and with an inclination to harass the patient more or less afterwards. At first it is the face or scalp which commonly suffers, and

then the complaint spreads to other parts, as the neighbourhood of the larger joints; and thus we find that, while the outer aspect of the extremities is uniformly rough and harsh, the inner surface is studded with eczematous patches. These vary in degree at different periods; but seldom, under the most favourable circumstances, is the skin wholly free. Sometimes the eczema developed in ichthyosis is due to syphilis, which may be delayed in its outward manifestation until the second or third year; later than this no instance has come under my knowledge. They are amongst the most severe in all that concerns the extent of the eruption and the attendant irritation. As a rule, they are unaccompanied by loss of flesh or syphilitic cachexia.

Among the occasional accessories of ichthyosis—for the name of complications they hardly deserve—may be enumerated an undue escape of the lacrymal secretion. This happens in those cases where, from the rigidity and consequent retraction of the skin of the cheek, the lower lid is everted; the eye becomes suffused, and soon the tears overflow the face, thus creating an annoyance which the patient is altogether unable to prevent or control. Another and a more common attendant, inasmuch as it generally selects the milder examples, is the occurrence of coryza, and with it an inflamed condition of the Schneiderian membrane at its lower part. The coryza is often easily provoked, and may continue unchecked throughout the winter months. Again, the subjects of ichthyosis, it may be observed, are more than others liable to bronchitis or catarrh, or they suffer habitually from cold to a far greater extent than ordinary persons. On the other hand, where no apparent outlet is afforded in any portion of the skin, the extreme of heat is still more dreaded in certain instances, although they happily constitute a minority. It is not mere exposure to the sun's rays, or any kind of extraneous warmth, which awakens this burning sensation in the skin, once forcibly expressed to me by a patient upwards of 70 years of age, who had had general ichthyosis, I need not add, all her life, or nearly so. The heat of summer alone is enough to induce it.

There is a species of so-called ichthyosis to which the name of *spurious* has been given by some writers. It is a product of the sebaceous glands, and has no connexion at all with the disease under review. In another kind, *ichthyosis cornæ*—as remarkable as it is rare—I must refer the reader to what I have elsewhere mentioned on this subject.

The prognosis of ichthyosis, in its several varieties, is unfavourable as regards complete or permanent relief; but the complaint is, nevertheless, in most instances greatly amenable to treatment. After a time, the skin becomes smooth, and scales are no longer renewed—a source of no slight satisfaction to the patient. The malformation, however, in any case remains; and with it a disposition to the return of the disease, which may be invoked by many causes, such as exposure to atmospheric changes, or the neglect of precautionary measures; and it is to the non-fulfilment of the required conditions, in so far as they relate to the general health, and the state of the skin, that a relapse is mostly attributable. I have known ichthyosis successively relieved, and to such a degree, by the warmth of summer alone, that during the season it could scarcely be said to exist; but, with the approach of winter, its true character never failed to be declared. In this class, which may be said to be restricted to the less serious cases, and only a particular section of them, there is no doubt that a removal to a more genial climate than our own would be followed, for the time at least, by a tolerable exemption to the patient from his complaint. I have now under observation, in the private practice of Mr. Startin, a boy aged 11 years, the subject of ichthyosis, who is a singular exception to a very general rule in this disease, inasmuch as in the summer months he derives the greatest benefit from a residence at the seaside, and even from bathing in the sea. The first example of ichthyosis recorded at the commencement of this paper is a notable instance of how much may be gained by remedial measures properly applied, the patient being enabled to return to her ordinary duties as a domestic servant with comparative comfort as regards the cutaneous disorder, thus kept in abeyance. In the milder cases, in which, although general, the limits of pityriasis are scarcely exceeded, much and at the same time more lasting benefit will likewise accrue from remedial agency; and the same applies with equal if not greater force to ichthyosis in its partial form. In that kind, which is distinguished by the extent and thickness of the scales, and where the surface partakes more or less of a reddish tinge, the probability of even marked improvement, in my experience, is remote.

In these, the severity of the disease is less determined by the size and thickness of the cuticular products, than by the general completeness of the complaint; and of this we have sufficient proof in the exposed mucous lining of the lower eyelids, the lips, as well as in the malformation of the external ear. There is also liability to exacerbations and remissions, a sense of aching and burning generally preceding an attack. The fingers are then apt to contract in the flexed position, and likewise the elbow and the knees. As a consequence, transverse cracks

\* Concluded from page 620 of last number.



speedily arise over the phalangeal articulations, or fissures form at the side of the elbow or the neck, or on the loins. While this condition lasts, the patient's distress may be imagined from the very helplessness it entails; and I am acquainted with such a case, in which, during an attack, the patient cannot move in bed or feed herself without assistance.

In the treatment of ichthyosis, local measures will be found of great service. Our first endeavour should be directed to get rid of the scales, and to render the skin as far as possible soft and supple. This is best accomplished by the aid of glycerine—a valuable agent in many diseases, as was first pointed out by Mr. Startin, who introduced it to the notice of the profession many years ago. Unlike other greasy or fatty compounds, it is readily miscible with water; and hence its efficacy in removing, or at least in diminishing, the excessive dryness of the skin in ichthyosis. It may be turned to account in several ways. As a bath, in the proportion of six to eight ounces to thirty gallons of water, and at a temperature of 94 to 96 deg., it will prove most agreeable, and may be resorted to two or three times a week. Although it signifies little at what time of the day the bath is employed, I generally advise its use in the afternoon or at bedtime, as at the latter period it mostly secures a good night's rest; and in winter particularly, with proper precautions, the patient runs little risk of catching cold afterwards. The high price of glycerine is, however, often a bar to its use in this manner, from the frequency of repetition it entails; and it will then be enough for the patient, after taking an ordinary warm bath, to sponge the whole surface with a quart or more of warm water containing two or three ounces of glycerine; or he may use the latter undiluted, while the skin is still wet. This last is not only an economical mode of employing glycerine, but it is one of great service, as thereby much of its greasy character is lost, while the skin retains its pliability for several hours. In many cases, the bath is impracticable; in such, the patient should be told to grease the surface with an ointment containing camphor and glycerine—ten grains of one to as many minims of the other, to each ounce of lard. This is to be applied with a fold of flannel, and any excess removed by the same means. Sometimes, in lieu of an ointment, castor-oil is preferred; while any objection to its odour is readily obviated by the addition of a few drops of oil of bergamot or bitter almond.

This comprises all I have to say as regards local remedies. When the scales are very thick, and not readily removed with friction or soaking with warm water, a piece of pumice-stone will often assist in detaching them. This is sometimes seen in ichthyosis of the palms of the hands, or when it appears on the foot or around the heel.

As regards the general health, tonics, especially those containing steel, will be commonly indicated; and of these none are better than the sulphate or the perchloride. These it is, in most cases, advisable to combine with an aperient, from the tendency they naturally possess to produce constipation. The diet should be nutritive, consisting largely of animal food, and at the same time plain.

While the above remarks were passing through the press, an opportunity has been afforded me of observing a rare example of ichthyosis cornea. The affected surface comprised the greater part of the skin covering the hands, including the elbows, knees, and ankles; also the back of the hands, including the digits. In these localities, the skin presented a smooth, almost glassy appearance, and was, moreover, of a yellowish hue. It had lost its natural elasticity, and felt indurated to the touch like a piece of cartilage, from the subcutaneous tissue being likewise involved, and adherent above. There was contraction, in the semiflexed position, of all the fingers—more evident on the right hand than the left, from its longer duration, and evidently produced by the same cause. A similar state existed on the toes.

The patient is under the care of Mr. Startin, whom she consulted for the first time on the 17th of the present month (June). Her age is 47. The catamenia ceased two years ago, when the above complaint commenced, which it did on the chest; and since then it has appeared in other and distant parts. There is no lack of perspiration generally; but she suffers much from exposure to cold, particularly in the extremities. Pain is felt chiefly over the haunches and in the side, especially along the plantar fascia; and so severe has it become of late as to occasion much difficulty in walking. There is no evidence of the affection being at all hereditary.

The extreme infrequency of this form of skin-disease, described by French writers as *scrofula*, must plead my excuse for thus placing it on record. So nearly does it correspond in many essential points to a similar case described by Willan in his work, page 209, that there is no difficulty in recognising it as an instance of what this close observer has been pleased to call ichthyosis cornea. In all that concerns, however, its more obvious characters, as well as in the free perspiration of the surface generally, and the development of the complaint at a so-called

critical period of life, it is distinct from that class which, in its several grades, I have ventured to express under the common term ichthyosis. Indeed, its sole claim to the latter designation rests on the horny state of the integument, which has already occasioned permanent flexure of the digits, and threatens, unless checked, to lead to more extensive results.

## CLINICAL NOTES.

(Reported from the Practice of Dr. WILKS, at Guy's Hospital.)

### NO. IV.—INFANTILE REMITTENT FEVER.

THE following case is reported by Mr. Murphy.

Elizabeth H., aged 12, was admitted under Dr. Wilks on March 2nd, 1870. She was well until twelve days ago, when she began to lose her appetite, and complain of headache. She was, however, not very ill until five days ago, when she became much worse, and took to her bed. She had rigors, pains in the head, limbs, and back, and was delirious at night. On the following day, she passed several loose motions. The mother stated that there was a bad smell in the room which the child occupied. The patient's younger sister was lately admitted into the hospital with similar symptoms, and subsequently some rose spots appeared on the skin. On admission, the above-named Elizabeth H. had a temperature of 102.2, with a pulse of 104; she was tolerably intelligent; had a flush on the face; a dry cough; abdomen not tender, tympanitic, nor affording any gurgling on pressure; skin hot and dry, with no rash; tongue moist, and only slightly furred. Saline mixture and milk-diet were ordered. March 3rd.—Bowels opened twice, not loose. Skin dry and cool; no rash. Temperature 101.2. March 4th.—Much the same. March 5th.—Bowels opened twice; coughs, but does not expectorate. March 6th.—No rash; temperature 100. March 7th.—Better; skin dry; temperature 98; cough, but no expectoration. She continued to improve, and was soon sent out well.

CLINICAL REMARKS BY DR. WILKS.—The term infantile remittent fever is so vague, that no very definite idea can be conceived of the nature of the disease signified. There can be little doubt that various maladies are included under the same name, or the profession would have long ago agreed to substitute for it the more decided expression typhoid or enteric fever. That a great many cases of children's disorder, known by the name above mentioned, are nothing more than this last-named fever, is very certain; although there is often much difficulty in the recognition of the complaint, from the absence of the characteristic rash. It is often rather from a contemplation of the case from its commencement to its termination, and the surrounding circumstances, that the conclusion is arrived at. There are cases, however, which show so marked a remission of symptoms, and which occur under circumstances where so strong a suspicion of miasmatic influence exists, that there can be little doubt of their true aguish type. Besides these two forms included in the term infantile remittent, there is a large class of cases which do not run a very definite course, and to which the name gastric or worm fever has been applied. This complaint may last a few days, a week, two weeks, or even longer, and is apparently due to gastro-intestinal disturbance, and has no title, therefore, to the name of a specific disease. The child is often taken suddenly ill, with high febrile symptoms, which are more marked at night, and subside in the morning, accompanied by a furred strawberry tongue, foul breath, sickness, confined bowels, hacking cough, drowsiness, and extreme irritability. Cases of this kind have no right to the appellation fever, which is applied to a specific disease, as they are clearly due to a depraved condition of the alimentary canal; the febrile condition is a mere pyrexia accompanying a gastro-intestinal affection, whose duration is indefinite. Dr. Wilks said the whole subject of the so-called "infantile remittent of children," required reinvestigation; it was clear that much of the disease was typhoid, and then, of course, the ordinary treatment was adopted; when the disease was due to stomach or bowel disturbance, and was more distinctly what had been styled gastric fever, then medicines to improve the condition of the alimentary canal were necessary, and for this purpose the various aperient powders in the *Pharmacopœia* were very useful. At the Royal Infirmary for Children, where a routine practice is necessary, Dr. Wilks gave the pulvis risinus (rhubarb and sulphate of potash) once or twice a day, for a few doses, and then some quinine. This was the most successful method. He had learned this plan from his old teacher, Dr. Golding Bird, who had charge of the children's ward at Guy's Hospital, and who used to impress upon his class the great value of the powder above named; a compound invented by Dr. Fordyce, Physician to St. Thomas's Hospital, who himself thus spoke of its merits: "Had I been more ambitious of dying a rich man, than of living an useful member of



society, the powers of our antiseptic powder of curing, as if by miracle, the hectic fever and the swelled bellies of children in this town, would have remained a secret while I lived."

## CASE OF CÆSAREAN SECTION.

By J. W. ROE, M.D., Ellesmere.

*Mollities Ossium: Great Deformity of Pelvis both at Brim and Outlet: Operation on the fourth day of Labour: Death on fifth day after Operation: Child still Living.*—H. S., aged 35, of very cachectic appearance, and deeply marked by small-pox, some years ago had been an inmate of the Ellesmere Union Workhouse, when she was confined to her bed for nearly four years, suffering from mollities ossium. Three years last November, and some time subsequently to leaving the Workhouse, she married. She has miscarried twice since her marriage. On Saturday, January 8th, 1870, at 9 P.M., I was sent for to see her, the messenger stating that she had been in labour since 3 A.M. of the morning of that day. A midwife was in attendance. On my arrival, I was informed that the liquor amnii had been discharged at the commencement of the labour. The uterine action appeared to be strong and frequent. Examination *per vaginam* disclosed the following conditions. The rami of the ischia and pubes approximated so closely as not to allow of the finger being passed between them. The space, reaching from the posterior border of the tuberosities of the ischia to the coccyx, and bounded laterally by the sacro-ischiatic ligaments, would not admit my two fore-fingers placed transversely. The coccyx was much curved forwards. With considerable difficulty and pain to the woman, I reached the os uteri and could just introduce the tip of my finger. I could not detect any presentation. I requested the assistance of Dr. Moorhouse of this town, who, on examination, verified the condition above described. Subsequently, by pushing back the perineum and vagina, I succeeded in touching the sacral promontory, which was felt to be much projected forwards, but failed to reach the presenting part of the fetus. On further consultation, and having regard to the serious nature of the case, and the difficulty of performing any operation that might be deemed necessary in a dark hovel only a few feet square, we advised her removal to the Union Workhouse. I gave her forty minims of tincture of opium, and left at 12 P.M.

She was taken to the Workhouse at 10 A.M. on the 9th. She had suffered little pain since taking the laudanum, but had vomited frequently. There were now no pains, uterine action being suspended. Mr. Whitfield joined us in consultation, and examined the patient. He was of opinion that we could do nothing at present; and, in the absence of all uterine action, any interference was out of the question.—4 P.M. No change had occurred.

January 10th. She had passed a tolerably comfortable night; no pains. She had taken beef-tea, milk, etc. She was allowed to sit up and to walk about.

January 11th. She had slept during the night. A dose of castor-oil was given.—5 P.M. She complained of pains returning. There was no change in the state of the os uteri.

January 12th, 9 A.M. The os uteri was soft and dilatable, but otherwise not changed; pulse, 120.—5 P.M. The pains had been strong and frequent since the morning, and the os uteri was slightly dilated; no pre-natal could be felt. Dr. Moorhouse and I discussed the advisability of waiting for further time before deciding upon any operation. We decided upon waiting, if possible, until the following morning. At 9 P.M., an urgent request was sent to me to go to her. Dr. Moorhouse and Mr. Whitfield accompanied me. Uterine action was now very constant and strong. Our examination was carefully repeated, but without disclosing any further change in the condition of the parts, except that there was increased dilatation of the os. In spite of the powerful uterine contractions, the presenting part of the fetus failed to enter the pelvic brim. Stethoscopic examination had been made several times, and no placental sound detected, though the fetal heart was audible on one occasion. The pulse was now very rapid. After further consultation, the Cæsaean section was advised, and at once acquiesced in by the woman and her husband. Arrangements were made accordingly; and, the patient being placed upon her back on a table, I first proceeded to introduce a catheter, and found it exceedingly difficult to do this in the usual way, in consequence of the woman being unable to separate her thighs to the required extent. Chloroform was administered by Dr. Moorhouse; and, when the patient became insensible, I made an incision about six inches in length along the course of the linea alba, commencing two inches above the umbilicus. The peritoneum was opened to the same extent. An incision of nearly the same length was made in the uterine walls, and immediately the placenta was dis-

closed to view, and a gush of blood took place. I at once removed the placenta, and afterwards a small but healthy living female child, the head of which was presenting above the pelvic brim. The uterus instantly contracted and descended into the pelvis; and at the same moment a considerable portion of the ileum escaped through the abdominal incision. This being replaced, the edges of the wound were brought together, and Dr. Moorhouse introduced three wire and three silk sutures, which effectually retained them in apposition. Dr. Richardson's styptic colloid was freely applied over the cut edges, and a pledget of lint, soaked in the same fluid; and over all, a broad bandage. One grain of opium was given immediately, and ordered to be repeated in four hours. In three hours she slept.

January 13th, 9 A.M. She had passed a fairly comfortable night, sleeping three hours at a time. I passed a catheter in the obstetric position and drew off half a pint of high coloured urine. The lochial discharge was free and abundant *per vaginam*. She expressed herself as feeling comfortable, but coughed a good deal; pulse 120. The child was doing well.—9 P.M. She was going on the same, and had taken liquid nourishment freely.

January 14th, 9 A.M. She had slept at intervals; respiration was still quickened; pulse, 130; the cough harassed her; mucous *râles* were audible over the chest; the belly was somewhat tumid; she had no pain on pressure; she had passed urine freely.—9 P.M. Pulse, 146; respiration, 36; temperature, 100.5. The expectoration was thick and difficult of removal, and the cough frequent. She was ordered to have a mixture containing ammonia, morphia, cinchona, and chloric ether. Food had been taken well during the day.

January 15th, 9 A.M. She had passed a bad night, vomiting constantly. The urine passed freely. Mucous *râles* were audible over the upper part of the chest on both sides anteriorly, and over the base of the right lung behind. Pulse, 140; respiration, 42; temperature, 99.2. Beef-tea, brandy, and milk, had been taken, but vomited.—8 P.M. She had vomited at intervals during the day. She refused beef-tea and milk, but took a little brandy. The *râles* were spreading over the chest. She complained of pain across the belly. A copious loose motion had been passed during the day. Pulse very rapid; respiration, 42; temperature, 99.2. She had not slept. The lochial discharge had been abundant and healthy since the operation, but was now somewhat offensive; the breasts had also secreted milk. There was considerable tympanitis; and at times the abdominal pain was much aggravated. Two-thirds of a grain of acetate of morphia were injected subcutaneously.

January 16th, 9 A.M. She had slept for several hours; her breathing was easier; she had vomited once only; pulse, 130; respiration, 30; temperature, 98.8. The hypodermic injection was repeated.—7 P.M. She had taken nourishment fairly. The chest was loaded with mucus, which she was unable to expectorate. The lochia continued, but were very dark and offensive. Pulse, 140; respiration, 36; temperature, 100.5. Several loose motions had been passed during the day. The hypodermic injection was repeated. She died at 2 A.M., rather suddenly.

At the *post mortem* examination, which was made on the 18th, the following conditions were noticed.

The bones of the lower extremities were much bent and deformed, as were also the arms, which were remarkably short. The fingers were misshapen and knobbed. The height of the body, when the woman was living, was a little over four feet. There was no attempt at union throughout the entire length of the incision. The abdominal cavity contained some bloody serum. The intestines were glued to each other and to the abdominal walls with recent lymph. The uterus was contracted. The edges of the uterine incision were everted, but the cut surfaces were glued together. The pelvis gave the following measurements at the brim. The antero-posterior, from the symphysis pubis to the sacral promontory, was  $3\frac{1}{2}$  inches; the transverse diameter,  $4\frac{1}{2}$  inches. The horizontal rami of the pubes being approximated from before backwards, measured across at their junction with the iliac bones exactly 1 inch; and from this point backwards to the promontory of the sacrum,  $2\frac{1}{2}$  inches, which represented the space available for the passage of the head. The outlet of the pelvis presented the following appearances and measurements. The rami of the ischia and descending rami of the pubes were closely approximated, and the tuberosities of the ischia were only separated to the extent of  $1\frac{1}{2}$  inches at their greatest point of divergence; from the tip of the coccyx to the symphysis pubis was  $3\frac{1}{2}$  inches; and from the tip of the coccyx to an imaginary line drawn from one tuber ischii to the other,  $1\frac{1}{2}$  inch; and this measurement represents the available space for extraction of the fetus at the pelvic outlet.

It seems to me that the double deformity (if I may so call it) constituted the great obstacle in attempting delivery *per vias naturales*. If the head could have entered the pelvis, it would have been possible to extract the fetus piece-meal through the small outlet. On the

other hand, a larger outlet would have permitted the application of instruments to the head above the contracted brim; but the combination of difficulties rendered it impossible to introduce instruments with safety to the woman, inasmuch as the hand could not be used to guide them; moreover, it was impossible to make out the presentation by the usual means. I may add, that up to the present time the child has done well.

## MUSEUM NOTES.

### THE RICHMOND HOSPITAL MUSEUM, DUBLIN.

AMONGST the treasures of this Museum are the original cast and drawings, by Dr. R. W. Smith, illustrating a case of Dislocation of the Foot forwards. The case is given in detail in the catalogue by Dr. Smith. One drawing represents the patient as he stood at the time of the accident, whilst another shows the character of the deformity. The dislocation was caused by a hog-head falling against the knee whilst the foot was fixed. It remained unreduced. In Mr. Holthouse's article in *Holmes's System of Surgery*, but one instance of this form of dislocation is mentioned;\* it was recorded by M. Parise, and is quoted from Malgaigne. It also remained unreduced. Dr. Smith's patient did not come under his care until seven months after the accident. Dr. Smith has published the case in detail in the *Dublin Quarterly Journal*, vol. xiii, p. 465, from which we abstract the following.



Dislocation of the whole foot forwards.

The dorsum of the foot in front of the tibia was exactly an inch longer than upon the sound side. The external malleolus was placed seven inches behind the extremity of the fifth toe, and one in front of the tendo Achillis. On the opposite foot, the measurements were six inches and two respectively. The lower end of the tibia projected markedly backwards. The projection of the heel was lost. The antero-posterior arch of the foot was increased, so that the plantar region was fully an inch less in extent than upon the opposite side. The front of the upper surface of the astragalus was exposed to the touch. It must be noted that the malleoli had altered in position with reference to the tarsus. At the time of the accident, the anterior part of the foot was above the level of the heel, so that the articular pulley of the astragalus was directed from before downwards and backwards, whilst the knee was not only considerably bent, but was advanced before the ankle. At the time the man came under Dr. Smith's observation, the foot was colder than natural, and the patient was unable to throw the weight of his body on it, and complained of numbness and distressing tingling sensations in it. There was a tendency to rest on the outer margin. The ankle was fixed at a right angle, and could neither be flexed nor extended. There was not such an extent of the astragalus exposed as would have been expected. The inner malleolus was obscured, and "altered from its natural form".

## SPECIAL CORRESPONDENCE.

### PARIS.

[FROM OUR OWN CORRESPONDENT.]

Paris, Monday, 20th June, 1870.

1. *Last Week's Small-Pox Mortality.*—2. *Animal and Arm-to-Arm Vaccination.*—3. *Gratuitous Work for Country Doctors.*—4. *Medical Men in France are cheaply educated and heavily taxed.*—5. *Health of the Emperor.*

**LAST WEEK'S SMALL-POX MORTALITY.**—The mortality from small-pox having showed a decline in the two weeks ending respectively on the 3rd and 11th June, hopes naturally arose that the pestilence was fairly on the wane. These hopes have been dispelled by the bulletin issued on Saturday evening by the authorities of the Préfecture. That document tells us that during the week ending Friday, 18th June, 238 persons died in Paris from small-pox. This is the highest mortality from small-pox which has been announced since the beginning of the epidemic; the next highest weekly mortality announced was that for the week ending 27th May, in which 218 deaths from small-pox were reported.

Subjoined is a note of the total and the small-pox mortality as officially declared for the last four weeks.

	From Small-pox.	From all Causes.
Week ending Friday, 27 May.	218	1254
" " 3 June.	173	1174
" " 11 "	105	1058
" " 18 "	238	1144

It has been vaguely said or suggested that the increase in last week's small-pox mortality is only apparent, and that it arises from the hospital deaths being for the first time included in the bulletin issued by the Préfecture. Be that as it may, several newspapers of to-day and yesterday—on whose authority does not appear—announce that 88 of the 238 deaths from small-pox which occurred in Paris during the week ending on the 18th occurred in hospitals. The municipal authorities are still reticent as to the elements of their weekly mortuary bulletin; and the *Sante Publique* still says: "Of what value are the mortuary bulletins?" The official reticence is quite remarkable, and much remarked upon. It reminds one of a very juvenile philosopher who (legend tells us) accepted a daily drubbing from his scholastic chief for always refusing to enunciate the letter A. A condisciple having asked the recalcitrant individual why the drubbing was preferred to the pronouncing of the letter A, received this reply: "If I say A, he'll make me say B, and C, and all the letters of the alphabet!" M. Husson is most probably a philosopher of the same school. He fears—not unnaturally—that if he disclose one of the mysteries of his statistical laboratory, he might *seriatim* be asked fifty questions about the hospitals of Paris, to some of which it might be exceedingly troublesome to prepare replies. The conclusion of the passage in the *Sante Publique* to which I have just referred is contained in its impression of the 16th, and is to the following effect: "In some hospitals, the number of small-pox patients is increasing—as for example at the Hôpital des Enfants Malades and the Salpêtrière. Yesterday, there were in the latter Hospital 120 cases of small-pox; and, as a rule, they were cases of formidable type. *Que valent donc les bulletins de décès?*"

**"ANIMAL" AND ARM-TO-ARM VACCINATION.**—"My darling little heifer, thou wilt have a great deal of work to do!" *Figaro* must have his fun out of everything, not excepting the sanctities of religion and morals, the most hideous abominations of wickedness, and even the loathsome promenade of pestilence now passing before our eyes. For this "bad taste" he is often blamed; but is he blameworthy? He knows that there is only one way by which the French public can be made to buy and read his paper in thousands and tens of thousands, and that is by transforming everything—truth itself—into a joke. Here is the jocular paragraph in which *Figaro* yesterday announced the increase in the mortality from small-pox.

"Génisse, ma mie, tu as encore bien à faire! Cette semaine, l'horrible variole n'a pas fait moins de 238 victimes: 150 en ville et 88 dans les hôpitaux. C'est, depuis le commencement de l'épidémie, la mortalité la plus consistante. Si cela continue, d'ici peu, la moitié de la population parisienne sera vacillante."

The public, including *Figaro*, ought to know that there is a great deal of vaccination work to do, and that the heifer cannot do it. Even the partisans of animal vaccination now admit that it is exceedingly difficult to get virus from the heifer "to take"; and the tens of thousands at present unprotected might have been protected by cow-pox resulting from Jennerian lymph, had the late frenzy to be vaccinated been met

\* Although M. Parise's case is quoted as one of "dislocation of the foot forwards," the narrative makes it quite clear that it was a true dislocation. It seems evident that it was a dislocation of the astragalus from the rest of the tarsus. The astragalus, still in connection with the bones of the leg, passed backwards and pressed against the tendo Achillis. Thus, it seems very probable that Dr. Smith's case may be unique in surgical records. A duplicate of the cast ought to be obtained for our London College of Surgeons Museum.



by supplying arm-to-arm vaccination, in place of fomenting the "animal" vaccinomania which is now becoming transformed into a disastrous vaccinophobia. It is to be regretted that the whole truth on this subject has not been officially promulgated in the manifesto just issued by the commission appointed under the Minister of Agriculture and Commerce, to report upon the present epidemic of small-pox, in connection with the history of previous epidemics, and of vaccination in France. The following is a translation of the passage to which I refer: "Vaccine-lymph taken from a heifer, or from the arm of a child are both good, if properly cultivated and inoculated by a competent hand. The vaccinations and revaccinations performed during the current epidemic must not be supposed to count for nothing in respect of the duration and progress of the existing epidemic, which would have proved more extensive and more severe had it not been for the prophylactic activity of the medical men of Paris, and for the impulse given to vaccination by the Academy of Medicine and the administrative authorities of the Assistance Publique." In a subsequent paragraph the project is announced of establishing throughout France adequate supplies of "les deux vaccins." We may still hope that the Academy and the Assistance Publique will gradually retire *sub silentio* from the disastrous course they have pursued during and before the current epidemic, by depreciating Jennerian, or, as it is better called, arm-to-arm lymph. In the document now referred to, the provision for a supply of both lymphs is thus set forth. "There shall be provided (by remunerating the mothers) a succession of vacciferous children attached to provisional establishments, and at the same time heifers will be inoculated in succession, so as to provide a rotation of supplies of lymph of from four to six days old."

The lengthy manifesto now quoted from does not contain much that is very new or very important to English readers. It appeared in the *Journal Officiel* of the 17th June, and has been placarded at every *Mairie* in France. It may do some good; but it might have enforced vaccination by more clenching statements than any which it contains. After all, the desideratum in France is a compulsory system of efficient and certified vaccination. It is only by arm-to-arm vaccination that a complete and national system could be carried out.

**GRATUITOUS WORK FOR COUNTRY DOCTORS.**—In a recent sitting of the Senate, Baron Bresnier brought in a Bill, or, as they say here, *a déposé un projet de loi*, imposing on country doctors who attend on the poor very onerous and difficult services in relation to certificates of death. It would appear that, while the services are not to be paid for by the State, the practitioners are to be named by the *Préfets* in each department, so that the project is to extort work from a staff of medico-politico-functionaries. These gentlemen are "to certify the deaths of those receiving gratuitous medical aid." They are "to keep two registers: in one is to be inscribed the name and residence of each person receiving medical assistance; also the number of visits paid, medicines employed, and a statement of any other succour afforded. In outre, ils devront tenir une statistique médicale du canton et faire un rapport semestriel au préfet." Considering the wretched remuneration of medical men for their attendance on the poor, the enforcement of all this inquisitorial and gratuitous work would be so unjust that it is hardly possible to conceive such a law as that proposed being enacted. It would shut out country doctors from pursuing their private practice in a remunerative manner.

**MEDICAL MEN IN FRANCE ARE CHEAPLY EDUCATED AND HEAVILY TAXED.**—In France, medical education is exceedingly cheap; and the result is that an inordinate number of youths from the very poorest strata of society are lured into the profession. From the same cause, throughout France there is an enormous number of competent medical men hopelessly struggling for social position and subsistence. This a great social evil—the parent, too, of many other evils. In proposed educational changes in Great Britain, ought not the subject now mooted to be confronted in the light of French experience? The facts could easily be got at.

While medical education is cheap, the tax paid for protection by the qualified medical practitioner is heavy. After expending about £50 on examination and graduation fees, we have to pay annually a tax equal to one-fiftieth of the assessed value of our furniture to keep ourselves *en légale*. In fact, here medical men and tradesmen have to take out annually what is called a "patente"; and the annual rate charged for that certificate of protection is levied on the principle which I have just stated. The following is a copy of a physician's "patente" now before me.

"Patente de Médecin pour l'année 1870, délivrée en exécution de la loi du 25 Avril 1844. Article 156 du Rôle.

"Le Directeur des Contributions Directes, soussigné, certifie que M. le Docteur — est imposé dans le rôle des patentes de l'année 1870 pour la profession désignée ci-dessus.

"Paris, Décembre, 1869."

"DELAUNAY.

On the back of this patente, along with other intimations—  
"Art. 27. Tout patentable est tenu d'exhiber sa patente, lorsqu'il en est requis par les maires, adjoints, juges de paix, et tous autres officiers ou agents de police judiciaire."

Such are the payments and conditions under which the Parisian physician "pourra exercer sa profession sans aucun empêchement en se conformant aux réglemens de police."

**HEALTH OF THE EMPEROR.**—The Bourse last week staggered under the influence of exaggerated rumours as to the Emperor's attack of gout. His Majesty is now nearly recovered, and goes on Wednesday to St. Cloud. Even the alarmist newspapers admit that the panic of last week was, to a great extent, the creation of the speculators. They tell us to-day the Emperor's *goutte* came from a mere passing cloud; but that the want of *une goutte* (or, in plain English, the want of rain) must inevitably send up wheat and all provisions to famine prices. This statement is a sorrowful truth. Nevertheless, we must, if we live in Paris, and read the papers, laugh at the Emperor's gout and the coming famine. *Figaro* thus laughingly weaves the two calamities into one rhyming play of words. It cannot, suggests *Figaro*, be true that *no rain* has fallen, for the Emperor "*a senti une goutte!*"

L'Empereur quatre jours de la goutte souffrit.

Chacun se désolait et la Bourse était noire.

Que vouliez vous pourtant qu'il fit?

La goutte était tuerie—il fallait bien la boire!

Hier l'Empereur disait: "Quel est donc ce fracas?"

La récolte se brüte tout.

Dit-on: "La sécheresse est grande, il ne pleut pas.

—J'ai senti pourtant une goutte!..."

## INVENTIONS, &c.,

### MEDICINE, SURGERY, DIETETICS, AND THE ALLIED SCIENCES.

#### AN INSUFFLATOR.

By S. MESSENGER BRADLEY, F.R.C.S., Manchester.

DURING the recent epidemic of sore-throat which prevailed extensively in Manchester and the neighbourhood, I have been in the habit of employing dry powders to the throat instead of gargles; and, I believe, with a more satisfactory result than is derived from the latter.

Children cannot gargle; and some grown-up people even labour under a like disadvantage. Gargles are not brought very thoroughly into contact with the back of the pharynx, which is sometimes the chief, at other times the sole, seat of mischief. Some gargles injure the teeth; others are extremely nauseous; none are saturated solutions, and therefore none are such powerful local astringents as are the drugs themselves in a finely divided form. For these reasons, therefore—for the superior potency of the dry powder, for the increased rapidity of cure which it affords, for the greater accuracy with which the remedy can be localised, and for its universal applicability in cases when local means are indicated—I advocate dry insufflation in preference to the use of gargles.

Whatever powder is selected may be very conveniently applied by means of the instrument which is here engraved. Its use is simple enough, and may be safely entrusted to an intelligent nurse during the absence of the medical man. The powder is introduced into the tube through the aperture *b*, which is then covered with the sliding lid *c*; the tongue of the patient being depressed, the branched silver end of the tube *a* is passed towards the point against which the powder is to be directed; and the elastic ball *d*, being compressed by the thumb, the powder is directed with perfect accuracy against the desired spot.

I have employed the following powders and have found most of them useful: alum, rhatany, tannin, catechu, borax, guaiacum, acetate of lead, calomel, sulphate of copper, nitrate of silver.

The insufflation should be repeated from once to five times a day, according to the severity of the case. If the nitrate of silver or calomel, or sulphate of copper, be used, from a quarter to half a grain should be





mixed with five grains of pearl-powder; in the case of the other drugs, about five grains should be employed at each insufflation.

The instrument is made by Messrs. John and William Wood, Manchester.

## REPORTS OF SOCIETIES.

### **PATHOLOGICAL SOCIETY OF LONDON.**

TUESDAY, MAY 3RD, 1870.

RICHARD QUAIN, M.D., President, in the Chair.

DR. BRISTOWE and DR. PEACOCK presented a report on DR. PAYNE'S case of Supernumerary Cardiac Valve. The reporters considered the abnormality due to fibroid thickening.

DR. LANGDON DOWN showed a case of apparent Muscular Hypertrophy of the Lower Extremities in a boy who had had acute rheumatism. Some years previously, there was nothing besides very noticeable. He was below the ordinary intellect, and he did not answer properly. His mother was inclined to melancholia. He considered it a cerebro-spinal lesion. He had seen seven, all with mental depression.—MR. W. ADAMS thought mental deficiency not present in more than one-half.

The SECRETARY presented for MR. MAUNDER the Larynx of a patient who was stated to have died of croup.

DR. CRISP exhibited a Calculus taken from the Pelican. The kidneys were enlarged and fatty. In answer to Sir Henry Thompson, who wished to know whether calculi from herb-feeders were not composed of carbonate of lime, Dr. Crisp rejoined that in quadrupeds calculi were chiefly formed of that salt.—SIR HENRY THOMPSON stated that he had in his possession a large collection of calculi from India, of which a large number were composed of oxalate of lime. The subjects were rice and cane-sugar eaters.—In answer to MR. HULKE, it was stated by DR. CRISP that calculi only remained in a pulaceous mass in sheep fed for exhibitions.

DR. WHIPHAM showed a Heart taken from the body of a man, aged 29, in the walls and columns of which there were fibrous growths apparently of some standing, similar to so-called syphilitic deposits. The patient died suddenly, but no other cause for this was ascertained.—In answer to DR. MOXON it was stated that, with the exception of congestion, the other organs were healthy. There was no history of syphilis in the case.—Referred to Committee.

DR. WHIPHAM also presented a Tumour from the Liver of a Turkey, of twelve months' growth, and presented the appearance of encephaloid cancer to the naked eye; but microscopically, was seen to consist of a delicate fibrous network, with cells and loculi absolutely empty, nuclei and granular masses, from which radiated delicate fibres.—DR. CRISP observed that nearly all the animals in the Zoological Gardens died of this disease.—Referred.

DR. C. T. WILLIAMS exhibited a specimen of Induration of the Upper Lobe of the Right Lung, containing a small cavity. The mass compressed the right bronchus. The pleura was thickened; the glands large and hard. The connective tissue of the part affected was increased, and its meshes filled with cells. Gradual suffocation had apparently produced death.—MR. ARNOTT had often seen cells similar to those described in chronic disease of the lung. They cannot be distinguished from cancer-cells, yet are so common that they cannot be such.—DR. MURCHISON said constriction and pressure seemed to be incompatible with induration. Generally the bronchi were dilated.—THE PRESIDENT said there was no appearance of malignant disease when he saw the case.—Referred.

SIR HENRY THOMPSON showed a large Cystic Oxide Calculus, removed by lithotomy from an old man, aged 81, two years and a half ago. He was still alive. He showed also a pure phosphate of lime calculus from a man aged 35—a specimen still more rare. There was only one in the Museum of the College of Surgeons. It was semi-transparent in parts. He had heard it stated that such a calculi only occurred in the human being after disease of the spine. This patient had angular curvature. Its fracture was different from that of common stones.—MR. W. ADAMS remarked on the rarity of the stone. One found after mollities ossium was of this kind; it was in St. Thomas's Hospital.

DR. FULLER showed a Polypoid Growth from the bowel of a girl. Nine years ago she had suffered from obstruction of the bowels, but recovered. Afterwards the disease returned, and she died in hospital. The whole of the small intestine was studded with polypoid growths, and a cicatrix was seen, probably the source of the stricture.—MR. HULKE had seen something of the same kind a few years ago in the person of an old man affected with dysentery. The large intestine alone was affected.

DR. FULLER also showed Hair, etc., passed by a lady *per urethram*. Seventeen years ago, while hunting, she had fallen and injured herself, losing much blood from the uterus. There was at this time a large tumour just above the pubes. She gradually recovered, but the tumour remained, till a jolting carriage induced pain, after which a large quantity of pus passed by the bladder. A fortnight ago she came to town again in a jolting carriage, and much pus passed, as well as two masses, apparently *debris* of ovarian cysts, with hair, and the tumour almost disappeared.—In answer to DR. EDIS, it was stated that there was no history of extrauterine pregnancy to account for the circumstance.—Referred.

DR. DICKINSON showed a Tumour from a child, which had simulated a renal one. The boy, aged 7, had long been under notice. When in good health he fell, some time after which a swelling appeared under the ribs. It was supposed at first to be an abscess of the spleen. It gradually enlarged, and was ultimately thought to be renal. When the child died, it occupied the exact position of the kidney, but was behind it, pushing it forward. It consisted of an encephaloid mass, originating in the lumbar glands.

MR. ARNOTT showed several microscopic specimens illustrating the Morbid Anatomy of Cancer of the Uterus, and, in introducing the subject, took occasion to reply to a remark made by DR. CRISP earlier in the evening with reference to the frequent use of the terms "cancer" and "cancer-cell" by those who yet shrank from the use of clearly defining the real meaning of the words. MR. ARNOTT was unwilling to venture upon any dogmatic statement whilst the subject was still under the consideration of the Morbid Growth Committee; but for his own part, he was in the habit of limiting the name "cancer" to a structure in which an alveolar fibrous stroma contained in its meshes cells of varied shape and size, with large single or multiple nuclei, but all more or less closely resembling squamous epithelial cells in form, floating in a clear fluid, and having no visible intercellular matter separating them. Such cells grouped in such a manner he did not scruple to call "cancer-cells;" but of course, viewed apart from their accompanying stroma, they were indistinguishable from many other cells met with in the body. He read a brief abstract of certain notes made of fifty-seven *post mortem* examinations on cases of uterine cancer made by him during the past three years at the Middlesex Hospital. It appeared that in 34 cases no secondary deposits were found, in 20 the lymphatic glands were affected, and in 11 certain of the viscera, in the following order of frequency:—Ovaries 5 times, liver 3, lungs 2, heart 1, both breasts 1, and peritoneum 1. A satisfactory microscopic examination had not been made in more than 24 cases, and of these in 3 the structure could not be determined. Of the rest 17 were true cancer, 8 epithelioma, and 2 examples of spindle-cell sarcoma. He alluded to the diversity of opinion prevalent upon this subject (Lebert giving 45 cases, of which 39 were true cancer, and only 6 canceroid or epithelial; whilst Foerster quotes 42 out of 52 as epithelial), and to the difficulties of the investigation; but he thought that if surgeons could get any definite notion of the usual form of cancer present, and of the number of cases in which glandular affection or visceral deposits were met with, they would be in a better position to judge of the possible utility of operative or other therapeutic measures in this disease.—MR. NUNN thought it strange that cancer of the uterus did not more frequently invade other organs through the lymphatics. Perhaps the germs were destroyed by the periodic inflammations to which all cancerous growths were liable.

DR. WILTSHIRE exhibited the Ruptured Heart of an old woman found dead in bed. The viscus was ruptured in two places, in one quite through the wall, in the other the rupture affected the external fibres.

### **CLINICAL SOCIETY OF LONDON.**

FRIDAY, MAY 13TH.

E. HEADLAM GREENHOW, M.D., President, in the Chair.

DR. GREENHOW read a case of remarkable Progressive Fall of Temperature during several days before death. The patient was under observation nine days, and died with symptoms somewhat resembling those of the last stage of general paralysis of the insane, the brain being found on examination atrophied, and the arachnoid thickened and opaque. The thermometer began to descend a week before death, and fell gradually to 84 deg. in the axilla and 85 deg. in the rectum. In answer to DR. CHURCH, it was stated that the temperature did not rise after death.—DR. FAGGE referred to a similar case which occurred at Guy's Hospital under the care of Dr. Habershon.—DR. BUZZARD remarked, that there was not a corresponding rise of the pulse with the decrease of temperature, such as takes place in depression of cholera with low temperature. Wunderlich has stated that low temperature some-

times took place in chronic uræmia.—Dr. GREENHOW stated that in the present case there was no disease of the kidneys.

Mr. KESTEVEN described a case of Epileptiform Stupor in a child 2 years old, which was cured by the administration of bromide of potassium in five-grain doses, three times a day. The attacks had continued about a month, occurring several times a day, and lasting from a few minutes to three or four hours. They were sometimes associated with screaming fits.

Dr. BÆUMLER brought before the Society a patient aged 65, with a Peculiar Affection of the Skin beneath her right breast, resembling that which Addison had called "keloid," and for which Dr. Hilton Fagge has lately proposed the name "circumscribed scleriosis." It consisted in a hardness of the skin, affecting apparently more the layer of tissue immediately underneath than the cutis proper, and giving the impression as if a thin plate of ivory were lying underneath the skin. It had caused some retraction of the ridge beneath the breast. There was a chain of somewhat enlarged and hard glands near the anterior border of the axilla, which raised a suspicion as to the affection being of a cancerous nature. It had been coming on for about seven years, and was by the woman referred to an injury to the part caused by leaning with great force against the edge of an earthenware pan, which, at the time, caused considerable pain and a feeling as if something had been given way in the breast.—Dr. HILTON FAGGE remarked, that the chief differences from the symptoms usually observed, were the amount of pain and the enlarged glands. If it were Addison's "keloid," it had lasted longer than any of Addison's cases; and besides, it always tended to disappear.

—Mr. HENRY LEE thought the case one of cancer. The induration went quite through the skin.—Dr. BEIGEL asked if any microscopic examination had been made. He thought the duration and appearance were against cancer. The term vitiligo had been applied by some to similar cases.—Dr. BÆUMLER said, that Dr. Anderson had brought a case before the Royal Medical and Chirurgical Society, in which the glands were enlarged.

Dr. MORELL MACKENZIE read two cases of Stricture of the (Esophagus). The first case was that of a man, aged 58, who had experienced difficulty of swallowing for four or five years. He had suffered no pain; but the difficulty had gradually increased, so that at the time of application he was quite unable to do more than chew meat, swallowing the juice and rejecting the solid residue. Liquids could only be taken in sips. He weighed seven stone twelve pounds. The patient had never suffered from syphilis. Bougies of increasing sizes were passed for several months, at the end of which time he was able to eat meat by cutting it small. He is now able to eat any sort of food without any sense of obstruction, and his weight has increased nearly two stone and a half since he was first seen. The second case was to illustrate the advantage of an "oesophageal dilator" invented by the author. The instrument consisted of a hollow gum-elastic tube, the end of which was made of hard india rubber, with four slits in the sides. Inside the whole length of the tube was a piece of wire with a bolt at the lower end, and when the bougie had been passed through the stricture, the bolt was pushed down so that the India-rubber portion was dilated four sizes larger. The advantages were—(1) great gain of time, an important feature in cases where the prominent symptom is inanition; (2) the greater ease and certainty with which strictures can be dilated than with conical bougies. The patient had dysphagia, caused by swallowing soap-lees eleven years previously. At first a No. 5 bougie could be passed with difficulty through a very tight stricture opposite the sternal notch. At the end of three months, a No. 11 was easily introduced. The patient then discontinued treatment for a year. The dilator was then used, and in a month a No. 16 could be passed with ease. Dr. Mackenzie recommended this instrument for non-malignant and traumatic strictures.—Mr. HENRY LEE referred to two cases in which there was a syphilitic history.—Mr. JOHN CROFT said that an objection to the instrument was the retraction of parts of the elastic which, when closed, would almost certainly pull away some mucous membrane. Three cases of his own had done well with ordinary bougies.—In reply, Dr. MACKENZIE stated that he quite agreed with Mr. Henry Lee that many of these cases were syphilitic, and he himself had treated several by internal administration of iodide of potassium, and without any mechanical treatment, with the very best results. In reply to Mr. Croft, he had not found any pain complained of in the use of this instrument, nor did he think there was any fear of injuring the mucous membrane. These cases had been brought forward, not because they were particularly novel, but because many of the most eminent surgeons of the day objected to mechanical treatment. He believed that the objection was founded on the pathological doctrines put forward some years ago, that stricture of the oesophagus was invariably dependent on cancer. More recent investigations, however, tended to show that many cases were due to simple

inflammatory deposit and to syphilitic dyscrasia. Such cases were most amenable to treatment.

The meeting was then made special, when the scheme proposed by the Royal Medical and Chirurgical Society was considered. After a few observations from the President and several members, it was adopted.

## MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH.

MAY 15TH, 1870.

J. HUGHES BENNETT, M.D., F.R.S.E., President, in the Chair.

THE PRESIDENT gave an address on the death of Sir James Simpson and Mr. Robert Nasmyth, but chiefly relating to the position the former occupied in the discovery and application of chloroform.

Mr. ANNANDALE showed pieces of Bone which he had removed from the head of the femur. The bone was very soft and friable, rendering its removal very difficult.

Mr. ANNANDALE also exhibited the foot of an infant aged eighteen months, which he had amputated for Strumous Disease of the Tarsus.

Dr. GEORGE W. BALFOUR showed a most interesting specimen of a large Aneurism of the Aorta, which had opened into the oesophagus. The patient had been sent into hospital on account of severe hæmatemesis, being almost moribund. He lived for a week, suffering from great nausea. A clot of blood filled the stomach, and formed a very perfect cast of that viscus.

Dr. G. W. BALFOUR also showed a small Aortic Aneurism, filled with a fibrous clot. The patient had died of Bright's disease, and the aneurism had not been suspected to exist.

A communication by Dr. P. H. WATSON was then read, describing the case of a girl aged 6, in whom an Injury to the Frontal Bone was followed by symptoms of coma, which were relieved by a discharge of pus from the injured portion. The probe passed through the opening deeply into the brain, and pus escaped alongside. Dr. Watson trephined the bone, and gave free egress to the abscess of the brain; after which the patient had one severe convulsive attack, and eventually recovered completely.

Mr. GILRUTH then read an account of a case in which Cauliflower Excrescences were removed from the Penis.

A conversation then took place, during which the PRESIDENT stated that he had recently had an opportunity of testing the value of Nitrate of Silver in a case of Locomotor Ataxy. He had given half-grain doses thrice daily, employing at the same time galvanism; and the rapid improvement had been most marked.—Dr. BALFOUR spoke very strongly in favour of the nitrate of silver, and related cases. He also called the attention of the Society to the value of Peruvian Balsam in the treatment of Scabies.

## NOTES ON BOOKS.

*Introductory Lecture delivered at Netley, on Commencing the Twentieth Session of the Army Medical School, 1st April, 1870.* By Deputy Inspector-General T. LONGMORE, C.B., etc.—Professor Longmore's address is a very able one, dealing, as it does, chiefly with the recent changes in the Army Medical Service in a spirit at once wise, conciliatory, and in advance of the times. After giving a brief history of the Army Medical School at this, the completion of its first decade, the lecturer proceeds to consider at some length the question of the General versus the Regimental Hospital System. From the experience gained in recent warfare, Professor Longmore concludes that the general hospital plan must for the future supersede field hospitals in times of active service, and that, if the employment of many regimental medical officers away from their regiments is a necessity in time of war, it is probably at least highly desirable and convenient in time of peace. Professor Longmore thus agrees in the main with the recent general order from which it results "that medical officers no longer form part of regimental establishments"; at the same time he quite perceives the very considerable influence that this change must have, for some time to come, on the personal interests of those who joined the service under the old régime; but he has little doubt that the future consequences of the measure "will be found highly advantageous to all concerned" in a variety of ways, not the least of which will be the increased efficiency which may be expected to follow the concentration.

## NOTICE.

THE ANNUAL SUBSCRIPTIONS TO THE BRITISH MEDICAL ASSOCIATION FOR THE YEAR 1870 ARE NOW DUE: and it is a matter of great convenience to the Association, and conduces to the efficiency of its working, that they should be paid promptly.—Members of Branches, and all others who usually receive circulars at the beginning of the year from the local Secretaries, will greatly oblige, and will prevent trouble, by PAYING THEIR SUBSCRIPTIONS TO THE LOCAL SECRETARIES, AND NOT TO THE GENERAL SECRETARY.—All other members should pay their Subscriptions without delay to the General Secretary, T. WATKIN WILLIAMS, Esq., 13, Newhall Street, Birmingham.

Members of the Association residing in the counties of Middlesex, Essex, and Hertfordshire (except those belonging to country Branches), should pay their Subscriptions to Dr. A. P. STEWART, 75, Grosvenor Street, W.; or Dr. ALEXANDER HENRY, 16, Great Coram Street, W.C.

Gentlemen wishing to become members of the Association are requested to apply to the General Secretary, to the Branch Secretaries, or at the office of the JOURNAL, when forms of application and the rules of admission will be forwarded.

## BRITISH MEDICAL JOURNAL.

SATURDAY, JUNE 25TH, 1870.

## A PLEA FOR CERTIFYING SURGEONS.

THE periods and examples of social reaction obey definite laws, of which it is not easy to find the terms or to follow the operations. But, as surely as the pendulum tends to retrograde from the furthest point of its march, does every social improvement betray, at periods less certain and regular, the tendency to reaction. Once the mark reached at which the reformer aimed, he must expect to find the moment of arrest, which seems to him the natural end and culmination of his work, followed by a retrogressive movement, which will appear to him as a signal of its destruction. We note this movement now in respect to the medical system of inspection of operatives in factories, introduced by the legislature in the Acts of 1833 and 1844. The crying physical evils, the flagrant sanitary scandals, which made these Acts necessary, have been so much abated by them, and by successive measures providing for medical supervision and certification of the hands employed in factories, that the value of the means employed is beginning to be lost sight of by more than one thoughtless or interested person, in the completeness of the end achieved. Experience of past evils and the urgency of pressing scandals gradually built up a system by which the possibility has ceased of intruding into factories the weakly, deformed, diseased, and undersized children, once allured for industrial profit. With the abolition of the chance of success, the effort to attempt such abuse has died away. To argue from this fact that the certificates of surgeons are therefore no longer necessary, implies an ingenuous simplicity. To accept the argument, it is necessary to be ignorant or oblivious of the facts.

Mr. Redgrave, one of the inspectors of factories, is not only guilty of this forgetfulness, but he places upon these certificates an interpretation which very imperfectly represents their value. He wishes to abolish the certificates which every child and every person under sixteen, about to be set to work in a factory, must now obtain, testifying to having the strength and appearance of the age announced. Up to the year 1844, such certificates could be granted at the certifying surgeon's house. In that year it was made necessary to give such certificates only at the factory where the person was actually employed. This alteration was made after thorough investigation by the Committee of the House of Commons in 1843, to avoid the frequent frauds occurring by the substitution of younger children for the older ones examined and named in the certificate, and to avoid the trouble and expense to millowners of "sending messengers with the children, and their constantly returning without finding the surgeon at home." Mr.

Redgrave, assuming that the accurate determination of age is the sole object of the surgeon's certificate, and remarking that the teeth will not determine the age of a child as accurately as they will that of a horse, proposes to abolish the certificate of the surgeon, and to substitute that of the registrar of births. If the object of the certificate were only to determine rigidly the age of the "hand" employed, the means proposed would attain it; but Mr. Redgrave should know well, and can only temporarily have forgotten in the warmth of his argument, that the certificate does literally and in spirit propose to attest the strength and vital fitness of the child who is to be set to work. If the inspector will assert that all children under sixteen have the standard capacity for work, if he will affirm that age and development, age and health, age and immunity from deformity and vital disability, are uniformly coincident conditions and synonymous terms, he will have taken the first step towards the logical proof of his proposition. The impossibility of making such affirmations, the manifest absurdity and error involved in such assumptions, suffice to indicate the slender ground of fact upon which Mr. Redgrave has built the argument against the employment of certifying surgeons contained in his last published Report of October 31st, 1869, just issued. To reach a point at which his reasoning would have been in any sense conclusive, he must needs have gone much further; and here he would have encountered difficulties which not even the fortuitous oblivion of one-half of the facts concerned could have enabled him to vanquish.

Of the rejections by certifying surgeons for physical defect and disease, no record is kept. This is a defect which it may be well for certifying surgeons to remedy; and we find that Dr. Aylidge, in his able address to the Association of Certifying Medical Officers of Great Britain and Ireland in July last, recommended that they should do so. Mr. Redgrave assumes that they are very few, and is able to adduce certain evidence which tends—not, however, very strongly—in the direction of that conviction, from a local return obtained in Scotland. As it will happen generally that, where the police abound and are on the alert, criminals do not love to show themselves; so it will occur, with rare exceptions, that where the means of detection are well arranged and well known, the attempts at law-breaking are rare. The prospect of certain failure has never been found inviting. One means of estimating the efficiency of such a preventive police is the increasing rarity of the attempts to do that which they are appointed to prevent from being done. It requires something of blind impulse, and implies little of judicial wisdom, to convert the proofs of their efficiency into arguments for their abolition. If it be true that the certificate of the surgeon, while attesting the physical fitness of the child-worker, does not afford sufficiently accurate testimony of its age, the obvious alternative is that indicated by Mr. Baker, the inspectorial colleague of Mr. Redgrave—to require the certificate of birth, in addition to that of fitness. This, however, would involve additional expense; and we doubt whether Mr. Redgrave would be seriously disposed to demand it. He is rather disposed to relax the tests of fitness; to remove the means of satisfying the spirit of the law, while carrying it out in the letter; to substitute the dead writing which can affirm the day of birth, for the living intelligence which certifies the existing development.

In this destructive work we can feel no sympathy; and those who consider the meaning and remember the history of factory legislation must be impelled to meet it with determined opposition. Factory legislation is essentially sanitary legislation. It aims at the protection of the worker, so far as may be, from influences injurious to his health and development; and at preventing the very young, or those persons under sixteen of imperfect health and development, from being brought into factories. Instead of seeking to divorce the experience and trained intelligence of medical men from factory inspection, the efforts of unprejudiced and thoughtful persons would favour the extension of the sphere of their active supervision. They will concur with Mr. Baker, who advocates an additional arrangement which, he says, "I know would be most advantageous both to the employers and employed; namely, that once a month the certifying surgeons should be required by



the millowner, for his own sake and for the welfare of his hands, and for the securing to himself efficient labour, to pass through all his rooms where the people were at work, to notice workers carefully, and to point out any that were suffering from the kind of labour, or dust, or gases, to which they were exposed." The Factory Acts are essentially measures of health, and must presently probably be absorbed into a general sanitary code, and harmonised with the Workshops Regulation Act. Meantime, it will be wise rather to extend than to diminish the part played by medical men in carrying out their provisions. Those parts of the duties of supervision and inspection which are not of a sanitary character are yet such as medical men can as easily and effectually perform as any others. This has been abundantly proved. The larger part of the work is such as they are best fitted by knowledge and education to perform; and some of it, such as that to which we have referred, they only can efficiently carry out. We do not individually find fault with the destructive efforts of Mr. Redgrave; for he is probably acting under the unconscious influence of that law of reaction which bends men to its purposes, and never fails to find its tools. But the most energetic opposition must be made to this reactionary effort; and hearty resistance must be offered to the effort to reject medical assistance in the furtherance and continuance of a work, for which it has been essential in the past and will be no less useful in the future.

SMALL-POX is prevalent in several of the Italian provinces.

THE publication of the *Poor-Law Chronicle* is to be discontinued from this date.

DR. EMILIO LEVIER has been appointed Sanitary Director of the baths at Bormio, the opening of which was mentioned in a paper by Dr. C. J. B. Williams, published in this JOURNAL some weeks ago.

THE Minister of Public Instruction in Italy has promised a grant of 1600 *lire* towards the expenses of instituting a laboratory of Cryptogamic Botany in Pavia; and it is hoped that a contribution will also be received from the Minister of Agriculture.

THE Annual Dinner of the Fellows of the Royal College of Surgeons of England will take place at the Albion Tavern, Aldersgate Street, on Thursday, July 7th, 1870, at half-past six o'clock, exact time. John Hilton, Esq., F.R.S., will preside.

#### ROYAL COLLEGE OF PHYSICIANS.

THE Harveian Oration is delivered to-day (Friday) at 4 P.M. by Dr. Gull, F.R.S. Members of the profession will be admitted on presenting their card.

#### THE STATE BALL.

THE following members of our profession attended, by command of Her Majesty, the State Ball given on Tuesday at Buckingham Palace: Sir James Clark, Sir Henry Holland, Sir William Jenner, Sir T. G. Logan, Sir Charles Locock, and Dr. Minter.

#### BRUCE MEMORIAL.

WE are asked to state that a meeting of the subscribers to the proposed memorial of the late Mr. Alexander Bruce will be held in the operating theatre of University College Hospital on Friday, July 1st, under the presidency of Mr. Erichsen, to whom, or to Dr. Wiltshire, subscriptions may be sent.

#### MRS. GLADSTONE'S CONVALESCENT HOME.

THE members of the Wanstead Musical Union gave a concert at the Home in Woodford on the 16th ult., in aid of a fund for the purchase of an harmonium for the use of the institution. A gratifying proof was afforded, in the excellent attendance on the occasion, that the charity is winning the sympathy of persons living in the neighbourhood. Dr. Andrew Clark, on behalf of Mr. Gladstone and the Committee, thanked the performers and the audience for their efforts in support of the Convalescent Home.

#### THE PRICE OF BEER.

Now that the use of false weights and measures, as well as the general subject of sophistication in regard to articles of diet, are attracting notice, we deem it worth while to direct attention to the analyses of porter and stout at p. 658, and to the reports we have already published on malt liquors, as illustrating the manner in which the beer-consuming public in many cases do not obtain the equivalent of their money either in quality or quantity. This circumstance is probably of more general importance to beer-drinkers than any actual adulteration of malt liquor.

#### THE WELSH FASTING GIRL.

A RETURN just made to the House of Commons as to the costs of the prosecution in the inquiry into the death of Sarah Jacobs, the Welsh fasting girl, shows the expense up to the present time to have been no less than £378 : 12 : 4, of which sum Dr. Robert Fowler, physician and expert, claims £193 : 8 : 6. Altogether, therefore, this was a physiological experiment or imposture, as one may please to call it, of a costly character. If the child had needed during life the sums thus expended, it would certainly have been very difficult to obtain them. It was an unsatisfactory and painful incident throughout, and this is by no means an agreeable *souvenir* of it.

#### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A MEETING of the Fellows and Members will be held at this College on Tuesday, the 28th, instant, to discuss the following question; viz.: "The advisability of petitioning Parliament, in the name of the Fellows and Members at large, in favour of the restoration to the Medical Act (1858) Amendment Bill of the original Clause 18 of the Bill; viz.: 'After the date fixed for the commencement of the examinations by any Medical Examining Board under this Act, none of the medical authorities shall grant any of the qualifications mentioned in Schedule (A) to the principal Act as amended by this Act or by any of the Acts mentioned in the first schedule to this Act, except to persons registered or qualified to be registered under the principal Act.'" The President will take the Chair at three o'clock precisely. Every Fellow or Member of the College desiring admission to the meeting will be required to write his name and address on a paper provided for the purpose; and none but Fellows or Members of the College, and duly authorised reporters of the public press, will be admitted.

#### THE CONVERSATION OF THE ROYAL COLLEGE OF PHYSICIANS.

THE President (Sir James Alderson) and the Fellows of the College of Physicians entertained at a *conversazione* a large and distinguished assemblage in the rooms of the College on Saturday last. More than usual pains had been taken to render the evening pleasant. The hall and staircase were adorned with handsome exotic plants; and the gloom of the College of Physicians was still more dispelled by the presence of the Coldstream Guards' band. Amongst those present were the Nawab Nazim of Bengal, with his sons and suite; Lord William Cecil; Lord Cranbourne; Lord Chief Justice Bovill; the Right Hon. Sir William Erie; Sir William Fergusson; Sir Henry Holland; Sir Chas. Locock; Sir Charles Macgregor; Sir D. Salomons; Sir Trevor Lawrence; Sir John Fisher; Sir Galbraith Logan, K.C.B.; Dr. Armstrong, Director-General of the Navy Medical Department; Sir Digby Wyatt; Sir David Deas; Dr. Brady, M.P.; Dr. Brewer, M.P.; Mr. Cock, President of the Royal College of Surgeons of England; Mr. Macnamara, President of the Royal College of Surgeons of Ireland; Mr. Paget; Professor Turner; General Boileau; Dr. A. P. Stewart; Dr. Sibson; Mr. John Foster White; Mr. Millais; Professor Hargreaves; Lieut. Palmer, R.N.; &c. Numerous gems of art from private and other sources were exhibited; and there was as usual a large display of surgical, scientific, and other instruments exhibited by well-known London makers. Amongst the objects which created most interest were perhaps Dr. Carpenter's Foraminifera, and Lieutenant Palmer's "Surface-Oceanic Life." The evening passed off with more than usual success. The presence of ladies would have increased this still more.

## GUY'S HOSPITAL.

WE understand that in resigning the Lectureship on Chemistry at Guy's Hospital, Dr. Taylor will continue his duties as Lecturer on Medical Jurisprudence.

## EXAMINATIONS OF THE ROYAL COLLEGE OF SURGEONS.

THE half-yearly examination in Arts, etc., for the diplomas of fellowship and membership of the Royal College of Surgeons was commenced on Tuesday last, at the Whittington Club, Strand, when 311 candidates presented themselves, viz., 81 for fellowship, and 230 for the membership. Owing to this large number, the result cannot be made known for several weeks. The next primary and pass examinations for membership will take place on the 16th and 22nd of July respectively.

## MEDICAL OFFICERS' SUPERANNUATION BILL.

MR. GOSCHEN's assent to the principles of the Permissive Superannuation Bill for poor-law medical officers has sealed its success. Taking a clear and statesmanlike view of the case, he has shown that the public interests would be served by a Bill which enabled the authorities to provide some allowance for an official who was too old to perform satisfactorily the duties of his office, and yet not able or willing to retire without a pecuniary allowance. There is a strong and just feeling against adding to superannuation allowances; but such additions to income have been rendered essential by the smallness of official salaries, and add in an important degree to the attractiveness and value of public employment, otherwise excessively ill-paid. Mr. Gordon threw out a hint which will be highly satisfactory to our Scotch brethren. He had no doubt that the Scotch Poor-law Committee now sitting would recommend permanence of appointment and superannuation allowance for them also. It is obviously a matter of justice that their position should be equalised with that of their brethren in England and Ireland. The greatly improved feeling in the House towards medical officers which has sprung up since the nature of their relations to the guardians in workhouse infirmaries was brought forcibly before the public, was very agreeably apparent throughout the debate. Our thanks are due to Dr. Brady for bringing forward the measure, and to Mr. Dalrymple, Dr. Playfair, and others, for their support of it. But, as official opposition would have been fatal to it, thanks are earnestly due to Mr. Goschen for the liberal and effective advocacy by which he has ensured a measure of justice to the officers of the Poor-law Medical Service.

## DEMONSTRATIONS OF PHOTOGRAPHS OF SKIN-DISEASES.

ON Monday, July 5th, at a quarter-past five in the afternoon, in the large theatre of the Royal Polytechnic Institution, Regent Street, Mr. Balmanno Squire invites those members of the profession who may be interested in the subject to be present at the trial of an experiment for demonstrating cutaneous diseases by an improved method; viz., by means of coloured photographs from life, taken on glass, which will be placed in the dissolving views apparatus, and there illuminated by the lime-light, and so thrown on the screen in a dark room so that perfect representations of the precise form, colour, and size of life, will be produced. The advantages which Mr. Squire claims for his method are these. 1. His published photographs on paper of skin-diseases, whose chief defect was their small size, may by this means be exhibited in life-size to lecture-classes; 2. Systematic lectures on the subject may by this means be made clinical also; 3. The acknowledged difficulty of finding illustrative cases for demonstration, which, even when found, cannot be made to keep until they are required for the purpose of demonstration, is got rid of, since by this means all the more instructive cases may be caught, fixed, and preserved, in a compact, inexpensive, and portable form, for demonstration year by year whenever they may be wanted. More than this, such representations are convenient from another point of view, inasmuch as, instead of being, like the patient himself, visible only to the select few, viz., to the nearest students who have secured good places, and being by their heads and shoulders, as a general rule, eclipsed to the rest of the class, a faithful

image of the patient thrown on the screen may be magnified, if need be, to considerably more than life-size, and thus made equally visible to every member of even a very large lecture-class. Mr. Squire does not, of course, propose this mode of conveying clinical instruction as a substitute for actual clinical study; but he desires to propose to the lecturers on medicine and surgery at the various medical schools that they should adopt this process as an advantageous means of conveying the rudiments of clinical instruction in cutaneous diseases; and he thinks that a student might progress by such tuition so as in the course of about a week to be able to recognise and study for himself the majority of cases of cutaneous disease that are likely to come before him in practice. Mr. Squire furthermore claims for his process an advantage over large drawings of cutaneous diseases, since photographs on glass are more accurate, much cheaper, occupy less packing space, can be exhibited at will of any required size; and their image, being the only illuminated object in a dark room, is far more distinct and more visible from distant parts of a large room than a coloured drawing usually is.

## SWIMMING-BATHS IN THE THAMES.

THERE appears at length to be some prospect of having swimming-baths in the Thames similar to those in use on continental rivers. The movement originated from a suggestion of the Hon. A. H. Layard, who, when Chief Commissioner of Works, had refused his consent to allow public bathing in Battersea Park. It is intended to purchase a floating bath, 60 feet long and 40 feet broad, which was built for the Worcester training-ship, and to moor it in the middle of the river, about 300 yards from the Albert Bridge piles, where, it is said, six feet of water can be procured at the lowest tides. The bath, with all its floats and necessary apparatus, will cost about £300. It has interstices at the sides to admit of the free ingress and egress of the water, and it will be covered with canvas. An experienced swimmer has been engaged as bath custodian and swimming instructor, and it is proposed at present to charge threepence for adults and twopence for youths for the use of the bath. Drawers will be insisted on while bathing, and one halfpenny will be charged by the waterman for conveying each person to and bringing him from the bath. The depth of the bath varies from 3 ft. to 6 ft. We should scarcely have considered the river sufficiently attractive even at Battersea. For sanitary purposes, however, the movement is, we suppose, better than having no baths at all; it will do no harm, and it will encourage the art of swimming and bathing in clean water.

## LONDON BUTTER.

Two incidents of a very opposite character have occurred this week to interest people who wish to be able to eat their bread and butter without quarrelling with it or at it. A large firm of fat-melters and soap manufacturers in Newington were indicted for creating a nuisance by not destroying the refuse and lessening the noxious vapours created in their processes. If three witnesses to the offensive character of the smells are to be credited, one part of the business so agreeably characterised is the manufacture of butter. These witnesses deposed to seeing the butter-tubs taken in empty and brought out full. On the other hand, Mr. Talleman, of Norton Folgate, has just disposed of the first successful consignment to this country of a cargo of New Zealand butter. The formidable distance and the tropical temperature which have to be traversed, might seem to impose prohibitory restrictions on such a supply at any low and remunerative rates. One hundred tons of good pure butter were, however, sold at tenpence a pound, which were churned in Canterbury, New Zealand, and brought by the *Hydaspes* to these markets. It is not long since that hundreds of tons of Irish butter were exported to our Australian colonies; now they have become great butter-producing colonies. This butter is somewhat over-salt, and has suffered somewhat in quality by the voyage, but it is fresh, pure, and wholesome. Since Irish butter reached Australia in good condition, there is no reason why Australian butter should not arrive in an equally satisfactory state. The colonies need dairymaids; we need butter. This Australian butter can probably be sold here at eightpence or nine-

pence a pound, and leave a fair profit on the sale. It has the recommendation of containing neither London mud nor Hamburg bosch; and we are disposed to think that it would be well received, and constitute a valuable addition to our food resources.

#### BABY-FARMING.

WHEN, in March 1868, Mr. Vanderhyl brought under the notice of the House of Commons "the statements in the BRITISH MEDICAL JOURNAL connected with the practice of baby-farming in the metropolis," he asked the Home Secretary at the same time whether he intended to put the law in motion to suppress such practices. Mr. Hardy replied, that the existence of the system described reflected great disgrace on any nation in respect to which the statements were made. The offences charged were crimes within the law: it was no part of the Home Secretary's duty to act the part of public prosecutor. The attention of the police had been directed to the subject since the publication of these articles; but it was obviously very difficult, if not impossible, to get evidence of the transactions described which would be available in the courts of justice. We placed at the disposal of the police at that time the clues which had fallen into our hands. Two out of three notorious persons, who were evidently long experienced in the business, have since figured in courts of justice. Moreover, there were upwards of three hundred letters in answer to advertisements. Without any of the advantages possessed by those who wield the powerful organisation of the police, we were enabled rapidly to detect the system by which mock confinements, substitution of children, and abortion, are erected into a business in London; and to light upon baby-farms so ill-regulated and so murderous as to testify at once to the necessity of police and sanitary regulation. The details of the case now being developed repeat and exactly illustrate what we described. Details so vivid, and yet so prosaically developed in the police-court, may perhaps so stir the activity of legislators as to lead to the registration and sanitary supervision of baby-farms and of all places where infants are received at nurse for hire.

#### THE DOMESTIC USE OF THE THERMOMETER.

WE trust that it will not be long before every intelligent mother of a family is familiar with the use of the thermometer for the discovery of disease. In many respects, it is far more reliable than the tongue or the pulse. As a means of ascertaining when it is desirable to consult a doctor, and when advice may be deferred with safety, it would be invaluable. By its aid the difference between insignificant skin-rashes, which will disappear in a day or two, and those which imply a constitutional fever, may usually be satisfactorily determined. Under many circumstances, the early discovery that a child was sickening for scarlatina or measles might be of great importance. If a mother were in the habit of trying the temperature of her children whenever she thought them ailing, she would sometimes make unexpected discoveries as to their real state of health; and her observations would be of much value to her medical adviser. At the same time she would be acquiring familiarity with the mode of estimating a symptom to which during acute illnesses great attention is paid, and fitting herself for one of the modern duties of a skilled nurse. The clinical thermometer is not expensive, and its use may be easily learned by any one. We hope that before long a few brief rules adapted for home employment will be prepared, and that, aided by them, the mothers and nurses of our land will at once commence the acquisition of a kind of experience which will become every year of increased importance. In addition to its practical value in reference to the health of their households, we must also add that all who become familiar with the facts of human thermometry must learn some very interesting lessons in physiology.

#### SANITARY REPORT OF ISLINGTON.

DR. BALLARD, the able Medical Officer of Health for Islington, reports that, while the registered mortality for May was somewhat below the average, the amount of sickness was greater than he had ever recorded except in May 1868. In that month, as in May of the present year, much

drought prevailed; and to its recent prevalence Dr. Ballard attributes the spread of small-pox, measles, and scarlet fever. Of small-pox, eleven cases occurred during the month; none of them, however, are recorded as having been fatal. The number of cases of measles increased from 104 in April to 170 in May, and the deaths from 4 to 17; and the cases of small-pox increased from 38 to 52, with 27 deaths.

## SCOTLAND.

LADY SIMPSON, widow of the late Sir James Simpson, died at Killin, Perthshire, on the 17th instant.

#### THE MEMORIAL OF THE LATE SIR JAMES Y. SIMPSON.

At a meeting of the Provisional Committee held in Edinburgh on Friday, the following resolution, recommended by a subcommittee, was adopted: "The Committee are unanimously of opinion that the first object to be aimed at should be a suitable monument, including a statue, to be erected in a conspicuous situation in Edinburgh. Further, bearing in mind the great work which Sir James Simpson accomplished, in the improvement of the treatment of a particular class of diseases, they are of opinion that the sum aimed at should be sufficient not only for the erection of such a monument, but also for the establishment of an institution for the treatment of the diseases of women and children, open to sufferers from any quarter." The Hon. G. Waldegrave-Leslie, in seconding the motion, stated that he had had interviews with the Dean of Westminster, who was most anxious that a monument, with a bust of Sir James Simpson, should be placed in Westminster Abbey. The Dean had pointed out to him the position most suitable for a bust of Sir James—namely, in St. Andrew's Chapel, very near to the monuments to Sir Humphry Davy and other scientific men of great genius and celebrity. The Committee had considered the question as to the sum that should be asked from the public; but they thought that the best plan would be to proceed at once to collect subscriptions, without specifying any particular sum. A meeting was held on Thursday afternoon at Stafford House, to consider the best means of doing honour to Sir James's memory in London.

#### THE CHAIR OF MIDWIFERY IN THE UNIVERSITY OF EDINBURGH.

IN spite of the prior claims which Dr. Matthews Duncan most undoubtedly possesses over his opponents for the Chair of Midwifery in the University of Edinburgh, we hear it stated, with much surprise, that there are some doubts as to his being the successful candidate on July 5th. The reasons for the rumour are to us inexplicable. We are at a loss, therefore, to meet them. Dr. Duncan produces evidence in the form of one hundred and thirty-four very high testimonials, which have been forwarded to us, including some from, we may say, every distinguished obstetrician in Europe and America. He has also the unusual honour of receiving the support of every member of the Medical Faculty in the University. There can be but one opinion—that Dr. Duncan is fitted in a very eminent degree to fill the Chair of Midwifery in the University of Edinburgh. We have not been afforded an opportunity of judging in a similar manner of the testimonials with which Dr. Duncan's opponents intend to support their candidature before the Curators. Without unfair disparagement of the claims of the other candidates, therefore, we are at a loss to understand how the Curators can use the trust placed in their hands in any other way than by appointing Dr. Duncan to the Chair of Midwifery in the University.

#### THE GOVERNMENT MEDICAL BILL.

THE Royal College of Physicians of Edinburgh and the Faculty of Physicians and Surgeons of Glasgow have each petitioned the House of Lords regarding the Medical Acts Amendment Bill, with special reference to the proposed omission of the clause limiting the admission to the profession to one examining board in each division of the kingdom. They consider the retention of the power of the several existing boards to give indisputable titles to practise, although not to registration, to be subversive of the fundamental principle of the Bill; and petition that all persons whatever intending to enter the medical profession should be compelled to undergo the examinations of the conjoint boards. The College of Physicians also expresses its disappointment at the absence of any provision for altering the constitution of the General Medical Council, which, it considers, does not contain a sufficient representation of the wants and interests of the profession.



# REPORT

ON THE

## MALT LIQUORS SOLD IN THE UNITED KINGDOM:

WITH ANALYSES AND COMMENTS.

### V.—PORTER AND STOUT.

THE kinds of malt liquor represented by the following analyses have hitherto been the chief beverage of the working class in London, but they are now being in great measure superseded by ale. Both in porter and stout, the deep brown colour is due to the use of a certain proportion of roasted malt in the brewing; but in other respects there is no special difference between them and other kinds of malt liquor.

The amount of alcohol in these examples of porter varies from 3.22 to 5 per cent. by weight, or from .82 to 1.27 fluid-ounces per pint; and the amount of extract, from 3.92 to 6.91 per cent. by weight, corresponding to .79 and 1.20 ounces per pint.

In the stout, the amount of alcohol varies from 5.09 to 6.81 per cent. by weight, or 1.30 to 1.74 fluid-ounces per pint; and the amount of extract, from 6.17 to 11.37 per cent., corresponding to 1.25 and 2.35 ounces per pint.

The quantity of malt used in brewing porter and stout, as indicated by the computed original gravities of these samples, varies from 1.68 to 2.22 bushels per barrel in the case of porter, while in stout it varies from 2.38 to 3.40 bushels per barrel.

Perhaps the most striking feature of these results is that brought out by comparing them with the price at which the beer is sold in particular instances. Thus, in the case of porter, several of the samples sold at 2d. per pint appear to be decidedly inferior to some of those sold at 1½d. per pint.

Again, the stout Nos. 22 and 27, though sold at 4d. per pint in both instances, is far from being equal to the samples Nos. 21 and 28, which were sold at 3½d. and 3d. per pint respectively.

If, in addition to such a disproportion between the quality of beer and the price charged for it by retailers, it be further taken into account that, in the sale of beer by the glass, there is a further large addition to the price per pint, in consequence of the glasses being frequently very much smaller than they should be, it will be evident that the public suffer considerably from the absence of a due relation between the value of beer and the price paid for it. Probably this is of more importance than any actual adulteration of malt liquor; and it is certain that in many cases the price charged for beer at places of public resort is such as to be almost prohibitory of its consumption. For example, Allsopp's best pale ale costs less than 3d. per pint when purchased by the barrel, while the price charged for it at the Crystal Palace and several other places of the kind is actually 6d. per pint.

Table of Analyses of Porter and Stout.

Kind of Beer.	Obtained from	Price per imperial pint.	Specific gravity.	Per centage by weight		Acetic acid, per ct.	Original gravity of wort.	Malt per barrel.	Contents per pint.		
				alcohol.	extract.				Alcohol fl. ozs.	Extract ozs.	Acid. grs.
PORTER.											
1. Reid's .....	Taphouse, Liquorpond Street	2d.	1014.08	3.69	5.13	.20	1048.76	1.80	.94	1.04	17.74
2. Ditto .....	20, Orange Street	2d.	1014.44	3.59	5.20	.20	1048.22	1.78	.91	1.05	17.75
3. Ditto .....	The Redan, 34, Farringdon Street	2d.	1018.01	3.22	5.93	.21	1048.30	1.78	.82	1.20	18.70
4. Combe, Delafield, & Co. ....	Yorkshire Tavern, Gray's Inn Road	2d.	1014.63	4.20	5.31	.16	1053.51	1.98	1.70	1.07	14.20
5. Ditto .....	The Old Bell, New Tothill Street, Westminster	1½d.	1020.25	3.82	6.91	.20	1057.16	2.11	.99	1.41	17.85
6. Field & Co. ....	The Ship Tavern, Gray's Inn Road	2d.	1010.27	3.93	4.04	.16	1045.46	1.68	.98	.82	14.14
7. Elliott, Watney, & Co. ....	Bricklayers' Arms, Eagle St.	1½d.	1015.91	4.73	5.75	.20	1054.09	2.00	1.18	1.17	17.78
8. Ditto .....	Monster, Pimlico	1½d.	1010.08	4.16	3.92	.21	1018.02	1.77	1.06	.79	18.55
9. Truman, Hanbury, & Co. ....	The Peacock, Gray's Inn Road	1½d.	1013.16	4.02	5.12	.24	1051.53	1.90	1.03	1.01	21.27
10. Ditto .....	Sugar Loaf, Fetter Lane	2d.	1013.56	3.95	4.68	.18	1019.33	1.82	1.04	.94	15.96
11. Meux & Co. ....	The Horse Shoe, Tottenham Court Road	2d.	1011.44	5.00	4.63	.19	1057.06	2.14	1.27	.93	16.81
12. Courage & Co. ....	White Horse, Fetter Lane	2d.	1011.82	4.57	4.96	.21	1055.16	2.04	1.19	1.00	18.59
13. Whitbread's .....	Discussion Hall, Shoe Lane	1½d.	1014.04	4.28	5.15	.18	1054.11	2.00	1.09	1.03	15.97
14. Ditto .....	Blackwall Railway Tavern, Fenchurch Street	2d.	1016.21	3.61	5.85	.24	1051.31	1.90	.92	1.19	21.34
15. Barclay's .....	Red Hart, Fetter Lane	2d.	1016.08	4.49	5.84	.19	1058.50	2.16	1.15	1.18	16.99
16. Lightfoot's .....	Gentleman & Porter, New St.	2d.	1015.15	4.72	5.78	.19	1060.12	2.22	1.20	1.17	16.88
17. Hoare's .....	Red Lion Tavern, Fenchurch Street	1½d.	1012.99	4.18	5.04	.18	1052.42	1.94	1.06	1.03	15.95
18. The Lion Brewery's .....	The Hatchet, Little Trinity Lane	2d.	1016.30	3.75	5.87	.18	1052.26	1.93	.96	1.19	16.00
STOUT.											
19. Hoare's .....	Red Lion Brewery, East Smithfield	1025.94	6.63	10.31	.23	1090.85	3.36	1.64	2.12	20.54	
20. Ditto .....	Ditto	1014.00	5.57	6.00	.20	1068.05	2.52	1.46	1.20	17.95	
21. Ditto .....	Red Lion Tavern, Fenchurch Street	3½d.	1014.50	6.25	7.21	.22	1078.37	2.90	1.60	1.46	19.53
22. City of London .....	The King's Head, Stew Lane	4d.	1015.43	5.68	6.43	.26	1071.12	2.63	1.45	1.30	23.10
23. Whitbread's .....	Chiswell Street Brewery	1030.00	6.05	10.34	.30	1089.70	3.32	1.57	2.13	27.04	
24. Thorne's .....	Nine Elms Brewery	1027.15	5.38	9.17	.28	1080.15	2.97	1.39	1.90	25.17	
25. Meux's .....	Horseshoe Brewery	1035.60	5.09	11.37	.24	1086.76	3.21	1.32	2.35	21.75	
26. Barclay and Perkins .....	Railway Stores, Fenchurch Street	4d.	1029.31	5.24	9.66	.28	1081.21	3.00	1.36	1.99	25.22
27. Lightfoot's .....	Red Lion, Princes Street, Westminster	4d.	1025.87	4.84	8.88	.20	1074.03	2.74	1.25	1.82	17.95
28. Truman's .....	Porkman Tavern, Fish Street Hill	3d.	1020.14	5.78	7.63	.21	1076.57	2.83	1.48	1.55	18.74
29. Guinness's, No. 1 .....	Guinness & Co. ....	1015.51	6.81	6.17	.24	1078.00	2.88	1.74	1.25	21.32	
30. Ditto No. 2 .....	Ditto .....	1019.50	6.20	7.11	.20	1078.01	2.88	1.59	1.45	17.84	
31. Ditto No. 3 .....	Ditto .....	1015.97	5.09	5.89	.26	1064.49	2.58	1.30	1.19	23.11	

# ASSOCIATION INTELLIGENCE.

## BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Thirty-eighth Annual Meeting of the British Medical Association will be held in Newcastle-upon-Tyne, on Tuesday, Wednesday, Thursday, and Friday, the 9th, 10th, 11th, and 12th of August next.

*President*.—CHARLES CHADWICK, M.D., F.R.C.P., Senior Physician to the Leeds Infirmary.

*President-elect*.—EDWARD CHARLTON, M.D., Senior Physician to the Newcastle-upon-Tyne Infirmary.

An Address in Medicine will be delivered by FRANCIS SIBSON, M.D., F.R.S., F.R.C.P., Physician to St. Mary's Hospital.

An Address in Surgery will be delivered by G. Y. HEATH, M.B., M.R.C.S., Surgeon to the Newcastle-upon-Tyne Infirmary.

The business of the meeting will be conducted under six Sections: Section A. MEDICINE.—*President*: Dr. Embleton. *Vice-Presidents*: Dr. Simpson and Dr. Lyons. *Secretaries*: Dr. H. Barnes, Carlisle, and Dr. Morell Mackenzie, 13, Weymouth Street, London.

Section B. SURGERY.—*President*: Professor Lister. *Vice-Presidents*: Charles Trotter, Esq., and Timothy Holmes, Esq. *Secretaries*: Dr. Arnson, Newcastle-upon-Tyne, and W. H. Favell, Esq., Sheffield.

Section C. PHYSIOLOGY.—*President*: Dr. A. Clark. *Vice-Presidents*: Dr. Sanderson and Dr. Hayden. *Secretaries*: T. C. Nesham, M.D., Newcastle-upon-Tyne, and J. G. McKendrick, M.D., 29, Castle Terrace, Edinburgh.

Section D. MIDWIFERY.—*President*: Dr. Robert Barnes. *Vice-Presidents*: Dr. Gibson and Dr. G. Hewitt. *Secretaries*: Luke Armstrong, Esq., Newcastle-upon-Tyne, and J. H. Aveling, M.D., Rochester.

Section E. PUBLIC MEDICINE.—*President*: Dr. Rumsey. *Vice-Presidents*: Dr. Druitt and Dr. Morgan. *Secretaries*: Anthony Bell, Esq., Newcastle-upon-Tyne, and Dr. A. Ransome, Bowden, Cheshire.

Section F. PSYCHOLOGY.—*President*: Professor Laycock, M.D. *Vice-Presidents*: Dr. Sankey and Dr. Maudsley. *Secretaries*: Grainger Stewart, M.D., Borough Asylum, Newcastle-upon-Tyne, and T. Harrington Tuke, M.D., 37, Albemarle Street, London.

*Notices of Motion*.—The following notice has been given.

The Rev. Dr. BELL: That a Committee be appointed for the purpose of inquiring into the present constitution and operation of the Committee of Council; and whether it might not be better to have only one well constituted Council, consisting of a limited number—say fifty—to be elected by the general body of members through the medium of voting-papers; and that the Committee report to an ordinary general meeting, or to a special general meeting convened according to law.

Gentlemen desirous of reading papers, cases, or any other communications, are requested to give notice of the same to the General Secretary, at their earliest convenience.

T. WATKIN WILLIAMS, F.R.C.S., *General Secretary*.  
13, Newhall Street, Birmingham, June 6th, 1870.

## BATH AND BRISTOL BRANCH.

THE annual meeting of the above Branch will be held on Thursday, July 14th, 1870, at the Mineral Water Hospital, Bath, at 4.30 P.M., when C. H. COLLINS, Esq., will resign the Chair to C. BLEECK, Esq., *President-elect*, who will deliver an address.

Members having any communications for the meeting, are requested to give notice of them to the Secretaries.

The following resolutions will be moved:

Mr. BARTUM and Dr. SPENDER.—“That it is desirable that the number of ordinary meetings be reduced to four.”

Mr. FISHER and Dr. BRITTON.—“That any gentleman who has been black-balled by this Branch of this Association, shall not be admitted to the meetings.”

The dinner will be held at the York House, Bath, at 6.30 P.M. Tickets, including ice and dessert, 7s. 6d. each. Wines at moderate charges.

The Bath Secretary particularly requests that those members who intend to be present at the dinner, will send him their names before Monday, July 11th, in order that the necessary arrangements may be completed.

R. S. FOWLER, Bath, } *Honorary Secretaries*.  
CHARLES STEELE, Clifton }

## COMMITTEE OF COUNCIL: NOTICE OF MEETING.

A MEETING of the Committee of Council will be held at the rooms of the Medical Society of London, 32A, George Street, Hanover Square, on Tuesday, the 28th day of June, 1870, at 3 P.M. *precisely*.

To consider what further steps shall be taken relative to the “Medical Act (1858) Amendment Bill” now before Parliament; and other important business.

T. WATKIN WILLIAMS, F.R.C.S., *General Secretary*.  
13, Newhall Street, Birmingham, June 14th, 1870.

## LANCASHIRE AND CHESHIRE BRANCH.

THE annual meeting of the above Branch will be held at Preston, on Wednesday, June 29th, at 12 o'clock. *President*, Dr. HALL, Lancaster; *President-elect*, Dr. SPENCER, Preston.

The dinner will take place at the Town Hall, at 5 P.M. Tickets (not including wine), 7s. 6d. each.

Gentlemen intending to read papers, are requested to communicate with the Honorary Secretary without delay.

HENRY SIMPSON, M.D., *Honorary Secretary*.  
Manchester, June 13th, 1870.

## CUMBERLAND AND WESTMORLAND BRANCH.

THE annual meeting of the above Branch will be held in the Board Room of the Infirmary, Whitehaven, on Wednesday, June 29th, 1870, at 1 P.M. M. W. TAYLOR, M.D., Penrith, President; THOMAS F. L'ANSON, M.D., Whitehaven, *President-elect*.

Dinner will be ordered at the Black Lion Hotel for 4 P.M.  
HENRY BARNES, M.D., *Honorary Secretary*.  
Carlisle, June 15th, 1870.

## SOUTH MIDLAND BRANCH.

THE fourteenth annual meeting of the above Branch will be held at the Infirmary, Aylesbury, on Thursday, June 30th, at 1 P.M.; CHARLES HOOPER, Esq., President, in the Chair.

Gentlemen who purpose reading papers or cases, are requested to furnish the names or titles of same forthwith to Dr. Bryan, Northampton.

J. M. BRYAN, M.D., Northampton } *Hon. Secs.*  
G. P. GOLDSMITH, Esq., Bedford }

Northampton, May 31st, 1870.

## SOUTH EASTERN BRANCH.

THE twenty-sixth annual meeting of the above Branch will be held at the Rosherville Hotel, Gravesend, on Thursday, June 30th, at 1.30 P.M.; JOHN M. BURTON, Esq., F.R.C.S. Eng., President, in the Chair.

The dinner will be provided punctually at 5 o'clock. Tickets (not including wine), 7s. each.

G. FREDK. HODGSON, *Honorary Secretary*.  
Brighton, June 1870.

## NORTH WALES BRANCH.

THE annual meeting of the above Branch will be held at the Crown Hotel, Denbigh, on Tuesday, July 5th, at 12 o'clock noon, under the presidency of T. FRANCIS EDWARDS, Esq.

Dinner at 4 P.M. Tickets, including wine, etc., 12s. each. To be had at the bar of the above hotel.

Gentlemen who purpose reading or communicating papers and cases, and who intend dining, will please to give an early intimation to Beaumaris, June 1870. D. KENT JONES, *Hon. Sec.*

## WEST SOMERSET BRANCH.

THE annual meeting of the above Branch will be held at the York Hotel, Weston-super-Mare, on Tuesday, July 12th, at 12.30 P.M.; H. J. ALFORD, M.B., Taunton, President; J. CORNWALL, Esq., Ashcott, *President-elect*.

The members of this Branch and of the Central Somerset Medical Society are kindly invited to lunch at the West of England Sanatorium or Convalescent Home, by the medical staff of that institution, at 2 P.M.

It is proposed during the course of the afternoon to visit the Weston-super-Mare Hospital and Fever Wards, and other objects of interest.

The dinner will be at the York Hotel at 7 P.M. A special late down train will kindly be arranged by the Bristol and Exeter Railway Company on the night of the meeting.

Gentlemen intending to be present, or wishing to read papers, are requested to communicate as early as possible with the Secretary.

W. M. KELLY, M.D., *Honorary Secretary*.  
Taunton, June 21st, 1870.

## METROPOLITAN COUNTIES BRANCH.

THE eighteenth annual meeting of this Branch will be held at the Castle Hotel, Richmond, on Friday, July 22nd, at 3 P.M. *President* for 1869-70, GEORGE JOHNSON, M.D.; *President-elect* for 1870-71, T. HECKSTALL SMITH, Esq.

Dinner at the Hotel at 5.30 P.M. Tickets (exclusive of wine) 10s. 6d. each.

A. P. STEWART, M.D.

ALEXANDER HENRY, M.D. } *Honorary Secretaries.*

75, Grosvenor Street, June 22nd, 1870.

EAST YORK AND NORTH LINCOLN BRANCH:  
ANNUAL MEETING.

THE fourteenth annual meeting of the above Branch was held on May 25th, 1870, at the Hull Infirmary; KELBURNE KING, M.D., *President*, in the Chair.

Sir HENRY COOPER, M.D., having terminated his year of office as *President*, retired.

The proceedings of the last annual meeting, and the report upon the fortnightly meetings, were read and adopted.

The HONORARY SECRETARY then gave his report of the special meeting held in London on May 18th, to consider the Medical Act (1858) Amendment Bill.

*New Members.*—The following gentlemen were admitted members of the Branch: W. E. Ditchett, Esq. (Louth); and W. E. Ridsdale, Esq. (Hull).

*Officers, &c.*—The following officers for the ensuing year were then elected:—*President-elect*: J. A. Locking, Esq. *Honorary Secretary*: R. H. B. Nicholson, Esq. *Committee*: Sir H. Cooper, M.D.; G. T. Elliott, M.D.; W. J. Lunn, M.D.; R. M. Craven, Esq.; J. F. Holden, Esq.; Henry Gibson, Esq.; and G. Lamb, L.R.C.P. *Representatives in the General Council*: J. A. Locking, Esq.; and K. King, M.D.

The appointment of a place for the half-yearly meeting was left to the Committee to decide.

The *PRESIDENT* then read an introductory address, in which he mentioned that it was twenty-five years since he had occupied the Presidential Chair of the Royal Medical Society of Edinburgh, and passed in review the discoveries that had taken place in medicine and surgery during that period.

*Papers, &c.*—Mr. R. M. CRAVEN read a paper on Hemiotomy and Laryngotomy on the same patient; also two cases of Lithotomy, in one of which he extracted two calculi.

Mr. H. GIBSON read a case of Dislocation of the Humerus with Fracture of the Neck.

Mr. J. MORLEY read a case of Necrosis of the Clavicle.

Dr. W. J. LUNN read the notes of a Railway Accident in a Boy, in which the left lower extremity, along with the os innominatum, was torn off, exposing the bladder and rectum. The peritoneum was not injured. The patient lived fourteen hours.

Dr. G. F. ELLIOTT showed a case of Pneumonia terminating in Abscess, with an opening through the chest-wall.

After the papers and cases, Mr. CRAVEN proposed, and Dr. BELL (Louth) seconded, a vote of thanks to the *President* for his very able and instructive address, which was carried by acclamation.

The members met at dinner, after the meeting, at Glover's Hotel.

BATH AND BRISTOL BRANCH: ORDINARY  
MEETING.

THE sixth ordinary meeting of this Branch (the last for the session) was held at the Royal Hotel, Bristol, on Thursday evening, May 26th; C. H. COLLINS, Esq., *President*, in the Chair. There were present thirty-three members and three visitors.

*New Member.*—Mr. John Morgan of Chilcompton was unanimously elected a member of the Association and of this Branch.

*Papers.*—Mr. GAINE read a paper on Anæsthetics, in which he drew special attention to the advantages of bichloride of methylene as being the most manageable and the safest yet known; having all the advantages of chloroform when required for a protracted operation, and being far preferable for a short one for many reasons—the first being its greater rapidity of action and recovery from the anæsthetic condition. The inhaler recommended by Mr. Gaine is Mr. Rendle's improvement on Mr. Peter Marshall's, consisting of a leather nose-piece, containing a bag for sprinkling the fluid on, and perforated at the end for admission of air.—Dr. SPENDER asked what were the signs of danger in the administration of bichloride of methylene. It appeared to him that

very little warning of danger was given.—Mr. BLEECK had seen bichloride of methylene given at the Salisbury Infirmary, where it is much used, and highly thought of by the staff. Mr. Bleeck enumerated three cases in his experience of imminent danger in the use of chloroform, graphically describing the mental condition of a country surgeon, alone and unaided, giving the anæsthetic and also operating, when the patient showed bad symptoms.—Mr. COLLINS asked what advantage the inhaler shown had over a cup-shaped sponge. Mr. Collins had experienced all the feelings described by Mr. Bleeck, and felt that for all minor and suitable operations ether-spray should be used instead of chloroform being given.—Mr. GAINE replied that the signs of danger were stertor and pallor; but he had never seen a dangerous case. With regard to the inhaler, he said that it could be held close to the face, which a handkerchief could not, and the admission of air regulated and modified by the hand covering the perforations at the end.

Dr. SPENDER read a paper on some of the Sequelæ of Scarlatina, dwelling particularly on delirium, inflammation of joints, nephritis, and chronic abscesses in the neck, giving cases bearing upon each malady.—Mr. BLEECK had had much experience in scarlatina, and found that early delirium was easily subdued by opium; and that the most serious evil was dropsy following scarlatina.—Mr. T. E. CLARK detailed two cases lately under his care: in one, a child, nephritis followed scarlatina, and was succeeded by pneumonia in patches all over both lungs. The other patient, the mother of this child, was worn out with nursing, when she was attacked by scarlatina: acute arthritis followed, and the illness assumed a typhoid condition, followed by coma and death.—Mr. DOWSON said he had observed amongst his parish patients a great tendency to recover without medicine, and without any sequelæ.—Dr. BRITTON observed that no mention had been made of pericarditis as a complication of scarlatina, and described two cases which had lately been attended by him in which pericarditis existed.—Mr. COLLINS thought the congested condition of the kidneys due to suppression of the skin's action, with the attendant dropsy, to be the chief mischief; and remarked that cases of scarlatina among poorer people frequently were not seen by a doctor until this condition occurred, the scarlatina having been overlooked by the parents, and remembered by them on inquiry only as a slight rash. The sheet anchor in these cases Mr. Collins found to be the tincture of perchloride of iron.—Dr. SPENDER, in reply, said that he had purposely taken up only some, and not all, of the sequelæ of scarlatina.

Mr. PRICHARD, in commencing his paper on a case of Popliteal Aneurism, spoke of accupressure as a means of arresting hæmorrhage, which had been tried and abandoned at the Bristol Royal Infirmary, though still employed at some hospitals. Mr. Prichard mentioned a case where a boy removed an accupressure-needle from his stump a few hours after amputation, with no hæmorrhage following; and another case of a young man, whose arteries were quite healthy, where free hæmorrhage followed the removal of the needle three days after amputation at the knee-joint. When accupressure was first brought forward, the idea struck Mr. Prichard that it would be a valuable means of temporarily arresting the flow of blood through an aneurism; the plan had been tried by others also. Mr. Porter's instrument for the purpose was described; and a case where it was used by Mr. Stokes, jun., was narrated. Mr. Prichard then detailed the case of a young man, aged 18 years, who, when admitted into the Bristol Infirmary, had had popliteal aneurism for two months. All plans of treatment, short of operation, were carefully adopted, but without success; but a cure resulted from the use of an instrument designed by Mr. Prichard, and exhibited to the meeting. It consisted of a simple silver tube, three inches long, up which a horsehair fishing-line was passed, then round the popliteal artery, the vessel having, of course, been previously secured by incision, down the tube again, and the two ends firmly to a cross-bar at the free extremity of the tube sufficiently fixed to compress the artery against the end of the tube; the wound was then closed round the tube. In three days, a cure resulted; whereas this does not follow for eighteen or twenty days when the artery is ligatured. Accupressure taught us that in three or four days an artery is tolerably safe, and a ligature may be pretty firmly pulled at that date.—Mr. T. E. CLARK felt accupressure to be of much value in securing osseous vessels, which gave way under the application of a ligature.—Mr. BERNARD mentioned that the man spoken of by Mr. Prichard, in whose case hæmorrhage had occurred, had shifted the needle several times by his movements of the stump; and stated that hæmorrhage had followed fourteen or fifteen days after ligature of the femoral artery. Torsion of arteries had proved satisfactory, and was more easy of application, and was therefore adopted at the Bristol Royal Infirmary in preference to accupressure.

Mr. PRICHARD also detailed the case of a young lady, whose father consulted him on her account, giving this statement. The young lady was looking out of her bedroom window, having a hair-pin in her hand;



the door of the room slammed, she started, the hair-pin dropped from her hand, and was subsequently found in her vagina! The patient was brought to Clifton; and, on examination, Mr. Pritchard found the middle of the shaft of the hair-pin high up in the vagina, partially concealed by the os uteri, but could not make out which end was uppermost. An examination *per anum*, however, revealed both points inclining downwards, and pricking against the mucous membrane of the rectum. Mr. Pritchard managed to hook the pin with an aneurism-needle, and, after much trouble and pulling, the pin turned over and came out, the bent end foremost; but so much force was required, that both sharp ends were bent at a right angle to the shaft.—Mr. BOARD said that, when he was house-surgeon to the Infirmary, a young woman was brought in, supposed to have a hair-pin in her vagina. Mr. BOARD found one in her bladder; he could get hold of one side, but the other was fixed. He gave chloroform, dilated the urethra with his finger, and removed the hair-pin with forceps. In three days the patient went out well.—Mr. LUDLOW, present house-surgeon to the Bristol Infirmary, described a case where he had removed a hair-pin from the urethra of a man, by passing down a cannula, getting the points into it, and pressing the pin out.

## CORRESPONDENCE.

### DOCTORS AND WATER-DRINKERS.

SIR,—A copy of your issue of the 4th instant has been sent me by each of two friends; one of them is an M.D. of my acquaintance; the other, I believe, is also a physician. Each of them has drawn my attention to your leading article, the title of which I have given above. Another medical friend, who is also one of your subscribers, to whom I put the question—Was it likely you would accept a reply from me, a non-medical man? said he thought it probable you would, if I kept my reply within moderate limits. I therefore venture to try, in the hope that I may not be an unsuccessful applicant for the favour I request at your hands.

I beg, in the first place, to assure you that I have read your fair, and candid, and courteous statement of the points at issue, with deep interest and the greatest satisfaction; for I do not recollect ever to have seen the case of the water-drinker so fairly stated by an opponent. What are usually termed our extreme and unjustifiable opinions, are treated by you with a respect which demands our best acknowledgments, and challenges a similar treatment by us, of what we may consider erroneous reasoning on your part. I am also of the opinion that you put your views on this most important subject, for fair and manly discussion by intelligent persons on either side, with such force of argument, and such good reasoning from a medical point of view, as to render it no easy task for me to point out and overthrow the unsound notions which seem to me the basis of your argument in favour of the moderate use of alcoholic liquors. Holding these opinions respecting your manliness as an opponent, and your abilities as a writer, I hope that some of our writers, far more able than I can make any pretension to be, will come forward and point out some of the fallacies which, it seems to me, you hold on this question.

You refer strongly to the anomalous position in which the medical profession stands in regard to this subject. So few of them have ever taken any warm interest in it. Is not this a point in our favour? We have certainly succeeded in creating a large amount of public opinion against the drinking usages of society, and even against the use of alcohol as a medicine; and yet little effort has been put forth by that body of men specially appointed as guardians of the public health, to expose our fanaticism and guard the community against the dangerous doctrines which we were setting forth, and which at one time, especially in Ireland, under the *regime* of Father Mathew, threatened to direct the entire population into a course injurious to the national welfare; if, as you seem to me to believe, that the use of alcohol is essential for maintaining men in the highest condition of bodily vigour. So far as we have been met by medical writers, who practically opposed our views, they have done so in language so guarded, and exposed the danger of using alcohol injudiciously in words of such caution to their readers, that I have invariably risen from the perusal of their papers with the conviction on my mind that our cause was proved to be impregnable from the very reasoning of our scientific opponents. I shall illustrate this view by the statement of a fact. Several years ago, I had a talk on this very point with the late Dr. Neligan, of this city. I said to him that teetotalism had no scientific writers opposed to it. He told me he was at that time editor of a medical review (the *Dublin Journal of Medical Science*), and that in a number of that journal which he named, and which I would find in the Library of our Royal Dublin

Society, I would find a paper of his, written expressly in opposition to that erroneous system. I got the review; I read the article named; and so cautiously was it worded in favour of the moderate use of alcohol, and so forcibly was its injudicious or free use pointed out by this able man—who was rapidly rising in his profession—that I took it as a text for a letter which I soon afterwards wrote to one of our papers—in which it appeared—to confirm my opinion that no medical man who valued his reputation would recommend, in writing, this mischievous article for common use to men in ordinary health. My friend Dr. Neligan (whose early death was much deplored in this city) never replied to my letter; nor ever afterwards, as far as I am aware, wrote another line in favour of even what men call the moderate use of alcoholic liquors.

You say—"The question has never been put to the sixteen thousand British doctors—Are you of opinion that the general health would be hurt or helped by the universal abandonment of alcohol as a beverage?" This statement, although it is probably literally true, must be made with some limitation. Several years ago, an Edinburgh gentleman (Mr. John Dunlop, I think) applied extensively to the medical men in these kingdoms, to give him their opinion on the subject; two thousand of them responded, by signing the following statements, every one of them in our favour; and not one of these men, many of whom are yet living, and are of the highest eminence in their profession, has ever, I believe, withdrawn his name from the document.

*Medical Declaration*, signed by upwards of two thousand medical men, including many of the leading members of the profession.—"We are of opinion—1. That a very large portion of human misery, including poverty, disease, and crime, is induced by the use of alcohol or fermented liquors as beverages.

"2. That the most perfect health is compatible with total abstinence from all such beverages, whether in the form of ardent spirits, or as wine, beer, ale, porter, cider, etc., etc.

"3. That persons accustomed to such drinks may, with perfect safety, discontinue them entirely, either at once, or gradually after a short time.

"4. That total and universal abstinence from alcoholic liquors, and intoxicating beverages of all sorts, would greatly contribute to the health, the prosperity, the morality, and the happiness of the human race."

I ask you, sir, in all candour, does not this document fully justify teetotalers in stating, in the strongest manner, that their arguments are sustained, not alone by the few honoured names which you mention (and even which you are not quite correct, because much larger numbers than you name have written against the common use of alcohol, whose reasonings have never been refuted, so far as I am aware), but by one-eighth part of the entire profession in these kingdoms? This is surely a sufficient justification of even the strongest statements ever made by teetotalers against the use of alcoholic liquors by men in health, and, may I not add, in disease also.

My letter is running to too great a length; and yet there is one more opinion of yours upon which I must say a few words before I conclude.

If I correctly apprehend the basis of your argument, it is: that, when a doctor is applied to by a patient, he is bound to set aside from his consideration of the case every thought save the cure of the complaint by the easiest means. This view of the physician's duty seems to me unsound as a strict or universal rule of conduct. The future happiness and health of the ailing man may be, and often is, at stake. He may be a reclaimed drunkard, to whom the taste of alcohol would be utter ruin. Before the doctor prescribes it, he is bound to make himself sure on this head. I will not enlarge on this point, fearing to intrude too much on your space. I shall, therefore, give you but one more illustration of my meaning. Medicine is not an exact science; it does not prescribe any sure and universal remedies. The modes of cure are left to the judgment of each practitioner. The man who makes the best diagnosis, and the best guess at the surest means of cure, acquired by his tact and experience, is the most successful practitioner. Now, in administering so dangerous (I mean dangerous to the health and happiness of the patient, and to the community) a medicine—one which produces such direful results—is he not bound morally, religiously, and professionally, to set it aside, unless he is conscientiously convinced that there is no other remedy in the *Pharmacopoeia* suited to his purpose? Abundant medical testimony assures us that this is not the case. Is not, then, the inference plain, that it should never be ordered without first having obtained a knowledge of the former and present habits of the patient?

You say the doctor "has no right whatever to prejudice the interests of an individual for the sake of the good of the community." I ask, has he any right to injure the community by any practice of his profession which has not any surer scientific warrant than his own impression

that it may prove useful to an individual; so useful beyond any other, that he dare not forbear its use. I admit the difficulty of coming to a right conclusion in the case supposed, and also the force of your argument in favour of the view you take; but where so much personal and general happiness is at stake, I feel that I am not, as an unprofessional man, taking too great a liberty in assuming that much more care and caution in the prescription of alcohol as a medicine, than is now their practice, is fairly demanded of our medical men.

There are other points in your interesting letter that I would like to notice, but I forbear; and I crave your excuse if I have already trespassed too far on your kindness.

I am, etc.,

JAMES HOUGHTON.

Dublin, 35 Eccles Street, 13th June, 1870.

## OBITUARY.

DANIEL MACLACHLAN, M.D.

DR. MACLACHLAN died at Ventnor on the 14th instant. He held the rank of Deputy Inspector General of Hospitals, and was for many years Physician to Chelsea Hospital. He was the author of various papers in the medical periodicals and in the *Medico-Chirurgical Transactions*, and also of a valuable *Practical Treatise on the Diseases and Infirmities of Advanced Life*.

## MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.—Wednesday, June 22nd.

POOR-LAW MEDICAL OFFICERS' SUPERANNUATION BILL.—Dr. Brady and Dr. L. Playfair having presented a vast number of petitions in favour of this Bill, the former member moved its second reading. In doing so, he said that the object which he had in view was not merely to do a slight act of justice to medical officers of the poor, but also to confer a substantial benefit on the poor themselves, and to relieve the local taxation of this country. The sanitary condition of the country was in a most deplorable state, and it cried aloud for alteration and improvement. The present system of poor-law medical relief was introduced into this country in the year 1834, and it must be admitted that it brought about a great improvement in regard to the poor. But there was one great drawback, and that was the power which was given to the poor-law guardians to appoint and control their medical officers. He hoped and trusted that the time was not far distant when the Government would feel it to be their duty to remodel and recast the whole system. He asked the House to assent to the second reading of the Bill, on the grounds of justice to men who had sacrificed both time and money, and of common humanity to the poor of the country. Two objections had been raised to the Bill, the same as those urged against a similar Bill he introduced and passed last session for Ireland. The first was that the people of this country were already over-taxed; and, secondly, that the whole of the time of these medical officers was not employed. As abstract propositions, he agreed with them; but this Bill, if passed into a law, would have the effect of lessening taxation, by improving the health of the poor. The rich were equally interested in the success of the measure with the poor, because zymotic diseases were preventable diseases, and if proper precautions were taken they might be stamped out. The medical officers ought to be officers of the state, and not be subjected to the whim and caprice of guardians, because they efficiently discharged their duties. For the sake of the public welfare they ought to be well-cared for. These men were liable to be called on at all hours of the day and night, and to proceed great distances in all weathers, for a remuneration that was truly disgraceful.—Mr. Dalrymple seconded the motion. He asked it as an act of justice, and not as an act of charity, that the medical officers should be put on the same footing as the clerks and other officers of unions. He hoped the innate soundness of the claim would be acknowledged by the House. By so doing they would improve the service, they would get a better class of men, and they would retain their services longer than at present, and get rid of those complaints which were now so frequently made to the Poor-law Board.—Mr. J. Fielden moved the second reading of the Bill that day six months. The Bill was wrong in principle, and ought to be rejected on that ground alone. Many boards of guardians treated their medical officers with indignity and hardship, and such boards of guardians would not hesitate to call on them to discharge their duties at a less sum than at present paid to them in consequence of their being entitled to a superannuation allowance. The profession felt that they would be made greater tools of by the guardians than at present; and the

majority of them were, therefore, opposed to the measure.—Mr. Mellor seconded the amendment.—Mr. Goschen agreed that the operation of superannuation should be watched with much vigilance, but if the system were abolished how could they effectually deal with the question of permanency? The question was not one of justice, but one of contract—whether medical officers would accept superannuation with a lower salary, or a higher salary without superannuation, for it seldom happened that an old man came to the conclusion he was too old to perform his duties, and they continued their services often to the detriment of their employers.—(*Hear, hear.*) On behalf of the Government he should support the motion.—Mr. Henley feared that superannuation would only perpetuate the employment of deputies than which he knew of no greater evil.—Dr. Playfair referred to the improved condition of medical officers in Ireland and the considerable decrease of disease, death, and pauperism there as a satisfactory justification of the present measure. He gladly supported the motion.—Mr. Wheelhouse said that, apart from the undoubted fact that medical officers were insufficiently remunerated, it was desirable that the poor should have the best advice which could be had. He submitted that a strong case had been made out in favour of the Bill.—Mr. Brodick supported the Bill.—Mr. Rylands opposed it.—Mr. Gordon was glad that the attention of the House had been called to the state of the English medical profession; for he anticipated for it good to the poor, good to the sick, and good to the ratepayers. The principle of this superannuation was to cause an adequate remuneration to be given to those who were appointed to an office at an inadequate salary. An act had been passed on the subject with regard to Ireland; the legislature were about to pass a law relative to England; Scotland remained unconsidered. The existing medical provision for Scotland was most vicious, for the medical man there agreed to provide medicine out of salary. He hoped the medical profession in Scotland would be cared for as those in Ireland and England had been cared for. He supported the Bill most cordially.—Mr. Munz opposed the measure, which was supported by Colonel Corbett, Mr. Beach, Mr. Maguire, and Mr. Peel. The House then divided.—For the second reading, 139; against it, 28; majority in favour of the second reading, 111.—The bill was then read a second time, and the committee was fixed for the next day.

## MEDICAL NEWS.

### THE MEDICAL ACTS AMENDMENT BILL.

The Committee on the Direct Representation of the Profession in the Medical Council have drawn up the subjoined petition, which has been placed in the hands of the Marquis of Westminster for presentation to the House of Lords.

*Unto the Right Honourable the Lords Spiritual and Temporal of the United Kingdom of Great Britain and Ireland in Parliament assembled.*

The Humble Petition of the Committee of the British Medical Association appointed to obtain Direct Representation of the Profession in the General Medical Council—Sheweth:

That the British Medical Association numbers upwards of four thousand members of the medical profession residing in the United Kingdom of Great Britain and Ireland, and comprises a majority of the physicians and surgeons of the public hospitals, and also a majority of the professors and lecturers attached to the various schools of medicine throughout the kingdom.

That the British Medical Association has always occupied a prominent and influential position with respect to Medical Reform, and that "the Medical Reform Act of 1858" was, in a great measure, due to the efforts of the Association.

That the General Medical Council, as now constituted, consists of seventeen members as representing the several universities, medical and surgical corporations, and licensing bodies of the United Kingdom, and of six members nominated by the Crown, together with a President chosen by the other members of the Council.

That the great majority of the members nominated by the Crown are intimately connected with the universities and corporations, and that there is, therefore, no direct connection between the General Medical Council and the general body of the registered members of the profession.

That, owing to the medical practitioners having no direct representatives in the Council, the profession evinces but little interest in its proceedings, a disadvantage which has been admitted in the debates of the Council.



That the introduction of representatives elected by the profession would give the profession more confidence in the Council than it presents, and would increase the knowledge of the Council with respect to the needs of the public and of the profession in Medical Education, Sanitary Measures, Medical Jurisprudence, and Poor-law Medical Relief.

That a Bill has been brought into your honourable House intitled the "Medical Act 1858 Amendment Bill," and that no provision is therein made for the Direct Representation of the Profession in the General Medical Council, although the payment of the representatives of the several universities and corporations, and of the representatives of the Crown, together with the general expenses of the Medical Council, amounting to upwards of 24,000 annually, are defrayed, not by the bodies so represented, but solely by fees exacted from the Medical Practitioners of the United Kingdom on Registration.

That the British Medical Association, at its annual general meeting held in Dublin in August, 1869, passed a resolution with only two avowed dissenters in favour of the addition of eight direct representatives of the profession to the General Medical Council, that the resolution was affirmed unanimously at the subsequent annual general meetings held at Oxford in August, 1868, and in Leeds in August, 1869, and was again passed with only one avowed dissenter at a special general meeting of the Association held in London on the 18th day of May last.

That the Irish Medical Association and different medical societies in Scotland, as well as branches of the British Medical Association, have also passed similar resolutions.

That the President and Fellows of the King and Queen's College of Physicians in Ireland have passed a similar resolution, and others of the Medical and Surgical Corporations have adopted the principle of Direct Representation of the Profession.

That the election of direct representatives by the registered members of the profession can now be readily effected for each of the three divisions of the kingdom by means of voting papers.

That your petitioners pray that the following clause be inserted in the "Medical Acts 1858 Amendment Bill":—

"The General Medical Council shall, after the passing of this Act, always contain four representatives elected by the registered members of the medical profession residing in England and Wales, two representatives elected by the registered members of the profession residing in Scotland, and two representatives elected by the registered members of the profession residing in Ireland."

And your petitioners will ever pray, etc.

EDWARD WATERS, M.D., *President of the British Medical Association, Chairman of the Direct Representation Committee of the British Medical Association.*

## THE PATHOLOGICAL SOCIETY AND THE ROYAL SOCIETY OF MEDICINE.

THE amalgamation scheme was again considered by the Pathological Society at an adjourned meeting held on Monday. There was rather a small attendance, which was in no small measure composed of members who rarely attend the meetings of the Society. The general principle of the scheme had been fully discussed at the previous meeting, and adopted. The Society now met for the consideration of the details; and they were but slightly altered. The clauses of the scheme were read one by one. In considering Resolution II, several influential members present objected to give up the name "Society" and adopt that of "Section." Various names were proposed for the parent Society, instead of "Royal Society of Medicine." After considerable discussion, in which a rather free opinion was given that calling a Section a Society was a perversion of the English language, the following amendment was proposed by Dr. BRISTOWE and seconded by Dr. MURCHISON:—

"That the new Society be termed 'The Royal Institute of Medicine'; and that the new Sections of which it is composed be termed 'Societies.'"

The motion was lost by a large majority.

An amendment was also proposed on Resolution XXV, which has reference to the electors of the office-bearers of each Section. Dr. WEBB moved, and Mr. ARNOTT seconded, that the latter clause, which is to the following effect, be omitted: "The President of each Section, and the representative Members of the Section in the General Council, must be Fellows of the Society." They argued that this clause might exclude a member from office whom it would be most desirable to secure as President of the Section. The amendment was lost by a considerable majority.

In considering Resolution XXVI, Dr. MURCHISON wished to know what the words "other special purposes" really meant. These words

occur in the following clause: "And that they, the Council, 'publish annually, or at such periods as shall hereafter be arranged, the Transactions of their own Section, & provide the expenditure of each Section, the Transactions and other special purposes, do not exceed three-fourths of the income derived from the annual contributions of its members and from the proceeds arising from the sale of its Publications.'"

Dr. MURCHISON showed that the average expenditure for the last four years of the Pathological Society had been £1000, and that one year had been as much as £1200. He also showed that the receipts from the sale of transactions and annual subscriptions amounted to £520; but of this some £100 would go to the support of the Royal Society of Medicine, so that the Pathological Society would lose £400, and it would also lose its entrance fees, amounting to about £30, and the interest of its funded property, about £10—making a total loss of £430. It had been stated that the Society would not have to pay rent, amounting now to £60; but they would lose £100, supposing the number of members to remain unchanged. But these would be considered "other special purposes." The rent, office, and certain other expenses, cost thirty guineas; the Secretary's department, £30; and the collector, £20. Would these be paid by the central body, or be included amongst "other special purposes?" The thing was ought to be clearly understood. It would be doubtful, he considered, if the Royal Society of Medicine would be able to give grants for special purposes. The Pathological Society had, for example, voted a sum of £10 towards the expenses of a committee on Waxy Degeneration. Such grants would most likely not now be obtained.

Mr. HOLMES believed that the special purposes afforded to meant scientific matters, and not for office, and the general business of the Society. Dr. MURCHISON's statement showed that the Society was giving up exactly what it saved by amalgamation—namely, a quarter of the income of the Society. If at the same time did not necessarily follow that, because there was less to spend on the transactions, they would be less valuable.

Mr. LESTER then proposed that the word "scientific" should be introduced before the word "purposes." This was seconded by Dr. FAGGE, and carried.

Dr. FENCK thought there was great risk in the matter, while Mr. SOLLY was quite confident of its success. Dr. HOLMES, in reply, said that there was, of course, no guarantee. He believed that, when the Society was in full working order, there would be a reduction in the subscription. The first thing which would suffer, in case the Royal Society of Medicine did not succeed, would be the library, and not the Pathological or the other Societies.

An amendment was proposed by Dr. HARRIS and seconded by Dr. LANGMERE, that in Resolution XXVIII: "That the proposed Society comprise a grade of Honorary Fellows, to be elected for life from British subjects who have eminently distinguished themselves in medicine," the words "for life" be omitted. The amendment was lost.

The whole resolutions having been read, and no further amendments proposed, the scheme was then put to the meeting, and carried.

A vote of thanks was proposed by Dr. BUCHANAN, and seconded by Mr. SOLLY, to Dr. QUAIN the President, Dr. MURCHISON, and Mr. Hulke, who had acted as delegates of the Society. It was carried with acclamation.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, June 16th, 1870.

Mingled in, Henry Bayle, Upton, Essex.

Wilson, John, Sutton, Surrey.

The following gentleman also on the same day passed his professional examination.

Claude, William, St. George's Hospital.

## MEDICAL VACANCIES.

The following vacancies are announced:—

ARMEDEN ROYAL INFIRMARY, Singapore. Resident Medical Officer, applications, with dates, July 1st.

BATH MINERAL WATER HOSPITAL, Resident Medical Officer, applications, with dates, July 1st.

BIRMINGHAM AND MIDLAND FREE HOSPITAL FOR SICK CHILDREN, Resident Medical Officer, applications, July 1st.

CHROMIUMS GOLD-SILVER-MINING COMPANY, Newcastle, Surgeon, DEWSBURY UNION, Yorkshire, Medical Officer for the Leeds and District and the Workhouse.

EDINBURGH ROYAL INFIRMARY, and ST. LEONARD'S INFIRMARY, Assistant Surgeon, applications, with dates.

GREENWICH UNION, Medical Officer to the Workhouse, applications, with dates.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, Assistant Physician, applications, with dates, July 1st.

HOSPITAL FOR WOMEN, St. George's, Surgeon, applications, July 1st.

INFIRMARY FOR CONSUMPTION AND DEPENDENT OF THE CHEST, Margaret Street, Goodwood Place, Visiting Physician, applications, July 1st.



**LEEDS PUBLIC DISPENSARY**—Assistant Resident Medical Officer: applications, July 6th.

**LIVERPOOL ROYAL INFIRMARY SCHOOL OF MEDICINE**—Demonstrator of Anatomy: applications, July 6th.

**MAIDSTONE UNION**—Public Vaccinator for District No. 1: applications, 30th.

**MADLE LOCK HOSPITAL**—House-Surgeon: applications, July 15th.

**MIDDLESEX HOSPITAL**—Lecturer on the Principles and Practice of Surgery: applications, August 25th.

**NEWRY UNION, co. Down**—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Millvale Dispensary District: 28th.

**NEWCASTLE-UPON-TYNE DISPENSARY**—Visiting Assistant: applications, 29th.

**NORTHAMPTON GENERAL INFIRMARY**—Assistant House-Surgeon: applications, July 6th.

**NOTTINGHAM DISPENSARY**—Assistant Resident Surgeon.

**PRINCETON AND COUNTY OF LANCASTER ROYAL INFIRMARY**—Junior House-Surgeon: applications, July 6th; duties, August 12th.

**ROTHERHAM UNION, Yorkshire**—Medical Officer for the Beighton District: July 4th.

**ROYAL SOUTH LONDON DISPENSARY, St. George's Cross, Southwark**—Assistant Dispenser: applications, 27th.

**ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL**—Clinical Assistant: applications, July 4th.

**ST. AUSSELL**—Cementing Factory Surgeon for District of.

**ST. LUKE'S HOSPITAL FOR LUNATICS**—Surgeon: applications, July 1st; election, 6th.

**ST. MARKEDONE PROVIDENT DISPENSARY, Duke Street, Portland Place**—Medical Officer in Ordinary: applications, 28th.

**ST. PETER'S HOSPITAL FOR STONE, Berners Street**—applications, 30th.

**SOUTH STAFFORDSHIRE GENERAL HOSPITAL**—House-Surgeon: applications, July 2nd; election, 10th.

**STAFFORDSHIRE GENERAL INFIRMARY, Stafford**—Dispenser and House-Surgeon's Assistant.

**ULVERSTONE UNION, Lancashire**—Medical Officer for the Broughton West District.

**UNIVERSITY COLLEGE, London**—Professor of Practical Physiology and Histology: applications, July 6th.

### BIRTHS.

**BEATTY**.—On June 15th, in Dublin, the wife of \*J. Guinness Beatty, L.K.Q.C.P., of a daughter.

**RAINS**.—On June 13th, at Manchester, the wife of \*S. Rains, Esq., Surgeon, of a son.

### MARRIAGE.

**STILLWELL, William Arthur, Esq.**, son of \*George Stillwell, Esq., Surgeon, Epsom, to Ellen, third daughter of James BUTLER, Esq., Hollywood, Wimbledon Park, on June 14th.

### BOOKS, ETC., RECEIVED.

Report of the Committee on the Relations of Alcohol to Medicine. By J. Bell, M.D. Philadelphia: 1869.

Third Report on the Operation of the Contagious Diseases Acts. Gymnastics for Ladies. By Madame Brenner. London: 1870.

The Medical Practitioner's Legal Guide. By Hugh Weightman, M.A. Cantab. London: 1870.

Dr. J. Matthews Duncan's Testimonials. Second Series.

The New Orleans Journal of Medicine for April 1870.

On Extraction of Cataract, by Von Graefe's Peripheral Linear Section. By Henry Wilson, F.R.C.S., M.R.I.A. Dublin: 1870.

A Handbook of Phrenology. By C. Donovan. With Illustrations. London: 1870.

Researches on Diamagnetism and Magneto-Crystallic Action. By John Tyndall, LL.D., F.R.S. London: 1870.

Eczema: its Nature and Treatment. By Tilbury Fox, M.D. London: 1870.

A Review on the Progress of Sanitation in India, No. II.

New Facts and Remarks concerning Idiocy. By Edward Seguin, M.D. New York: 1870.

Notes of a Course of Nine Lectures on Light. By John Tyndall, LL.D., F.R.S. London: 1870.

### COMMUNICATIONS, LETTERS, ETC., have been received from:—

Mr. F. M. Cooper, Leytonstone; Mr. W. Druce, Oxford; Privatus; Mr. James Downing, London; S. Mr. Stephen Steele, Strood; L.R.C.S.Eng.; Mr. Bremridge, London; etc.

**ETTERS, etc.** (with enclosures) from:—

Dr. J. Risdon Bennett, London; Dr. W. H. Corfield, London; Dr. Wilks, London; Mr. R. H. Meade, Bradford; Dr. J. W. Roe, Ellesmere; Mr. A. R. Graham, Weybridge; Dr. E. Waters, Chester; Mr. Naylor, London; Dr. R. W. Foss, Stockton-on-Tees; Dr. J. G. Beatty, Dublin; Dr. Inglis, London; Dr. C. B. Taylor, Nottingham; Dr. W. Acton, London; Dr. J. W. Ogde, London; Mr. T. Watkin Williams, Birmingham; Dr. G. H. Philipson, Newcastle-upon-Tyne; The Secretary of the Royal Medical and Chirurgical Society; Dr. Kelly, Taunton; The Registrar-General of England; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; Mr. T. M. Stone, London; The Registrar of the Medical Society of London; Dr. W. M. White, Lavenham; Dr. T. Snow Beck, London; Mr. H. J. K. Porter, London; Dr. Balmanno Squire, London; The Governors of Apothecaries' Hall; Dr. Willoughby, London; The President and Fellows of the Royal College of Physicians of London; Mr. F. J. Palmer, London; Mr. T. H. Bartlett, Birmingham; Dr. J. Sawyer, Birmingham; Dr. F. Bateman, Norwich; Dr. Morell Mackenzie, London; Dr. Fletcher, Tottenham; Dr. J. Armstrong, Gravesend; Dr. W. Fergus, Marlborough; etc.

### OPERATION DAYS AT THE HOSPITALS.

**MONDAY**.....Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

**TUESDAY**.....Guy's, 1.30 P.M.—Westminster, 2 P.M.—National Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.

**WEDNESDAY**....St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.15 P.M.—Middlesex, 2 P.M.—University College, 2 P.M.—St. Thomas's, 1.30 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Cancer Hospital, Brompton, 3 P.M.—King's College, 2 P.M.

**THURSDAY**....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.

**FRIDAY**.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.—East London Hospital for Children, 2 P.M.—Hospital for Women, 9.30 A.M.

### MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

**TUESDAY**.—Royal Medical and Chirurgical Society, 8.30 P.M. Dr. Hilton Fagge, On the Anatomy of Mollusca, Eboracæ, 1869. Dr. Barker, On the Extent of the Bladder in a Female. Report of the Scientific Committee on Bain's and Pacini's Methods of Restoring Suspended Animation.

**SATURDAY**.—Association of Medical Officers of Health, 7.30 P.M.

### NOTICES TO CORRESPONDENTS.

All Letters and Communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen Street, LUDGLO'S INN FIELDS, W.C.

CORRESPONDENTS not answered, are requested to look to the Notices to Correspondents of the following week.

TO PURCHASERS.—To insure attention, it is requested that all orders sent to the Office for extra copies of the JOURNAL, be accompanied with stamps for the amount.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

### THE OBSTETRICAL SOCIETY AND THE PROPOSED ROYAL SOCIETY OF MEDICINE: PROTEST.

At the Special General Meeting of the Obstetrical Society of London, held on Wednesday, 15th June, the following resolution was duly proposed:—"That, as the majority of the members of the Society reside out of town, and cannot attend this meeting, it is desirable to obtain the expression of opinion of each of the Fellows by a printed circular, before any decided resolution be adopted as to the amalgamation with the Royal Society of Medicine." The President, Dr. Graily Hewitt, refused to put this resolution to a Special General Meeting, calling for the action that was contrary to the laws of this Society.

I beg to enter this protest against that decision, on the following grounds.

1. There is not any law or bye-law of the Society which prohibits such a resolution from being put to a Special General Meeting, called for the purpose "to consider the scheme of amalgamation."
2. There does not exist any custom in societies in general which would prohibit this resolution from being considered by the Society.
3. The laws to which reference was made at the time do not in any way affect this resolution. Laws III and IV, chapter xvi, only refer to the alteration of the present laws and the adoption of new laws: whilst Law I, chapter vii, which states the President shall "interpret the application of the bye-laws, and decide every doubtful question" cannot be construed as giving him power to arbitrarily exclude any proposition properly brought before any Special General Meeting, and referring to the business for which the meeting was convened.
4. By interfering with the expression of opinion of the Fellows present, in any way not provided for by the laws, and contrary to the usual custom of societies, the President has rendered any other resolution invalid which might be put to the meeting.
5. By preventing the free expression of opinion by the Fellows upon any question brought before them for consideration, the President has rendered the proceedings inoperative upon the Society, and left the Fellows at liberty to adopt any course they may individually consider advisable or right.

June 18, 1870. SNOW BECK.

To the Secretaries of the Obstetrical Society of London.

**NOTICE TO ADVERTISERS.**—Advertisements should be forwarded direct to the Printing-Office, 37, Great Queen Street, W.C., addressed to Mr. RICHARDS, not later than *Thursday*, twelve o'clock.

We are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Indian Medical Gazette, May 23rd; The New York Medical Gazette, June 4th; The Parochial Critic, June 22nd; The New York Medical Record, June 5th; The Boston Medical and Surgical Journal, June 5th; The Medical Mail, April 17th; The General Chronicle, June 18th; The Medical Mirror, June 15th; The Temperance Record, June 18th; The Stockton Herald, June 17th; The Shield, June 13th; The Melbourne Age, April 23rd; The Northampton Mercury, June 18th; The Anglo-American Times, June 18th; etc.





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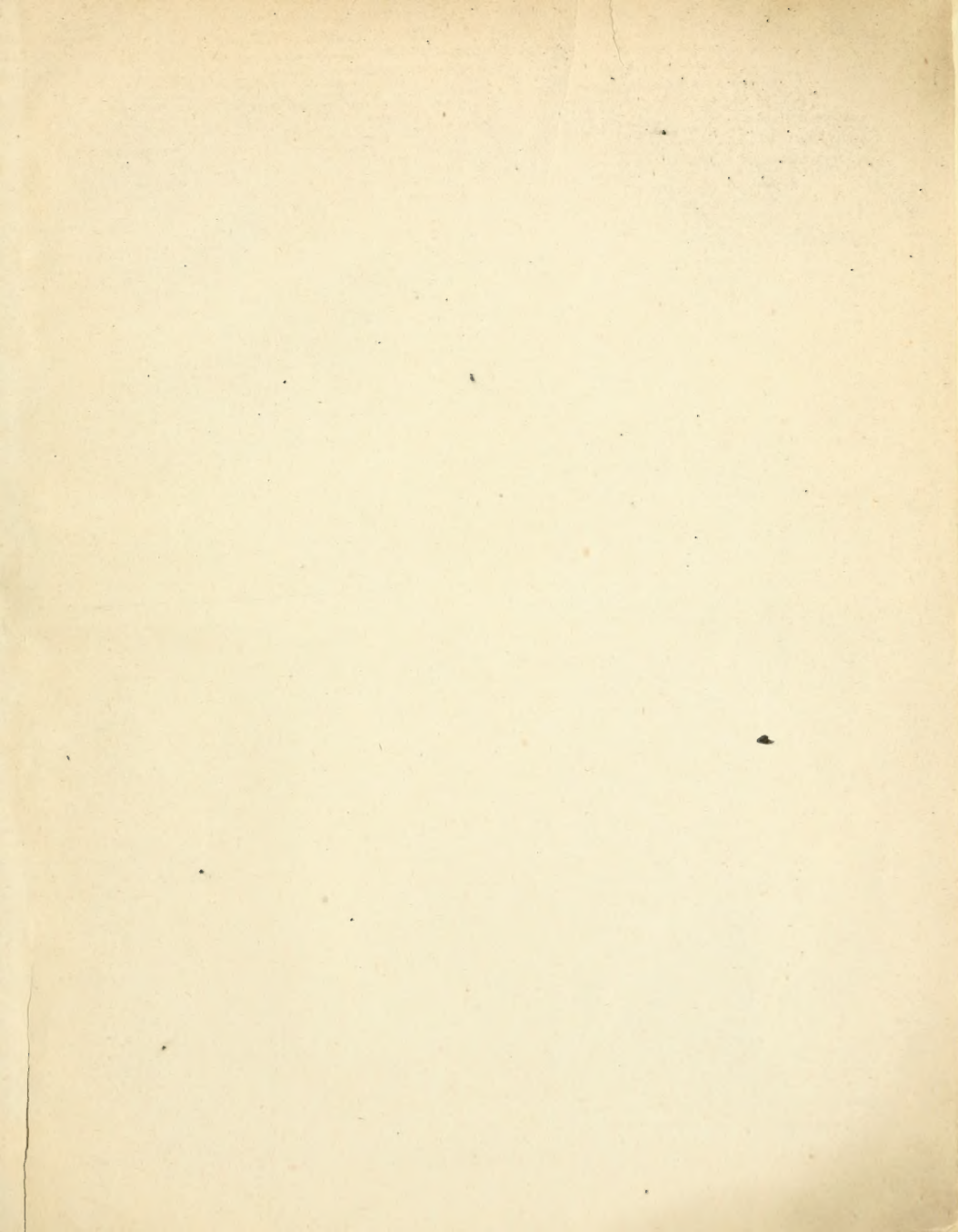
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